ADPACE A-LIST

Measuring **What Matters Most** to People Living with Alzheimer's Disease and Care Partners: **What Matters Most Quantitative Research Development**

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BACKGROUND

- The What Matters Most (WMM) in Alzheimer's disease (AD) research program—sponsored by the Alzheimer's Disease Patient and Caregiver Engagement (AD PACE) initiative—is a series of studies seeking to identify and measure treatment-related needs, preferences, and priorities of people at risk of or living with Alzheimer's disease (PLWAD) and their care partners.
- Previous WMM research supported identification of 42 concepts deemed important to PLWAD and care partners, and mapping of WMM concepts to widely used clinical outcome assessments (COAs).[1-3]
- The current research builds upon previous studies to identify priorities among WMM concepts and further characterize the lived experience of PLWAD and care partners across diverse and inclusive populations.

OBJECTIVES

- Assess the lived experience and priorities among PLWAD and care partners and refine a draft conceptual model of disease.
- Develop a quantitative survey aiming to:
  - Evaluate meaningful treatment goals and the impact of the lived experience of WMM concepts.
  - Determine ranked priorities among WMM concepts and concept domains.
  - Refine and verify components of the conceptual model through quantitative evaluation of the construct validity and concept domain structure.

CONCLUSION: Ongoing Research and Goals

- A target sample of 600 adults across the spectrum of disease with at least 50% Black, Asian, Hispanic, or mixed ethnicity participants is being recruited to complete a quantitative survey as part of mixed-methods research to evaluate the lived experience of AD (**Figure 1**).
  - Qualitative research supported and verified WMM concepts across a larger, more diverse participant population and facilitated development and testing of a conceptual model of disease.
  - Quantitative surveys will assess the impact of WMM concepts on the lived experience of AD, determine ranked priorities among PLWAD and care partners, and validate the conceptual model of disease in a more diverse population.
- Results of this study are intended to inform treatment-related needs, selection of important patient-centric outcome measures, and development of study endpoints to better guide the development and evaluation of AD treatments and services.

ONGOING RESEARCH METHODS

- The mixed-methods, prospective, observational study includes qualitative interviews and a quantitative survey (**Figure 1 and Figure 3**).

