Appendix M. Consistency of Knee Pain and Function Outcomes Used for Models With Other Measure of Knee Pain and Function

APPENDIX M

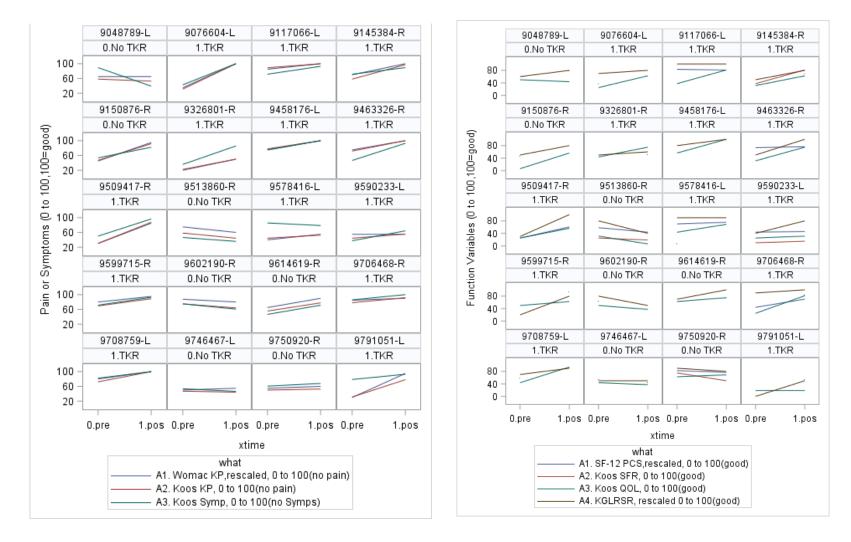
Consistency of knee pain and function outcomes used for models with other measure of knee pain and function

The team felt it important to evaluate other outcomes to look for consistency of effect. These were exploratory analyses done after the models for pain and function were finalized. The evaluations were done using the OAI database.

For pain, the study outcome was WOMAC knee pain. For the consistency of effect evaluation, we also looked at KOOS knee pain, and KOOS symptom scales.

For function, the study outcome was SF-12 physical function score. For the consistency of effect evaluation, we also looked at the KOOS function, sports, recreation (FSR) scale, the KOOS quality of life (QOL) scale, and the KGLRS scale. The KGRLS is another quality of life index that asks responders to 'consider all the ways that knee pain and knee arthritis affect you' rated on a 10 point scale of how they 'are doing' ranging from very good to very poor. For the purposes of these evaluations, all of these scales/instruments were re-scaled to 0 to 100 where a low value indicated poorer function and/or higher pain and high values indicated good function and/or lower pain.

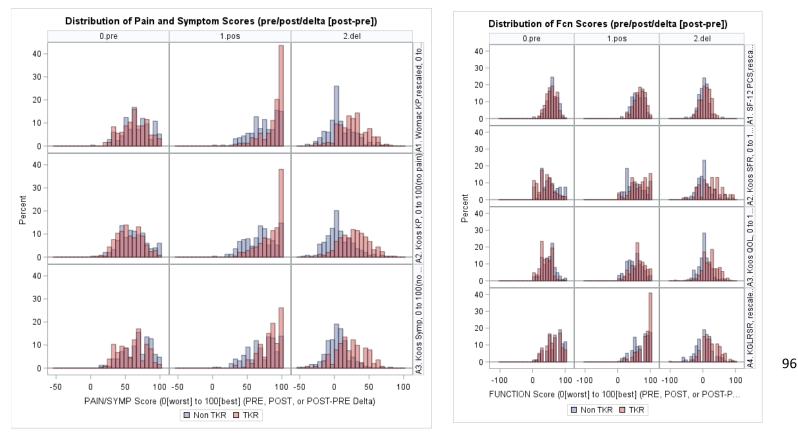
The results of these exploratory analyses suggest that the WOMAC knee pain tracks well with other measures of knee pain and symptoms, and in particular, KOOS knee pain. The SF-12 physical function score, while positively correlated, does not track as strongly with other kneerelated quality of life and function variables. These results are somewhat to be expected in that while there may be overlap in physical function and knee-related function they are not the same thing. Our stakeholders suggest both overall and knee-related function are important and we have come to believe future work to develop predictions of the more specific knee-related function would be useful to both patient and clinical stakeholders. I. SUBJECT PLOTS: For illustrative purposes we are showing baseline (pre) and 1-year follow-up (pos) raw (knee) pain and function scores for a random sample of subjects. The header for each panel in each figure tells if the subject got a total knee replacement (TKR). If the different scales are all capturing the same information, the lines within each panel should be overlapping. The panel on the left shows the different pain scales (WOMAC knee pain (KP), KOOS KP, and KOOS Symptom. The panel on the right shows the different function scales (SF-12 physical component score, KOOS SFR, KOOS QOL, KGLRS). In general, the lines were reasonably parallel and going in the same direction, although there was variability.



