# Meaningful Change Thresholds for the Aberrant Behavior Checklist-Community Fragile X Syndrome (ABC-C<sub>FXS</sub>) in Children and Adolescents With FXS

Elizabeth Merikle,<sup>1</sup> Vanessa Perez Patel,<sup>1</sup> Thomas Dobbins,<sup>2</sup> Jim Griesser,<sup>2</sup> Nancy Tich,<sup>3</sup> Terri Sebree,<sup>3</sup> Randi Hagerman,<sup>4</sup> Joseph M. Palumbo<sup>3</sup>

<sup>1</sup>Covance by Labcorp., Gaithersburg, MD, USA; <sup>2</sup>The Griesser Group, West Conshohocken, PA, USA; <sup>3</sup>Zynerba Pharmaceuticals Inc., Devon, PA, USA; <sup>4</sup>The Mind Institute, University of California Davis, Sacramento CA, USA

# **BACKGROUND AND OBJECTIVES**

## Background

- Fragile X syndrome (FXS) is a rare genetic disorder, which is a common cause of intellectual disability<sup>1</sup>
- The Aberrant Behavior Checklist-Community (ABC-C) is an observerreported outcome (ObsRO) measure that has been validated in individuals with intellectual disabilities<sup>2</sup>
- An FXS-specific domain structure of the ABC-C (henceforth the ABC-C<sub>FXS</sub>), which is more representative of the FXS phenotype, has been established<sup>3</sup>
- The ABC-C<sub>FXS</sub> was utilized to measure the primary and key secondary endpoints in ZYN2-CL-016 (CONNECT-FX), a randomized, doubleblind, placebo-controlled, multicenter study evaluating the efficacy and safety of ZYN002, a transdermal synthetic cannabidiol (CBD) gel, for the treatment of behavioral symptoms associated with FXS in children and adolescent patients (NCT03614663)
- The FDA Clinical Outcomes Assessment Group recommends determining clinical meaningfulness from the caregiver perspective using a mixed methods (qualitative and quantitative) approach<sup>4</sup>
- Thresholds for meaningful within-patient change were established using anchor-based methods with treatment benefit informed by interviews with caregivers of children with FXS

## **Objectives**

 To derive responder thresholds (RTs) representing individual patientlevel change indicative of meaningful treatment benefit for the ABC-C<sub>FXS</sub> Social Avoidance (SA), Irritability, and Socially Unresponsive/Lethargic (SUL) subscales

## **METHODS**

- Anchor-based methods supplemented with visual plots were used to estimate RTs for change from Baseline to Week 12 in the ABC-C<sub>FXS</sub> SA, Irritability, and SUL subscales
  - SA: primary endpoint, score range 0 to 12
  - Irritability: key secondary endpoint, score range 0 to 54
- SUL: key secondary endpoint, score range 0 to 39
- Higher subscale scores represented higher severity of aberrant behavior
- Primary anchors were domain-specific (DS) behavioral problems and overall behavior (OB) of the Caregiver Global Impression of Severity (CaGI-S). Problems experienced by a child were rated on a 4-point scale (0=no problems to 3=severe problems). CaGI-S change was categorized on a 5-point scale (-2=much better to +2=much worse)
- Caregiver Global Impression of Change (CaGI-C) DS and OB were supportive anchors. Changes in problems experienced by a child were rated on a 7-point scale (-3=much worse to +3=much better)
- Identification of the point change on the CaGI-S/C representing meaningful change was informed by semi-structured cognitive interviews with 25 caregivers of children with FXS

## **RESULTS**

### **Anchor-Based Analyses**

- Caregivers of children with FXS reported that even small improvements in their child's behavior would be meaningful
- Majority of caregivers (n=17; 68%) indicated that a 1-category change on the CaGI-S would be meaningful or important
- In the analyses (n=193), the mean (SD) changes for the ABC-C<sub>FXS</sub> subscales in patients with a 1-category improvement on the CaGI-S DS and OB items were (Table 1)
  - -3.0 (3.0) and -3.6 (2.64) for ABC-C<sub>FXS</sub> SA
  - -9.8 (9.70) and -8.9 (9.43) for ABC-C<sub>FXS</sub> Irritability
  - -5.4 (6.46) and -6.8 (6.92) for ABC-C<sub>FXS</sub> SUL