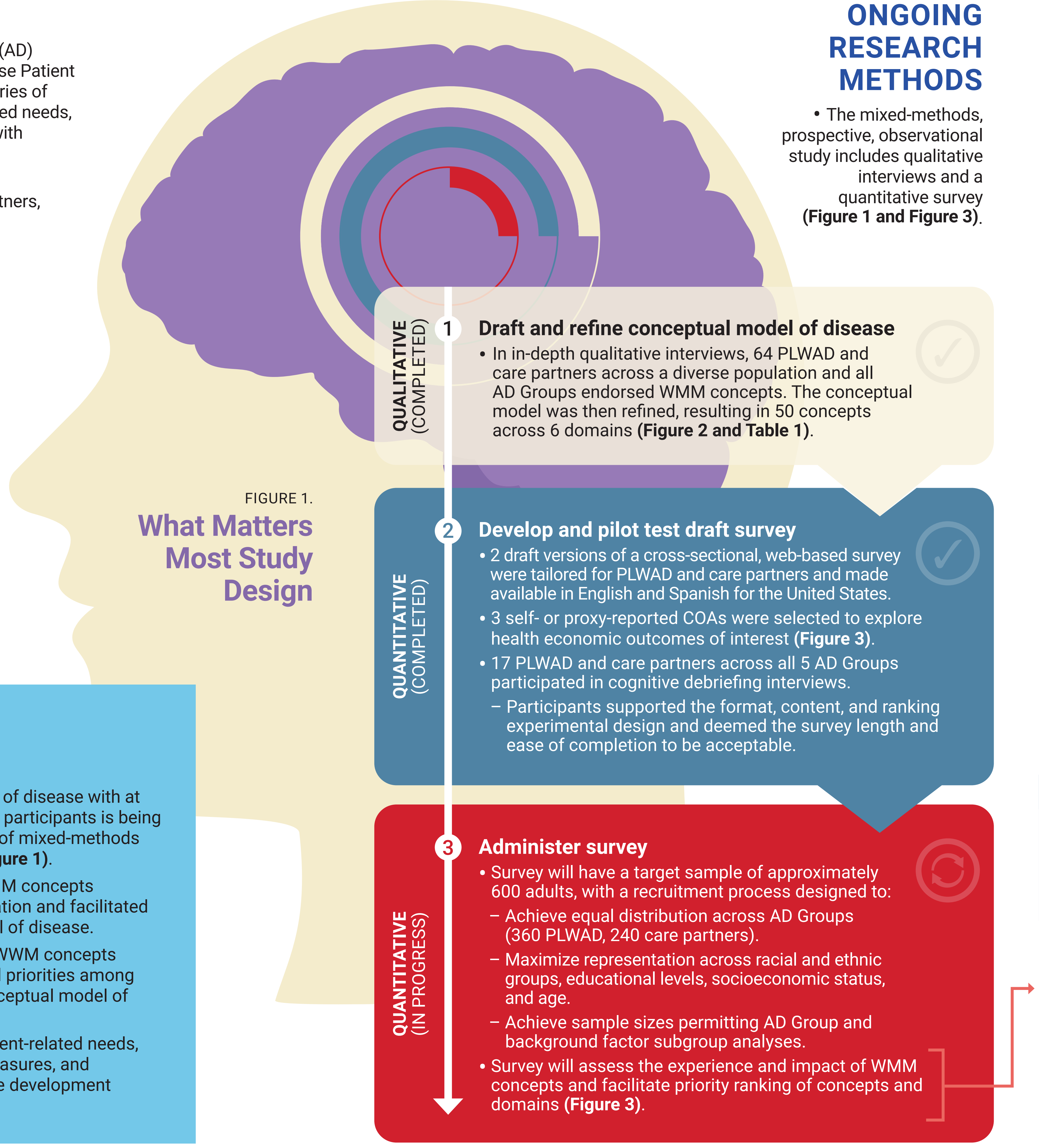


FIGURE 1. **What Matters Most Study Design**

QUALITATIVE (COMPLETED)

1 Draft and refine conceptual model of disease

- In in-depth qualitative interviews, 64 PLWAD and care partners across a diverse population and all AD Groups endorsed WMM concepts. The conceptual model was then refined, resulting in 50 concepts across 6 domains (**Figure 2 and Table 1**).

QUANTITATIVE (COMPLETED)

2 Develop and pilot test draft survey

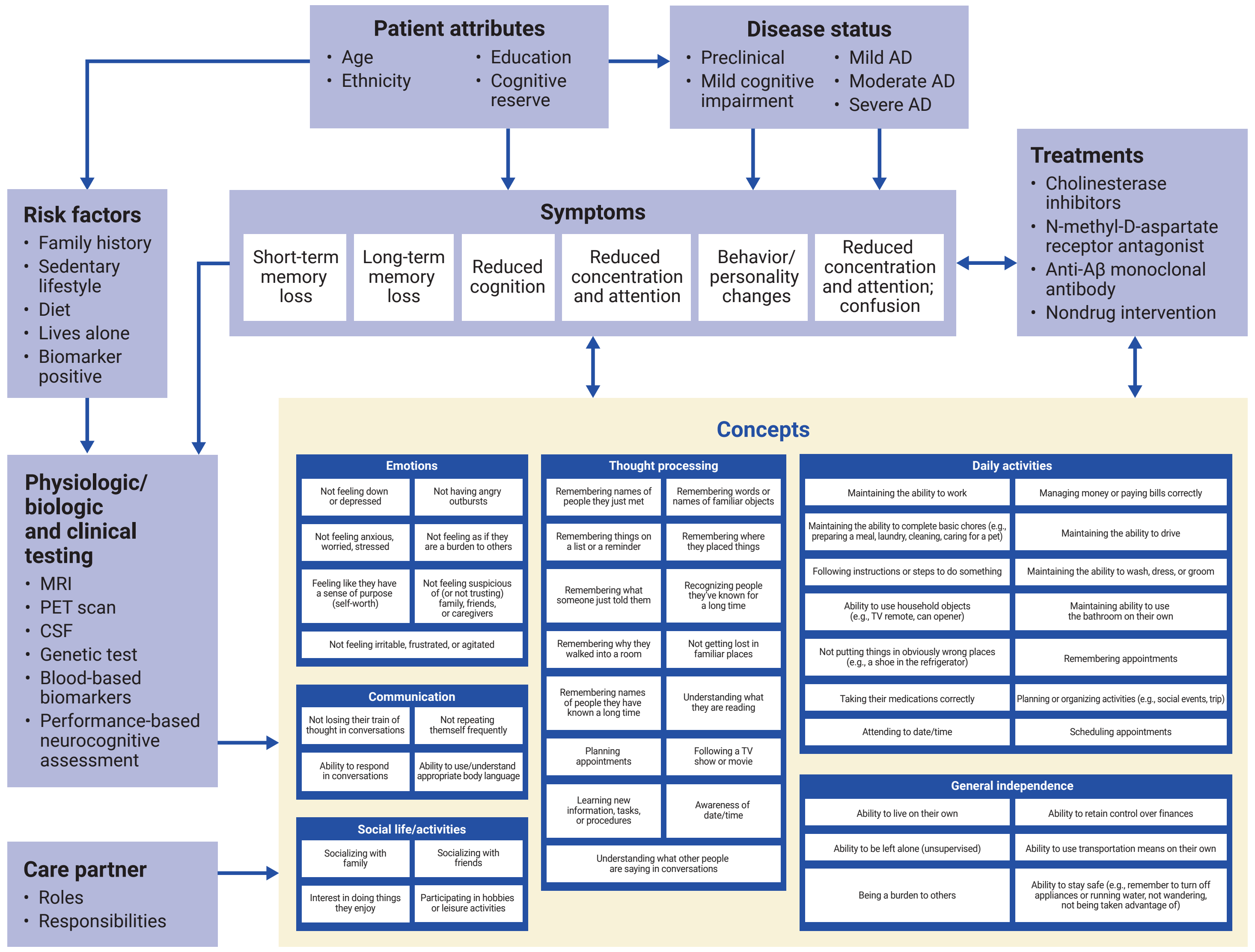
- 2 draft versions of a cross-sectional, web-based survey were tailored for PLWAD and care partners and made available in English and Spanish for the United States.
- 3 self- or proxy-reported COAs were selected to explore health economic outcomes of interest **(Figure 3)**.
- 17 PLWAD and care partners across all 5 AD Groups participated in cognitive debriefing interviews.
  - Participants supported the format, content, and ranking experimental design and deemed the survey length and ease of completion to be acceptable.