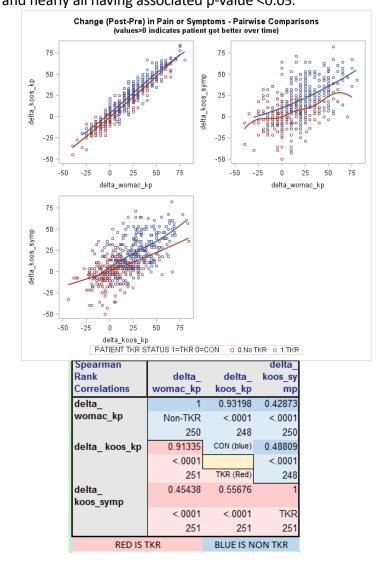
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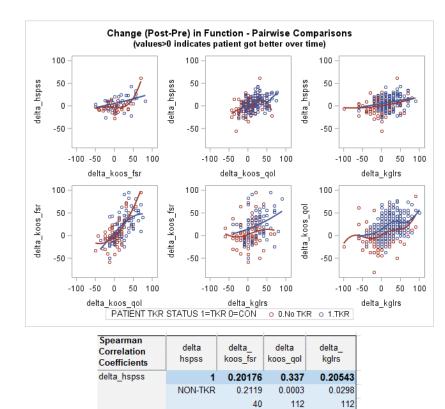
II. DISTRIBUTIONS: The distribution of scores at baseline (PRE), at the approximate 1-year follow-up (POS), and the POS minus PRE change from baseline delta (DEL) were plotted for each scale. Different colors were used to show the distributions for both the group of subjects that got TKR (red) and did not get TKR (blue). The results for distributions of the 3 pain scores are on the left panel, and of the 4 function scores on the right panel.

Consistency of the scores would best be illustrated by finding similarities of the distributions between ROWs of the figures, while there still may be differences between columns. This is shown clearly for the plot of pain scores on the left. For the PRE, the distributions are reasonably symmetric and centered near a value of 60. For POS, the scores are higher (better) and skewed to the right, especially for the TKR (red) subjects. The delta scores for all (3) pain measures are symmetric, but one can see more separation between the TKR and non-TKR (red and blue respectively) subjects with the TKR subjects having greater improvements captured by all three scales.



III. CORRELATION: We next wanted to look at consistency of scores at the subject level using simple bivariate scatter plots. If scores for any two scales were the same, one would expect the points on the scatter plot to all fall along a diagonal line on the plot. The corresponding correlation coefficient would be 1.0. Again, the panel on the left shows the 3 bivariate scatter plots for the 3 pain scores, and the panel on the right shows the 6 bivariate plots for the 4 function scores. The red dots and red smoothed line are the data for the subjects with TKR, and the blue dots and blue smoothed line are for the subjects who did not have TKR. All correlations were positive, and nearly all having associated p-value < 0.05.





