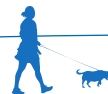


ICH E22

General Consideration for Patient Preference Studies 患者選好試験の一般的考察

Madrid meeting, May 2025

独立行政法人 医薬品医療機器総合機構（PMDA） 新薬審査第一部
手塚 瞬（Topic leader）



- Introduction -Patient Preference Studiesとは-
- Overview of topic -トピックの概要-
- マドリード会合前までの進捗
- マドリード会合の成果
- 今後のWork Plan : Key Milestones and Activities
- Summary

患者に関するデータの色々・・・

PRO, PED, PPI, PPS・・・Pから始まるさまざまな用語

● PRO : Patient Reported Outcome (患者報告アウトカム)

-2009年のFDAのPROについてのガイダンスより-

「臨床家その他の誰の解釈も介さず、患者から直接得られた、
患者の健康状態に関するあらゆる報告」

本邦でも、PROに関連したガイダンスが1つ発出されている。

厚生労働省科学研究班開発
患者報告アウトカム(Patient-Reported Outcome:PRO)
使用についてのガイダンス集

◀前のページ 次ページ▶
[目次] [印刷]

臨床試験のためのPatient-Reported Outcome (PRO) 使用ガイダンス

厚生労働研究20AC1003「関連学会の取組と連携したPRO ガイドラインの作成」班 編

序文

このたび「臨床試験のためのPRO使用ガイダンス」を発行できることを大変嬉しく存じます。

本ガイダンスは、厚生労働省の研究事業（臨床研究等ICT基盤構築・人工知能実装研究事業）を構成する3つの研究班の一つである「関連学会の取組と連携したPRO ガイドラインの作成」班の支援で完成されました。本研究班の設立にご尽力いただいた、山口拓洋先生（東北大学）、中島貴子先生（京都大学）、厚生労働省の担当の方々、そして、実際に本ガイダンスの編集に多大なご貢献をいただいた川口崇先生（東京薬科大学）、兼安貴子先生（立命館大学）にまず厚く御礼を申し上げます。さらに、ガイダンス（案）に貴重なご意見を頂戴した内外のステークホルダーの方々にもこの場をお借りして感謝申し上げます。

目次

著者一覧
査読評価担当者一覧
略語一覧

1. 総論 背景と目的
 - 1.1. 本ガイダンス発行の背景
 - 1.2. PROとは？-HRQLとの位置づけ(類似点と相違点)
 - 1.3. 本ガイダンスの使用が想定される対象
 - 1.4. 本ガイダンス発行の目的
 - 1.5. 本ガイダンス作成の資金源
2. 各論
 - 2.1. PROの概念が作られた経緯
 - 2.1.1. HRQL評価の標準化を求める規制当局や各団体の動き
 - 2.1.2. HRQLからPROへ
 - 2.1.3. HRQL / PROガイダンスの発出
 - 2.2. 各国規制当局によるPRO, HRQLの定義
 - 2.3. 目的に沿った尺度の選択 (Fit-for-purpose) の考え方
 - 2.4. 計量心理学的特性

Guidance for Industry Patient-Reported Outcome Measures: Use in Medical Product Development to Support Labeling Claims

Additional copies are available from:
Office of Communications, Division of Drug Information
Center for Drug Evaluation and Research
Food and Drug Administration
10903 New Hampshire Ave., Bldg. 51, rm. 2201
Silver Spring, MD 20993-0002
Tel: 301-796-3400; Fax: 301-847-8774; E-mail: drugs@fda.hhs.gov
<http://www.fda.gov/Drugs/Guidance/ComplianceandRegulatoryInformation/Guidances/default.htm>

or
Office of Communication, Outreach, and Development, HFM-40
Center for Biologics Evaluation and Research
Food and Drug Administration
1401 Rockville Pike, Suite 200N, Rockville, MD 20852-1448
Tel: 800-835-4709 or 301-827-1800; E-mail: ocod@fda.hhs.gov
<http://www.fda.gov/Biologics/BloodFraction/Guidance/ComplianceandRegulatoryInformation/default.htm>

