

Psychometric Properties of a Novel Vineland™-II 2-Domain Composite Score to Assess Social Communication and Social Interaction in Autism Spectrum Disorder

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Objectives

- A novel composite endpoint consisting of the arithmetic mean score on the Communication and Socialization domains of the Vineland™-II Adaptive Behavior Scale 2nd Edition (Vineland™-II) could be acceptable as a primary endpoint for phase 3 clinical trials in autism spectrum disorder (ASD)
- To explore the measurement properties of a novel Vineland™-II 2-Domain Composite (2DC) score, which combines these 2 independently validated scales, we conducted a psychometric analysis of this new score using data from the VANILLA phase 2 trial of balovaptan, a 12-week study in adult males with ASD and an intelligence quotient (IQ) ≥ 70 (NCT01793441)

Methods

- The 2DC score is calculated as the arithmetic mean of the Vineland™-II Socialization and Communication domain standard scores
- Measure was administered by experienced raters
- Test-retest reliability was assessed using interclass correlation coefficient (ICC) in patients with no change in their clinical status at day 84 on the Clinical Global Impression–Improvement (CGI-I) scale
- Sensitivity to change (baseline to day 84) was assessed by comparing mean scores on Vineland™-II 2DC between subjects with CGI-I scores of “minimally improved” or better versus “no change” or worse using analysis of covariance
- Convergent and discriminant validity, as well as known-group validity, were also explored with baseline Vineland™-II 2DC, age, and IQ as covariates
- All analyses were conducted on the total dataset

Conclusions

- In adults with ASD with IQ ≥ 70, the novel Vineland™-II 2DC score shows evidence of reliability, validity and sensitivity to change, and enables a comprehensive assessment of socialization and communication abilities in people with ASD**
- These findings support the use of the Vineland™-II 2DC score as an outcome measure for assessing the core deficits of socialization and communication in future phase 3 ASD clinical trials**

Background

There is a Lack of Validated Measures for Core Symptoms of ASD Established in ASD Clinical Trials

ASD is a complex, heterogeneous neurodevelopmental disorder characterized by impairments in social communication and interaction, as well as repetitive behaviors and restricted interests¹

Challenges in socialization and communication are among the symptoms that matter most to people with ASD and need to be addressed by new treatments for ASD^{2,3}

There is a Lack of Consensus on Appropriate Outcome Measures for Evaluating Core Symptoms of ASD⁴

Readiness of available measures of social communication for use as outcome measures in clinical trials have been evaluated based on their psychometric properties⁴

Of the 38 measures evaluated, only 6 measures were considered appropriate for use, with some limitations

The Vineland™-II, with strong reliability and validity, was identified as one of the appropriate measures evaluating social communication behaviors

ABC, Aberrant Behavior Checklist; BASC-2, Behavior Assessment System for Children, 2nd Edition; CSBS, Communication and Symbolic Behavior Scales; ESCS-JAMES, Early Social Communication Scales – James; SSIS, Social Skills Improvement System.

What is the Vineland™-II Adaptive Behavior Scale?

The Vineland™-II Measures Adaptive Behavior From Birth Through Adulthood

- Semi-structured, clinician-rated, caregiver-reported interview administered by a trained interviewer
- Measures adaptive behaviors: skills that people need to function independently at home, at school, and in the community. Includes communication and social skills, and daily living skills
- Vineland™-II characterizes individuals on relevant social and communication skills in the ASD population, with emphasis on actual behavior on a daily basis⁴
- Vineland™-II has strong reliability (eg, internal consistency: 0.72–0.90; inter-rater reliability: 0.78–0.80; test-retest reliability: 0.88–0.92) and excellent validity⁵
- Vineland™-II Socialization and Communication domain scores are both reliable and valid scales used as endpoints in ASD clinical trials

Vineland™-II Adaptive Behavior Scale also measures motor skills, administered in children aged ≤ 6 years, and a maladaptive domain that is not part of the composite score.