0.44029

0.38043

<.0001

0.2341

0.0143

109

0.0117

32

delta koos fsr

delta koos gol

delta kglrs

109	68	252	
RED ARE TKR RESU	ILTS I	BLUE ARE NON-TK	R

0.60577

<.0001

0.37076

0.0019

68

97

0.20293

0.41407

<.0001

251

TKR

1

0.0498

94

0.5341

<.0001

0.3929

<.0001

94

IV. AGREEMENT: The last evaluation we did was categorize the change from baseline to follow-up as an improvement of over 8 points, worsening of over 8 points, or a change of no more than +/- 8 points. This was done for each subject for each scale. Again, bivariate tables were constructed looking at agreement for the change categories. The choice of a change of 8 points on a 100-point scale was based on the KOOS User's Guide 1.1 Updated August 2012 (http://www.koos.nu/) which notes "The Minimal Important Change (MIC) is currently suggested to be 8-10" with an acknowledgment that there are limitations to this suggestion. We evaluated "agreement" with a kappa statistic. A Kappa of 1 indicates perfect agreement. The results of these analyses are displayed below. For the pain scales, the WOMAC knee pain (KP) and KOOS KP had the highest Kappa (consistent with the largest correlation seen in part III). Kappa's were lower for the function scales than pain scales. The SF-12 agreeing more with the KOOS than KGLRS. Among the function measures, the kappa was highest for the 2 KOOS scales (KOOS FSR and KOOS QOL). These results are shown on the following page.

A. AGREEMENT: Pain Scales

Agreement on Knee Pain /Symptom		KOOS KP							
Measures 1 of 3:	Improve		Worsen	Kappa: Womac K	P vs. Koo	s KP			
WOMAC KP	>8 pts	+/- 8 pts	>8 pts	Statistic	Value	ASE	95% Confid	lence Limits	
Improve>8 pts	295	24	1	Simple Kappa	0.707	0.0297	0.6488	0.7652	
+/- 8 pts	23	81	17	Weighted Kappa	0.7722	0.0243	0.7245	0.8199	
Worse >8 pts	0	11	47						
Agreement on Knee Pain /Symptom	KOOS SYMP			Kappa: Womac KP vs. Koos Symptom					
Measures 2 of 3:	Improve		Worsen	Statistic	Value	ASE	95% Confid	lence Limits	
WOMAC KP	>8 pts	+/- 8 pts	>8 pts	Simple Kappa	0.3041	0.0343	0.2368	0.3714	
Improve>8 pts	225	77	19	Weighted Kappa	0.3493	0.0348	0.2811	0.4174	
+/- 8 pts	33	66	23						
Worse >8 pts	13	29	16						
Agreement on Knee Pain /Symptom	K	OOS SYM	P	Kappa: Koos KP	vs. Koos	Symptom			
Measures 3 of 3:	Improve		Worsen	Statistic	Value	ASE	95% Confid	lence Limits	
KOOS KP:	>8 pts	+/- 8 pts	>8 pts	Simple Kappa	0.3382	0.0344	0.2706	0.4057	
Improve>8 pts	228	76	14	Weighted Kappa	0.4074	0.0343	0.3403	0.4746	
+/- 8 pts	33	63	20						
Worse >8 pts	9	33	23						