or
Office of Communication, Education, and Radiation Programs
Division of Small Manufacturers, International, and Consumer Assistance, HFZ-220
Center for Devices and Radiological Health
Food and Drug Administration
1350 Piccard Drive, Rockville, MD 20850-4307
DSMCA E-mail: dsmtca@fda.gov
DSMCA Fax: 301-443-8818
(Tel) Manufacturers Assistance: 800-638-2041 or 301-443-6597
(Tel) International Staff: 301-827-5993
<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/default.htm>

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Center for Devices and Radiological Health (CDRH)


December 2009
Clinical/Medical






PED (Patient Experienced Data) とは？

● Patient Experienced Data : 患者としての経験/体験を伝えるデータ

広い
概念

患者の経験に関するあらゆるデータのことを意味し、PROも、ICH E22のPPI/PPSも、これまでの医薬品の評価で用いている生存 (Overall survival) などのデータもすべて含まれる。



-  集団の特性だけでなく、個人の経験も記述される
-  数値だけでなく、文字や言葉でも示される
-  診察室からだけでなく、普段の生活からも伝えられる
-  臨床試験だけでなく、アンケート、インタビュー、ソーシャルリスニングなどからも得られる
-  医療者・研究者・企業だけでなく、患者・家族・支援者によっても収集、活用できる



#SC01 : バイオエシックス
患者の経験を伝えるデータ (Patient Experience Data : PED) – 医薬品開発における価値と活用

2024年10月28日 (月) 10:00 - 13:00
東京ビッグサイト 第7会場

昨年頃から”PED”についてのセッションもDIA等で登場するように

PPS (Patient Preference Studies) とは？

● Patient Preference Information/Studies (患者選好情報/患者選好試験)

Incorporating Voluntary Patient Preference Information over the Total Product Life Cycle

Draft Guidance for Industry, Food and Drug Administration Staff, and Other Interested Parties

DRAFT GUIDANCE

2024年9月公開
先日までパブリックコメント募集

B. What is patient preference information?

Patient preference information, for the purposes of this guidance, is defined as qualitative or quantitative assessments of the relative desirability or acceptability to patients of specified alternatives or choices among outcomes or other attributes that differ among alternative health interventions.⁵

<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/incorporating-voluntary-patient-preference-information-over-total-product-life-cycle>

Patient-Focused Drug Development Glossary

Share X Post LinkedIn Email Print

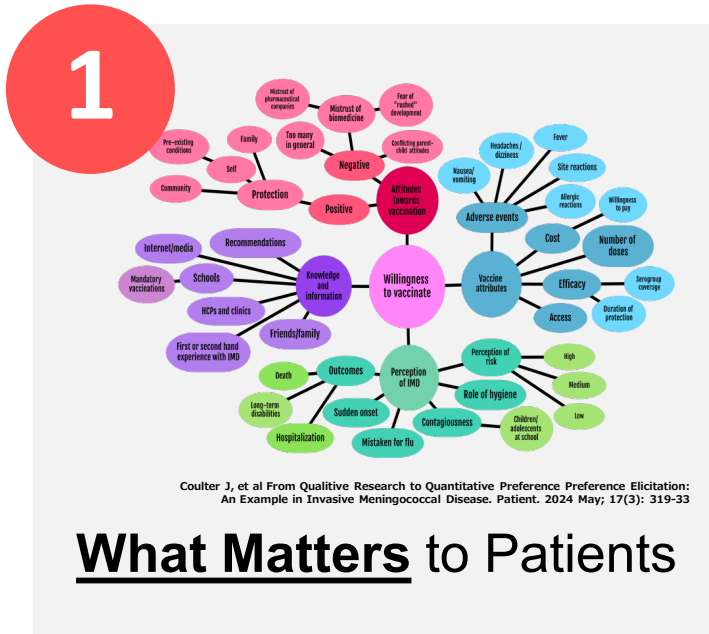
This glossary defines terms that will be used in the series of methodological Patient-Focused Drug Development (PFDD) FDA guidance documents that are required by the 21st Century Cures Act, and part of commitments made by FDA under the sixth authorization of the Prescription Drug User Fee Act (PDUFA VI). The goal of this glossary is to provide standardized nomenclature and terminologies related to patient-focused medical product development. As the science of patient input matures, or in response to comments received on FDA's guidance, this glossary may be updated.