Table 1. Mean Change Scores on the ABC-C<sub>FXS</sub> SA, Irritability, and SUL Subscales for Domain-Specific (DS) Behaviors and Overall Behavior (OB) by CaGI-S Change Categories

	CaGI-S Change Category <sup>a</sup>				
ABC-C <sub>FXS</sub>	Much better	Better	No change	Worse	Much worse
	(−2)	(−1)	(0)	(+1)	(+2)
Social Avoidance					
DS	-5.6 (3.06)	-3.0 (3.0)	-1.5 (2.44)	-0.2 (1.91)	N/A
	(n=17)	(n=60)	(n=96)	(n=20)	(n=0)
ОВ	-3.3 (4.85)	-3.6 (2.64)	-1.8 (2.85)	-0.9 (2.22)	N/A
	(n=9)	(n=47)	(n=110)	(n=27)	(n=0)
<u>Irritability</u>					
DS	-13.8 (11.73)	−9.8 (9.7)	-2.5 (6.34)	1.2 (6.85)	-3.8 (6.19)
	(n=15)	(n=55)	(n=90)	(n=29)	(n=4)
ОВ	-10.1 (17.06)	-8.9 (9.43)	-3.9 (8.01)	-0.4 (4.14)	N/A
	(n=9)	(n=47)	(n=110)	(n=27)	(n=0)
Socially Unresponsive/Lethargic					
DS	-7.2 (5.48)	-5.4 (6.46)	-2.3 (5.01)	-1.7 (4.14)	-5.5 (2.08)
	(n=13)	(n=55)	(n=98)	(n=23)	(n=4)
ОВ	-3.9 (5.69)	-6.8 (6.92)	-2.7 (4.76)	-0.9 (3.55)	N/A
	(n=9)	(n=47)	(n=110)	(n=27)	(n=0)

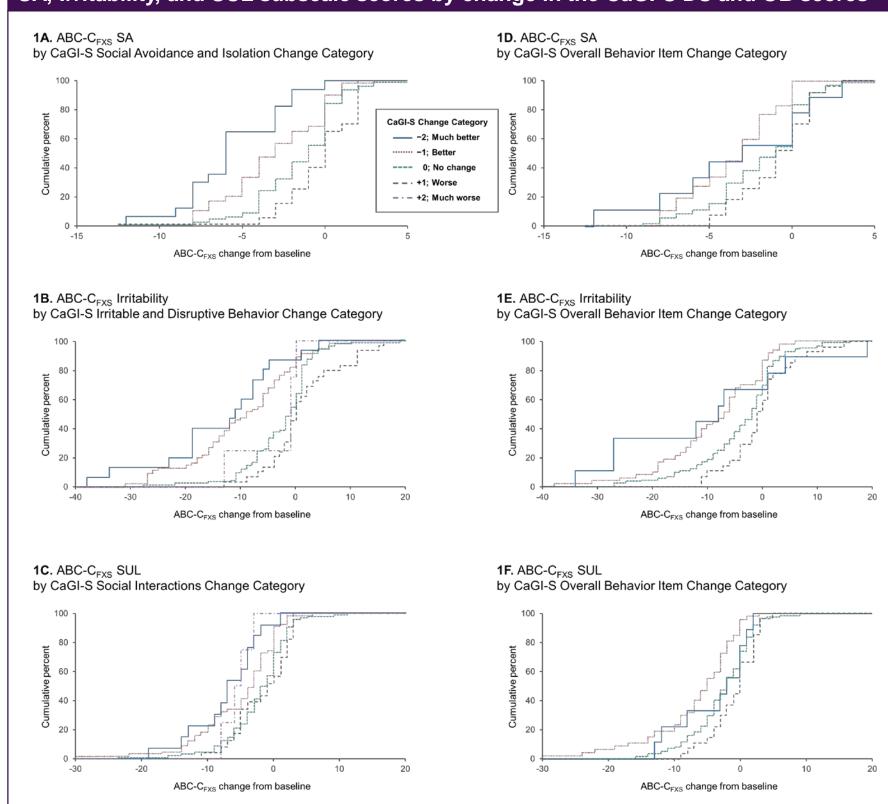
N/A, not applicable.