B. AGREEMENT: Function Scales

	koosFSR3	3					
Improve		Worsen	Kappa: SF-12 PC	S vs. KOO	SFSR		
>8 pts	+/- 8 pts	>8 pts	Statistic	Value	ASE	95% Confid	lence Limits
19	1	8	Simple Kappa	0.1429	0.0806	-0.0152	0.3009
9	8	11	Weighted Kappa	0.1832	0.0874	0.012	0.3545
3	9	4					
	koosqol3	;	Kappa: SF-12 PC	S vs. KOO	S QOL		
Improve		Worsen	Statistic	Value		95% Confid	lence Limits
	+/- 8 pts	>8 pts	Simple Kappa	0.2071	0.0511	0.1069	0.3073
66	21	7	Weighted Kappa	0.2747	0.0521	0.1726	0.3768
38	30	12					
12	20	15					
	kglrs3		Kappa: SF-12 PC	S vs. KGLI	RS		
Improve		Worsen	Statistic	Value	ASE	95% Confid	lence Limits
>8 pts	+/- 8 pts	>8 pts	Simple Kappa	0.1457	0.0476	0.0525	0.2389
64	12	18	Weighted Kappa	0.1693	0.0534	0.0645	0.274
38	20	22					
20	11	16					
	Improve >8 pts >8 pts 3 9 3 Improve >8 pts 5 6 6 38 12 Improve >8 pts 5 6 6 6 6 6 38	Improve +/- 8 pts >8 pts +/- 8 pts 3 9 3 9 3 9 3 9 4 9 5 3 9 8 3 9 Koosqol3 Improve >8 pts +/- 8 pts 5 66 21 3 38 30 3 12 20 Kgirs3 12 8 pts +/- 8 pts >8 pts +/- 8 pts 3 64 12 3 38 20	>8 pts +/- 8 pts >8 pts 19 1 8 9 8 11 3 9 4 3 9 4 3 9 4 8 9 8 8 9 8 3 9 4 koosqol3 Worsen >8 pts +/- 8 pts >8 pts 6 21 7 38 30 12 12 20 15 12 20 15 18 8 pts +/- 8 pts >8 pts +/- 8 pts >8 pts 36 64 12 18 38 20 22	Improve Worsen Kappa: SF-12 PC >8 pts +/- 8 pts >8 pts Statistic 19 1 8 Simple Kappa 9 8 11 Weighted Kappa 9 8 11 Weighted Kappa 3 9 4 Kappa: SF-12 PC koosqol3 Kappa: SF-12 PC Statistic * Worsen Statistic *8 pts +/- 8 pts >8 pts */- 8 pts *8 pts Simple Kappa *66 21 7 Weighted Kappa *3 30 12 12 *3 12 20 15 * Kappa: SF-12 PC Improve * & Yeighted Kappa * * Yeighted Kappa * * Yeighted Kappa * * Yeighted Kappa * * Simple Kappa * * Yeighted Kappa * * * Simple Kappa * * * * Simp	Improve >8 pts Worsen +/- 8 pts Kappa: SF-12 PCS vs. KOO 19 1 8 Simple Kappa 0.1429 9 8 11 Weighted Kappa 0.1832 3 9 4 Weighted Kappa 0.1822 3 9 4 Kappa: SF-12 PCS vs. KOO koosqol3 Kappa: SF-12 PCS vs. KOO Kappa: SF-12 PCS vs. KOO Improve Worsen Statistic Value >8 pts +/- 8 pts >8 pts Simple Kappa 0.2071 66 21 7 Weighted Kappa 0.2071 66 21 7 Weighted Kappa 0.20747 38 30 12 12 20 15 kglrs3 Worsen Statistic Value >8 pts +/- 8 pts >8 pts Simple Kappa 0.1457 5 64 12 18 Weighted Kappa 0.1457 38 20 22	Improve >8 pts Worsen +/- 8 pts Kappa: SF-12 PCS vs. KOOS FSR 19 1 8 Simple Kappa 0.1429 0.0806 9 8 11 Weighted Kappa 0.1429 0.0874 3 9 4 Value ASE koosqol3 Kappa: SF-12 PCS vs. KOOS QOL Kappa: SF-12 PCS vs. KOOS QOL Improve Worsen Statistic Value ASE >8 pts +/- 8 pts >8 pts Simple Kappa 0.2071 0.0511 66 21 7 Weighted Kappa 0.2747 0.0521 38 30 12 12 20 15 Improve Worsen Statistic Value ASE 38 30 12 12 20 15 8 pts +/- 8 pts 8 pts Simple Kappa 0.145	Improve Worsen Kappa: SF-12 PCS vs. KOOS FSR >8 pts +/- 8 pts >8 pts Statistic Value ASE 95% Confid 9 1 8 Simple Kappa 0.1429 0.0806 -0.0152 9 8 11 Weighted Kappa 0.1832 0.0874 0.012 3 9 4 0.1832 0.0874 0.012 3 9 4 improve Worsen Statistic Value ASE 95% Confid *8 pts +/- 8 pts >8 pts Simple Kappa 0.2071 0.0521 0.1726 3 30 12 *8 pts +/- 8 pts *8 pts Simple Kappa 0.2747 0.0521 0.1726 3 12 20 15 *8