Patient preference information (PPI): Assessments of the relative desirability or acceptability to patients of specified alternatives or choices among outcomes or other attributes that differ among alternative health interventions. The methods for generating PPI may be qualitative, quantitative, or mixed methods. (Source: [FDA Guidance on PPI for medical devices](#))

<https://www.fda.gov/drugs/development-approval-process-drugs/patient-focused-drug-development-glossary>

治療のさまざまな特性 (Attributes) について、患者にとって「何が」「どの程度」重要か (Patient Preference Information) を、質的 (Qualitative)、量的 (Quantitative) に検討すること

PPS (Patient Preference Studies) とは？



「何が重要か」



「どれだけ重要か」



「許容できるトレードオフ」

- Patient Preference Information (PPI)

: 治療のさまざまな特性 (Attributes) について、患者にとって「何が」「どの程度」重要か

- Patient Preference Studies (PPS)

: PPIを質的 (Qualitative) , 量的 (Quantitative) に調査すること

PPI/PPSの利用可能性について

PPI/PPSが有用な場合

- ✓ 期待されるベネフィットに対して重大なリスクが存在又はリスクに関する不確実性が存在
- ✓ 複数の治療選択肢があり、すべての患者にとって明らかに優れた選択肢が存在しない。
- ✓ 最も重要なベネフィットやリスクに関する見解が患者集団内や患者と医療従事者間で異なることが予想される。

preference
sensitive

<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/incorporating-voluntary-patient-preference-information-over-total-product-life-cycle>

PPI/PPSの活用方法の例

- ✓ エンドポイントの決定（「何が重要か」）
- ✓ 特性の相対的重要性の評価（「何がどれだけ重要か」）
- ✓ 特性の臨床的に意義ある効果の大きさの導出（「何がどれだけ変化することが重要か」）
- ✓ 最大許容リスク(MAR) /最小限必要なベネフィット (MRB) の導出
- ✓ Preferenceについてのheterogeneityや分布 (distribution) に対する理解









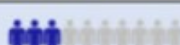











PPSの定量的手法の一例（用語の紹介）

Attribute：特性
ex. 「生存期間中央値」、
「下痢の発現割合」等

Level：水準
ex. 生存期間中央値の水準は
「15ヶ月」「10ヵ月」等

Profile：プロフィール
ex. 「薬剤A」、「薬剤B」

Q13-1 薬剤Aと薬剤Bでは、あなたはどちらのお薬を使いたいですか。
必須 ※「画像を拡大」をクリックしていただくと拡大してご覧いただけます。

	薬剤A	薬剤B
生存期間中央値	15ヵ月 	10ヵ月 
無増悪生存期間中央値	9ヵ月 	9ヵ月 
下痢の発現割合	50% 	50% 
悪心・嘔吐の発現割合	50% 	50% 
疲労・全身倦怠感の発現割合	30% 	10% 
発疹の発現割合	10% 	10% 
間質性肺疾患の発現割合	0% 	0% 
骨髄抑制の発現割合	0% 	0% 
投与頻度	週1回 	3週に1回 
投与時間	180分 	180分 

PPSの定量的手法の一例

Discrete Choice Experiment (DCE, 離散選択試験)

