# Summary table reporting evidence of Thresholds of meaning for OMERACT Filter 2.3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study Reference**(Author, Year) | **Study characteristics** | **Methods and Results** | **Interpretation of authors adequacy**(+, +/-, -) | **Overall rating of the study**(+, +/-, -) |
| **Brief sample description** (n= , type of patient for this analysis)\* | **Brief description of study design/methods\*** | **Threshold assessed** (e.g. MID, MCID, PASS, LDA) | **Method**(anchor or distributional) | **Threshold method: anchor used and categories in that anchor** | **Definition of threshold of meaning using this approach** | **Threshold of meaning** (specify value), AUC if available. | **% of sample meeting/ exceeding this threshold** |
| ***EXAMPLE*** |
| ***(adapted from Leung 2021)****Leung 2020* | * *414 PsA consecutive patients with at least 2 year duration of PsA*
* *Mean HAQ-DI: 0.64 (0.68)*
 | * *Patients seen at baseline, then F/U at 1-6 months*
* *350 patients gave F/U data*
 | *Minimally clinically important difference**(MCID)* | *Anchor* | *MCID – compared to last visit – improved, same, or worse* | *MCID: mean change of HAQ-DI corresponds to patient endorsing improvement/ worsening* | *MCID improve-ment:  -0.16 (0.87)**MCID worsening: 0.30 (0.81)*  | *Improved: 27.3%**Worsened: 18.4%* | *+* | *(+)**Several anchors used, showing sensible results. Used multiple statistical methods, and sensitivity analysis done.* |
| *Patient defined low disease activity state (LDA). Wordings derived with patient input.* | *Anchor* | *LDA:* *Patient defined LDA (Yes/No)* | *LDA via 75th percentile of scores, corresponding to Youden’s Index**Sensitivity analysis/ AUC* | *Patient defined LDA (n=245)**75th percentile: 0.75**ROC cut off: 0.75**Sensitivity/**specificity/AUC (0.79/0.55/0.69)* | *Patient defined LDA: 70%* | *+* |
| *Patient defined remission (REM). Wordings derived with patient input.* | *Anchor* | *REM:**Patient defined REM (Yes/No)* | *REM via 75th percentile of scores, corresponding to Youden’s Index**Sensitivity analysis/ AUC* | *Patient defined REM (n=86)**75th percentile: 0.50**ROC cut off: 0.63**Sensitivity/**specificity/AUC (0.88/0.47/0.71)* | *Pt defined REM: 24.6%* | *+* |
| *Patient acceptable symptom state(PASS)* | *Anchor* | *PASS (Yes/No)* | *PASS via 75th percentile of scores, corresponding to Youden’s Index Sensitivity analysis/ AUC* | *PASS (n=280)**75th percentile: 0.63**ROC cut off: 0.63**Sensitivity/**specificity/AUC (0.76/0.72/0.81)* | *PASS: 80%* | *+* |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

*\*Greater detail on study design & methods can be provided in the table, ‘Description of studies in general’*

***References contributing to the reporting of this table:***

Beaton DE, Bombardier C, Katz JN, Wright JG, Wells G, Boers M, et al. Looking for important change/differences in studies of responsiveness. OMERACT MCID working group. J Rheumatol. 2001;28:400–5.

Brozek JL, Guyatt G, Schunemann HJ. How a well-grounded MID can enhance transparency of labeling claims and improve interpretation of a patient reported outcome. Health Quality Life Outcomes 2006;4:69.

Mills KG. Examining the MID of PROMs for individuals with knee osteoarthritis: A model using the knee injury and osteoarthritis outcome score. J Rheum 2016; 43(2):395-404.

Devji T, Carrasco-Labra A, et al. Evaluating the credibility of anchor based estimates of minimal important differences for patient reported outcomes: instrument development and reliability study. BMJ 2020;369:m1714. http://dx.doi.org/10.1136/bmj.m1714

(Example adapted from: Leung et al. HAQ-DI and the SF-36 Physical Functioning subscale provisionally endorsed as outcome measurement instruments of the physical function domain in psoriatic arthritis using OMERACT Filter 2.1 methodology. 2021 Seminars in Arthritis and Rheumatism)