B. AGREEMENT: Function Scales (continued)

Agreement on Eurotion, 2 of 6		koosqol3		Карра						
Agreement on Function 2 of 6:	Improve> Worsen		Worsen>							
koosFSR3	8 pts	+/- 8 pts	8 pts	Statistic	Value	ASE	95% Confidence Limit			
Improve>8 pts	61	13	3	Simple Kappa	0.4164	0.0571	0.3046	0.5282		
+/- 8 pts	10	28	6	Weighted Kappa	0.4606	0.0601	0.3429	0.5783		
Worse >8 pts	7	20	14							
kgirs3		Kappa: KOOS FSR vs. KGLRS								
Agreement on Function 2 of 6:	Improve>		Worsen>	Statistic	Value	ASE	95% Confid	lence Limit:		
koosFSR3	8 pts	+/- 8 pts	8 pts	Simple Kappa	0.2382	0.0577	0.1251	0.3513		
Improve>8 pts	56	11	10	Weighted Kappa	0.2754	0.063	0.1519	0.3989		
+/- 8 pts	14	13	17							
Worse >8 pts	17	8	16							
A		kglrs3		Kappa: KOO SQOL v	s. KGLRS					
Agreement on Function 3 of 6:	Improve>		Worsen>	Statistic	Value	ASE	95% Confid	lence Limit:		
koosqol3	8 pts	+/- 8 pts	8 pts	Simple Kappa	0.2352	0.0318	0.1728	0.2975		
Improve>8 pts	207	36	27	Weighted Kappa	0.317	0.034	0.2504	0.3835		
+/- 8 pts	68	34	61							
Worse >8 pts	21	16	33							

V. Summary of Scales

	PATIENT TKR STATUS 1=TKR 0=CON								
ain /Function Variables [0=bad, more pain, 0=good, less pain]		No TKR		Yes TKR					
more pain, v-good, less painj	Mean	Median	N	Mean	Median	Ν			
baseline womac knee pain	6.9	7	250	7.6	8	251			
baseline womac pain_reverse scale	65.6	65	250	62	60	251			
baseline koos knee pain	61.2	61.1	249	56.1	55.6	251			
baseline koos symptom	67.5	67.9	251	59.9	63.4	252			
1-year womac knee pain	5.3	5	252	2.4	1	252			
1-year womac knee pain_reverse sca	73.4	75	252	88.2	95	252			
1-year koos knee pain	68.2	69.4	251	84.9	90.6	252			
1-year koos symptom	71.5	75	252	83	85.7	252			

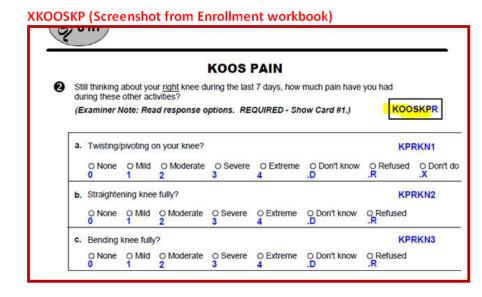
Summary of Knee Pain/Symptom	Scores (Baseline and Follow-up)	
	PATIENT TKR STATUS 1=T	K

	PATIENT TKR STATUS 1=TKR 0=CON								
Function Vars [0=bad, 0=good]		No TKR		Yes TKR					
	Mean	Median	Ν	Mean	Median	N			
baseline SF-12 PCS _stretched scale to 0-100	59.3	59	191	57.5	58.1	191			
baseline Koos FSR (Func/Sports/Rec)	49.2	50	134	38.1	40	114			
baseline Koos QOL (Quality of Life)	48.5	50	251	39.9	37.5	252			
baseline KGLRS _ x10,reversed to 0-100	65.9	70	251	60.8	60	252			
1-year SF-12 PCS _stretched scale to 0-100	61.9	61.8	171	67.6	69.2	129			
1-year Koos FSR (Func/Sports/Rec)	51.1	50	129	64.9	66.7	122			
1-year Koos QOL (Quality of Life)	51.5	50	252	62.6	62.5	252			
1-year KGLRS _ x10,reversed to 0- 100	69.2	70	252	83	90	252			