01

各回答者が各特性のレベルを組み合わせた仮想の治療法を選択する複数の質問票（質問のセット）に選択式で回答

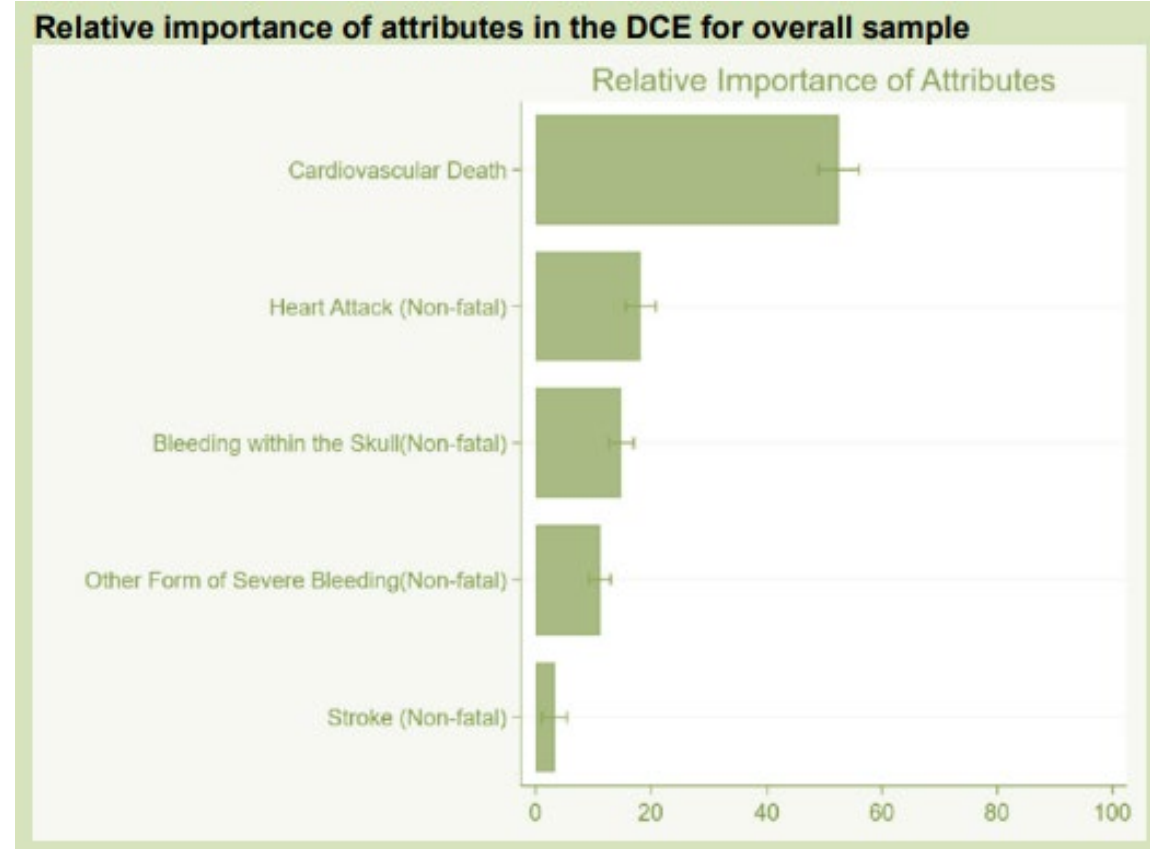
質問1 好ましいのはどちらの治療法ですか？

質問のセット

治療法1	特性	治療法2
錠剤	投与方法	注射
毎日	頻度	月1回
1%	軽度短期副作用 悪心・嘔吐	10%
10%	副作用発現 脱毛	0.1%
0.1%	副作用発現 睡眠障害	1%
30%改善	有効性 RA症状	70%改善

02

全回答者の結果を条件付きロジットモデルなどの効用理論モデルにより各特性の相対的重要度を推定



PPSの定量的手法の一例 (肺癌でのDCE)

▶ Front Pharmacol. 2021 Jul 20;12:697711. doi: [10.3389/fphar.2021.697711](https://doi.org/10.3389/fphar.2021.697711)

Patient Preferences for Attributes of Chemotherapy for Lung Cancer: Discrete Choice Experiment Study in Japan