QUANTITATIVE (IN PROGRESS)

3 Administer survey

- Survey will have a target sample of approximately 600 adults, with a recruitment process designed to:
  - Achieve equal distribution across AD Groups (360 PLWAD, 240 care partners).
  - Maximize representation across racial and ethnic groups, educational levels, socioeconomic status, and age.
  - Achieve sample sizes permitting AD Group and background factor subgroup analyses.
- Survey will assess the experience and impact of WMM concepts and facilitate priority ranking of concepts and domains (**Figure 3**).

FIGURE 2. **What Matters Most Conceptual Model of Disease**



CSF = cerebrospinal fluid; MRI = magnetic resonance imaging; PET = positron emission tomography. Note: The conceptual model of disease was previously presented at the Clinical Trials on Alzheimer's disease (CTAD) meeting held 24-27 October 2023 in Boston, MA, United States.[4]

TABLE 1. **AD Groups**

AD Groups (Informed by Disease Severity)	
Group 1: Individuals[a] with unimpaired cognition (per self-report) who have evidence of AD pathology	**Group 3:** Individuals[a] with mild AD dementia
	Group 4: Individuals[b] with moderate AD dementia
Group 2: Individuals[a] with mild cognitive impairment and evidence of AD pathology	**Group 5:** Individuals[b] with severe AD dementia

[a]Participants include PLWAD. [b]Participants include care partners of PLWAD.

FIGURE 3. **What Matters Most Final Quantitative Survey Design**

Impact on Daily Life

- For each of the 50 WMM concepts (i.e., sign, symptom, or functional limitation) endorsed as present in their lived experience, participants will rate how much each concept impacts their daily life ("Not at all" to "Extremely").
- Supplemented with the EQ-5D-5L and QOL-AD COAs.

Priority Ranking

- Using an experimental, preference-based design with BWS,[5] participants will respond to 17 BWS questions asking them to identify which among 3 displayed WMM concepts is most important and which is least important.
- BWS analysis will result in an aggregate priority ranking of the WMM concepts across survey respondents from most to least important within each AD Group.

Construct Validity

- Elements of construct validity in the conceptual model of disease will be evaluated through comparisons to COAs embedded in the survey (e.g., CFI COA as an assessment of functioning).

BWS = best-worst scaling; CFI = Cognitive Function Index; QOL-AD = Quality of Life in Alzheimer's Disease.

Scan me for further details

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