- A similar pattern of mean change on the ABC-C<sub>FXS</sub> SA, Irritability and SUL subscales was observed for the CaGI-C DS and OB items
- Patients rated as a little better (+1) on the CaGI-C DS and OB items had mean (SD) changes for the ABC-C<sub>FXS</sub> subscales listed below
  - -2.6 (3.47) and -2.9 (2.95) for ABC-C<sub>FXS</sub> SA
  - -9.0 (9.62) and -8.6 (9.71) for ABC-C<sub>FXS</sub> Irritability
  - −5.1(6.00) and −5.4 (5.65) for ABC-C<sub>FXS</sub> SUL

#### **Visual Plots**

 Empirical cumulative distribution function curves of change in the ABC-C<sub>FXS</sub> SA, Irritability, and SUL subscale scores from Baseline to Week 12 by change in the CaGI-S DS and OB scores, the primary anchors in this study, support the responder thresholds identified in the anchor-based analyses (Figure 1)

Figure 1. Empirical cumulative distribution function curves of change in the ABC- $C_{FXS}$  SA, Irritability, and SUL subscale scores by change in the CaGI-S DS and OB scores



### **Responder Threshold**

- Triangulating the results from the anchor-based analyses, the visual plots, and the levels of meaningful change reported by caregivers in the cognitive interview study, patients who experienced a reduction of 3 or more points on the ABC-C<sub>FXS</sub> SA subscale, 9 or more points on the ABC-C<sub>FXS</sub> Irritability subscale, and 5 or more points on the ABC-C<sub>FXS</sub> SUL subscale from Baseline to Week 12 in CONNECT-FX achieved a meaningful behavioral response to treatment
- More patients with ≥90% methylation of their *FMR1* gene treated with ZYN002 than placebo met the responder threshold at Week 12 for SA (odds ratio 2.04, *p*=.031) and Irritability (odds ratio 2.17, *p*=.036)

## CONCLUSIONS

- Responder thresholds for meaningful within-patient behavioral change on key domains of the ABC-C<sub>FXS</sub> were determined using anchor-based methods based upon FDA guidance for caregiver-reported outcomes
- The responder thresholds for meaningful within-patient behavioral change in CONNECT-FX corresponded to the following reductions
  - 3 or more points on the ABC-C<sub>FXS</sub> Social Avoidance subscale
  - 9 or more points on the ABC-C<sub>FXS</sub> Irritability subscale
  - 5 or more points on the ABC-C<sub>FXS</sub> Socially Unresponsive/Lethargic subscale
- These thresholds serve as a basis for evaluating clinically meaningful treatment effects at the individual patient level in clinical trials of children and adolescents with FXS as demonstrated for ZYN002 in CONNECT-FX

# REFERENCES AND ACKNOWLEDGMENTS

#### References

- 1. Hagerman RJ. Fragile X syndrome. Molecular and clinical insights and treatment issues. *West J Med*. 1997;166(2):129-137.
- 2. Marshburn EC, Aman MG. Factor validity and norms for the aberrant behavior checklist in a community sample of children with mental retardation. *J Autism Dev Disord*. 1992;22(3):357-373.
- Sansone SM, Widaman KF, Hall SS, et al. Psychometric study of the Aberrant Behavior Checklist in Fragile X Syndrome and implications for targeted treatment. *J Autism Dev Disord*. 2012;42(7):1377-1392.
- United States Food and Drug Administration. Incorporating clinical outcome assessments into endpoints for regulatory decision-making. <a href="https://www.fda.gov/media/132505/download">https://www.fda.gov/media/132505/download</a>. Accessed April 13, 2021.

#### Acknowledgements

Editorial/medical writing support under the guidance of the authors was provided by *p*-value communications, and was funded by Zynerba Pharmaceuticals, Devon, PA, USA, in accordance with Good Publication Practice (GPP3) guidelines (*Ann Intern Med.* 2015;163:461-464).

#### **Disclosures**

NT, TS, and JP are employees of Zynerba Pharmaceuticals. TD and JG are contractors for Zynerba Pharmaceuticals.

EM and VPP are employees of Covance by Labcorp which has received research funding from Zynerba.

RH has received research support from Zynerba Pharmaceuticals. The study was funded by Zynerba Pharmaceuticals.

Presented at the Virtual ISPOR 2021 Meeting; May 17-20, 2021.

aData are mean change from Baseline (Visit 3, randomization) to Week 12 (Visit 6) (standard deviation).