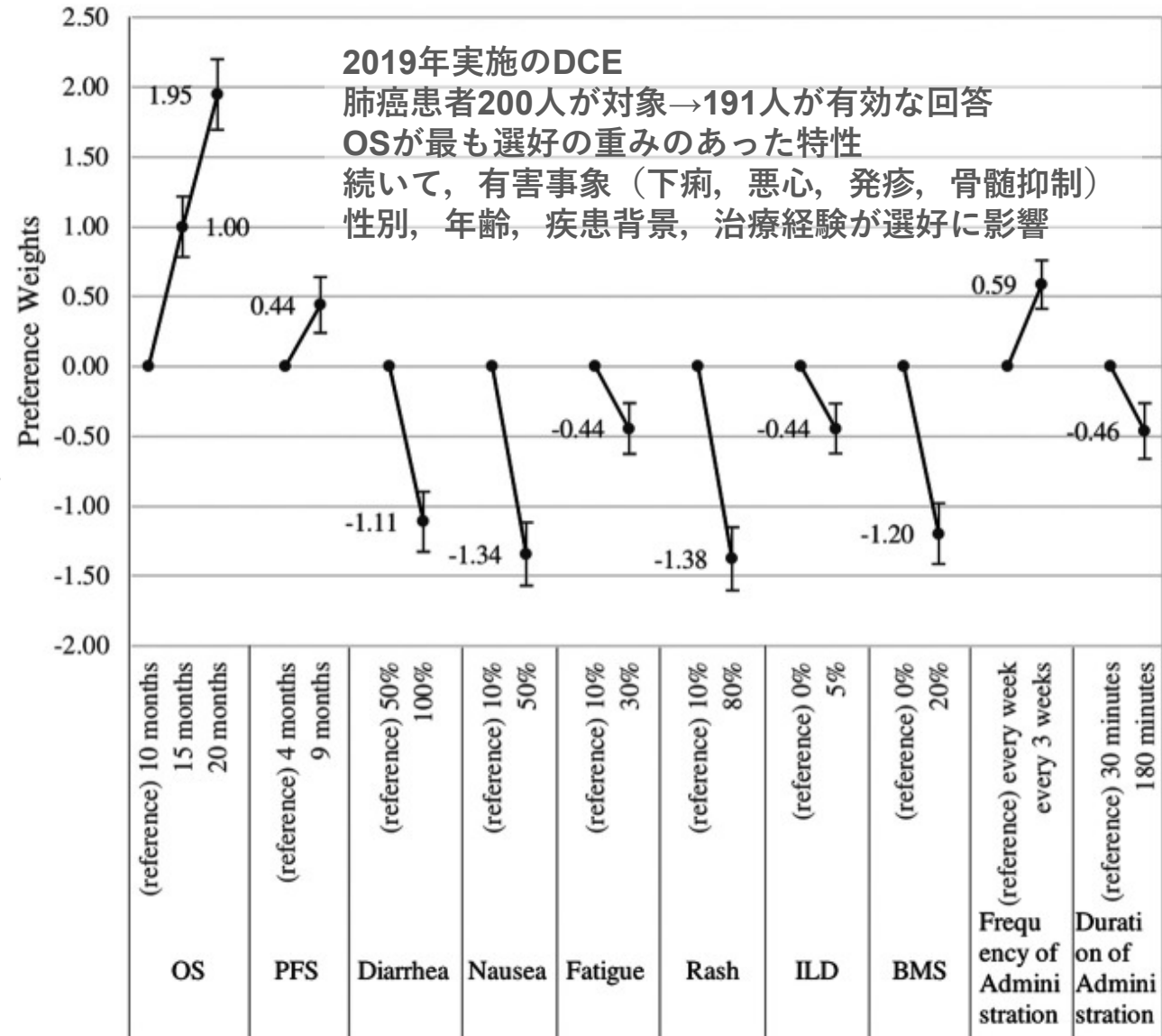
Yasuo Sugitani^{1,2,*}, Kyoko Ito³, Shunsuke Ono²