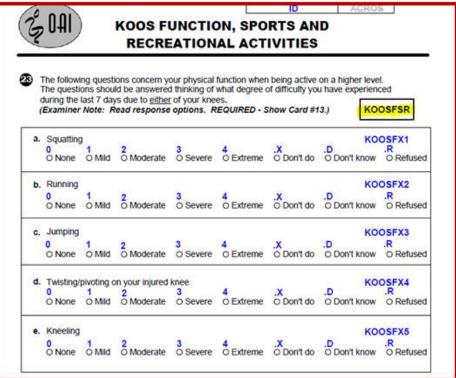
VI. Screenshots of components of KOOS and KGLRS Scales from OAI database

KOOS Knee Pain

KOOS Function, Sports, Recreational Activities



XKOOSFSR (Screenshot from Enrollment workbook)



VII. Screenshots of components of KOOS and KGLRS Scales from OAI database (continued)

KOOS SYMPTOMS

KOOS QOL and KGLRS

XKOOSYM (Screenshot from Enrollment workbook)

XKOOSQOL , XKGLRS (Screenshot from Enrollment workbook)

(2041) кооз зумртомз		
Still thinking about your right knee, these questions are about other symptoms you houring the last 7 days. Image: Comparison of the symptome		KOOS QUALITY OF LIFE Image: Stress of problems with your knee(s)? (Examiner Note: Read response options. REQUIRED - Show Card #14.) Image: Stress option is an image: Stress option image: Stress optimage: Stress optimage: Stress optimage: Stress optimage
 Do you feel grinding, hear clicking or any other type of noise when your right kn (Examiner Note: Read response options. REQUIRED - Show Card #5.) Never ¹/₂ Rarely ²/₂ Sometimes ³/₂ Often ⁴/₄ Always ¹/₂ Don't know ¹/₂ 	KSXRK	Have you modified your lifestyle to avoid potentially damaging activities to your knee(s)? (Examiner Note: Read response options. REQUIRED - Show Card #15.) O 1 2 3 4 D O Not at all O Mildly O Moderately O Severely O Totally O Don't know O Refused
Does your <u>right</u> knee catch or hang up when moving? (Examiner Note: Read response options. REQUIRED - Show Card #5.) 0 1 2 3 4 0 Never 0 Rarely 0 Sometimes 0 Often 0 Always 0 Don't know	KSXRK .R O Refused	How much are you troubled with lack of confidence in your knee(s)? KQOL3 (Examiner Note: Read response options. REQUIRED - Show Card #16.) 0 1 2 3 4 .D .R 0 1 2 3 4 .D .R 0 Not at all 0 Mildly 0 Moderately 0 Severely 0 Extremely 0 Don't know 0 Refused
Can you straighten your right knee fully? (Examiner Note: Read response options. REQUIRED - Show Card #6.) 0 Always 1 Often 2 Sometimes 3 Rarely 4 Never Don't know	KSXRK .R O Refused	In general, how much difficulty do you have with your knee(s)? KQOL4 (Examiner Note: Read response options. REQUIRED - Show Card #17.) 0 1 2 3 4 .D None O Mild O Moderate O Severe O Extreme O Don't know O Refused
Can you bend your right knee fully? (Examiner Note: Read response options. REQUIRED - Show Card #6.) Always Often Sometimes Read Read Read Read Read Read Read Read	KSXRK R O Refused	Considering all the ways that knee pain and knee arthritis affect you, if at all, how are KGLRS you doing today? Please point to the number on this card that best describes how you are doing. "0" means "Very Good" and "10" means "Very Poor." (Examiner Note: REQUIRED. Show Card #18.)
		Very Very Good Poor