The VANILLA Study

VANILLA (NCT01793441) is the first phase 2 clinical study of balovaptan in adult men with ASD

Objective

Assess safety, tolerability, and effect of balovaptan on social communication and social interaction deficits

Participants

Adult men with moderate to severe ASD and IQ ≥ 70, CGI-S ≥ 4, and SRS-2 ≥ 66 (N = 223)

Design

Sequential cohort, parallel-group, multicenter (26 US sites), randomized, double-blind, phase 2 trial

Study Drug

3 oral doses (1.5 mg, 4 mg, 10 mg) of once-daily balovaptan vs placebo for 12 weeks

- Balovaptan treatment was not associated with a significant change from baseline compared with placebo at 12 weeks in the primary efficacy endpoint (SRS-2)
- SRS-2 is a caregiver-rated scale that may not measure social constructs alone and can be influenced by factors such as age, expressive language, cognitive level, and problem behaviors⁴

Dose-dependent, significant, and clinically meaningful improvements on the Vineland™-II, driven mainly by improvements in the Vineland™-II Socialization and Communication domains, were observed for participants treated with balovaptan 4 mg or 10 mg compared with placebo

CGI-S, Clinical Global Impression–Severity; SRS-2, Social Responsiveness Scale, 2nd Edition.

Results

The Vineland™-II 2-Domain Composite Demonstrated Very Good Test-Retest Reliability

The Vineland™-II-2DC Demonstrated Very Good Test-Retest Reliability Between Baseline and Day 84^a

Acceptable threshold for reliability: ICC ≥ 0.70

ICC for 2DC score = 0.83

The Vineland™-II 2DC has robust reliability, as demonstrated by exceeding the threshold for acceptable reliability

N = 88; Patients who did not change in their clinical status during the study (CGI-I).
^aICC interpretation according to Koo TK, Li MY. *J Chiropr Med.* 2016;15(2):155-163. Erratum in: *J Chiropr Med.* 2017;16(4):346.
 ICC, interclass correlation coefficient.

Concurrent Validity

The Vineland™-II 2-Domain Composite Correlates Highly With Vineland™-II, a Scale That Measures Similar Attributes

Correlation

- ≥ 0.8: Very strong
- ≥ 0.6 to < 0.8: Strong
- ≥ 0.4 to < 0.6: Moderate
- ≥ 0.2 to < 0.4: Modest
- < 0.2: Weak

Vineland™-II composite score (N = 212): 0.97^a

SRS-2 total score (N = 212): 0.28^b
 OACIS-S global score (N = 212): 0.30^b
 CGI-S (N = 212): 0.23^b

The Vineland™-II 2-Domain Composite Correlates Weakly With RBS-R, a Scale That Measures Different Attributes

Correlation

- ≥ 0.8: Very strong
- ≥ 0.6 to < 0.8: Strong
- ≥ 0.4 to < 0.6: Moderate
- ≥ 0.2 to < 0.4: Modest
- < 0.2: Weak

RBS-R total score (N = 212): 0.19^a

Correlations with symptom-oriented scales that measure attributes different than those measured by 2DC were weak, as hypothesized

- The 2DC score correlated with and demonstrated similarly robust psychometric properties to the Vineland™-II Composite score^c
- Correlations with scales that measure related attributes were weak to modest

^aPearson correlation coefficient.
^bSpearman rank r. OACIS Verbal score = 0.18; OACIS Nonverbal score = 0.24; and OACIS Social score = 0.25.
^cHigh correlation is expected due to considerable overlap.
^dRBS-R measures spectrum of repetitive behaviors, including stereotyped, self-injurious, compulsive, routine, sameness, and restricted.
 OACIS-S, Ohio Autism Impression Scale–Severity; RBS-R, Repetitive Behavior Scale–Revised.

Known-Groups Validity

The Vineland™-II 2-Domain Composite Has Strong Known-Groups Validity

CGI-S Group at Screening (Severity Score)	n	Result: LS Mean (95% CI)
4: Moderately ill	118	62.01 (59.27–64.76)
5: Markedly ill	65	56.19 (52.49–59.89)
6: Severely ill	7	42.13 (30.89–53.37)

The Vineland™-II 2DC has strong known-groups validity, with significant difference (nominal P value < 0.05) and evidence of monotonic decrease in scores between CGI-S groups

Analysis of covariance. Adjusted for baseline Vineland™-II 2DC score, age, and IQ.
 LS, least squares.

Sensitivity to Change

The Vineland™-II 2-Domain Composite Is Sensitive to Change

Change From Baseline to Day 84 in CGI-I Scores	n	Result: LS Mean (95% CI)
“Minimally improved” or better	98	6.58 (4.61–8.56)
“No change” or worse	92	2.01 (–0.03, 4.06)
Difference between means		4.57

Sensitivity to change for the 2DC score was significant between groups (nominal P value < 0.05)

Analysis of covariance. Adjusted for baseline Vineland™-II 2DC score, age, and IQ.
 LS, least squares.

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 Balovaptan is not approved by Health Canada.