▶ Author information ▶ Article notes ▶ Copyright and License information

PMCID: PMC8329447 PMID: [34354590](https://pubmed.ncbi.nlm.nih.gov/34354590/)

Q13-1 薬剤Aと薬剤Bでは、あなたはどちらのお薬を使いたいですか。
必須

	薬剤A	薬剤B
生存期間中央値	15カ月	10カ月
無増悪生存期間中央値	9カ月	9カ月
下痢の発現割合	50%	50%
悪心・嘔吐の発現割合	50%	50%
疲労・全身倦怠感の発現割合	30%	10%
発疹の発現割合	10%	10%
間質性肺疾患の発現割合	0%	0%
骨髄抑制の発現割合	0%	0%
投与頻度	週1回	3週に1回
投与時間	180分	180分



Overview of topic -トピックの概要-

Read the PREFER recommendations

The PREFER recommendations in brief

Finding out what patients PREFER

On 28 April 2022 we launched the PREFER Recommendations on why, when and how to assess and use patient preferences in medical product decision-making.

ScienceDirect
Contents lists available at sciencedirect.com
journal homepage: www.elsevier.com/locate/jval

ELSEVIER

ISPOR Report

A Roadmap for Increasing the Usefulness and Impact of Patient-Preference Studies in Decision Making in Health: A Good Practices Report of an ISPOR Task Force

John F.P. Bridges, PhD, Esther W. de Bekker-Grob, PhD, Brett Hauber, PhD, Sebastian Heidenreich, PhD, Ellen Janssen, PhD, Alice Bast, BA, Janel Hanmer, MD, PhD, Andriy Danyliv, PhD, Eric Low, MSc, Jacqueline C. Bouvy, PhD, Deborah A. Marshall, PhD

ABSTRACT

Many qualitative and quantitative methods are readily available to study patient preferences in health. These methods are now being used to inform a wide variety of decisions, and there is a growing body of evidence showing studies of patient preferences can be used for decision making in a wide variety of contexts. This ISPOR Task Force report synthesizes current good practices for increasing the usefulness and impact of patient-preference studies in decision making. We provide the ISPOR Roadmap for Patient Preferences in Decision Making that invites patient-preference researchers to work with decision makers, patients and patient groups, and other stakeholders to ensure that studies are useful and impactful. The ISPOR Roadmap consists of 5 key elements: (1) context, (2) purpose, (3) population, (4) method, and (5) impact. In this report, we define these 5 elements and provide good practices on how patient-preference researchers and others can actively contribute to increasing the usefulness and impact of patient-preference studies in decision making. We also present a set of key questions that can support researchers and other stakeholders (eg, funders, reviewers, readers) to assess efforts that promote the ongoing impact (both intended and unintended) of a particular preference study and additional studies in the future.

Keywords: decision making, impact, patient preferences, patient-preference methods, preference-based methods.

Contains Nonbinding Recommendations
Draft – Not for Implementation

New

Incorporating Voluntary Patient Preference Information over the Total Product Life Cycle

Draft Guidance for Industry, Food and Drug Administration Staff, and Other Interested Parties

DRAFT GUIDANCE

Document is being distributed for comment purposes only.

Comment period ends on September 6, 2024.

and suggestions regarding this draft document within 60 days of the notice announcing the availability of the draft document to <https://www.regulations.gov>. Submit written comments to CDRH-DRG@fda.hhs.gov. For more information regarding CBER-regulated devices, contact the Center for Devices and Radiological Health (CDRH) at 1-800-835-4709 or 240-402-6098. For more information regarding CBER-regulated devices, contact the Center for Biologics Evaluation and Research (CBER) at 1-800-835-4709 or 240-402-6098.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Devices and Radiological Health
Center for Biologics Evaluation and Research

海外では既に様々なガイダンスが発出

- ✓ PREFER recommendations / EMA Qualification
- ✓ MDIC Benefit-Risk Framework and Compendium of Methods
- ✓ ISPOR Good Research Practices
- ✓ FDA CDRH Guidance on Patient Preference Information; CDRH/CBER Draft Guidance on Patient Preference Information over the Total Product Life Cycle
- ✓ Report of the CIOMS Working Group XII

New

Benefit-risk balance for medicinal products

Report of the CIOMS Working Group XII

Council for International Organizations of Medical Sciences (CIOMS)

Geneva 2025

MEDICAL DEVICE INNOVATION CONSORTIUM (MDIC) PATIENT CENTERED BENEFIT-RISK PROJECT REPORT:

A Framework for Incorporating Information on Patient Preferences Regarding Benefit and Risk into Regulatory Assessments of New Medical Technology

By Medical Device Innovation Consortium (MDIC)

MDIC
MEDICAL DEVICE INNOVATION CONSORTIUM
AN INTERNATIONAL ASSOCIATION

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This document will supersede “Patient Preference Information – Incorporation, Review in Premarket Approval Applications, Exemption Applications, and De Novo Requests, and

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医薬品開発への示唆や規制当局への申請の一貫性を促進するために、PPSのデザインや実施に関する一般的な考察に焦点を当てた調和の取れたガイダンスが必要（labelの記載はE22のscope外であり、PPSを申請の要件とするものではない）

マドリード会合までの進捗 -approaching Step 1-

2024年

IWG発足
Web MTG開始

2024年6月

コンセプト
ペーパー承認
IWG→EWG

2024年10月

ガイドライン
初稿作成

2024年11月

モントリオール会合

- ✓ ガイドラインの重要な要素・枠組みの
コンセンサス
- ✓ Stakeholder Engagement Planと
トレーニングマテリアルの検討開始

2025年

2025年2-3月

Internal
Review

2025年3-5月

Stakeholder
Engagement
ドラフト作成

各organizationからmajorなコメントなく、
positive feedbackが中心

2025年5月 マドリード会合

- 目標
- EWGでのガイドラインドラフトの最終化
 - Stakeholder Engagementについてのコンセンサス



- ✓ **ガイドラインドラフトについて, EWGでの最終合意に至った.**
 - Line by lineの詳細なレビューを連日行い, EWGでのレビュー完了
 - 7月にはPWPLレビュー, 2025年内にStep 1サインオフへ
- ✓ **Stakeholder Engagement Plan (high-level)がManagement Committeeにエンドースされた.**
 - Public Consultation開始後の2026年2月, GlobalでPublic Meetingをオンライン開催
- ✓ **トレーニングマテリアルの方向性について, EWGでの合意に至った.**
 - まずは, Public Meetingに向けての資料 (トレーニングマテリアル) 作成へ

今後のWork Plan -Key Milestones and Activities-

Expected Completion date	Deliverable
May. 2025	• Stakeholder engagement Plan
Oct. 2025	• PWP consultation on step 1 draft Technical Document; preparation of EWG step 2 presentation
Dec. 2025	• Step 1 sign-off/ Step 2a and 2b Endorsement
Feb. 2026	• Public Meeting during Public Consultation
Apr./May 2026	• Public Consultation ends/ Review of Comments begins
Jul. 2026	• Additional training material developed
Nov. 2026	• PWP consultation on revised version of step 2b document; preparation of EWG step 4 presentation
Dec. 2026	• Step 3 sign-off
Dec. 2026	• Step 4 adoption

- **E22 development is on track**

- 特にConflictや障壁になる問題はなく，順調に進行中
- 2025年内にStep 1サインオフへ
- Public Meeting/Consultationに向けて，ガイドラインドラフトの翻訳を開始

- **2026年2月にPublic Meetingを開催**

Public Meeting及びPPSに対する認知のために・・・

- Public Meeting前後に患者団体等のステークホルダーとの国内Meetingを検討中
- Public Meetingに向けてのフォローアップ資料を作成
- DIA等の各種学会でPPSを含むPEDのセッションを予定