OMERACT Conference on Outcome Measures in Rheumatoid Arthritis Clinical Trials: Conclusion

The OMERACT conference has contributed to the field of clinical outcome measurement in a variety of ways: (1) International Forum: This conference provided a forum for attendees from all over the world representing the sectors of experienced clinicians, clinical investigators, industry and regulatory agencies — this happens rarely. (2) Preliminary Core Set of Endpoints: Agreement was achieved in designating a Preliminary Core Set of 8 Endpoints to be used as a minimum in every RA clinical trial (Acute Phase Reactants, Disability, Pain, Patient Global Assessment, Physician Global Assessment, Swollen Joint Count, Tender Joint Count, and Radiographic Studies of joints in any trial of 1 year or longer). (3) The discussions and nominal group exercises provide a mandate for full scale testing of approaches to (a) compare the validity of different assessment techniques available for these 8 measures; (b) determine the minimum level of clinical importance for each of the measures; and, (c) refine and validate the aggregation of outcome measures into indices, taking special care to ensure credibility in the eyes of clinicians, patients and policy makers. (4) The discussions made it clear that to definitively select one intervention over another, one must additionally consider outcomes such as drug toxicity, costs and mortality. These aspects need to be systematically explored at subsequent conferences. (5) A newsletter was recommended to promote worldwide flow of information on developments in this area; the Department of Rheumatology at University Hospital in Maastricht, The Netherlands, has offered to coordinate this. (6) International Committee on Clinical Endpoints in RA: It was proposed that an International Committee be established under the auspices of ILAR and its regional leagues, to develop an action-agenda involving collaborative trans-atlantic studies and meetings to confirm the validity of the measures chosen, to compare different methods of assessment of each of the measures/attributes, and to further study the potential for establishing levels of minimal clinical importance and the value of aggregation of measures into an index. This group will host a follow-up meeting in Geneva prior to the Barcelona 1993 ILAR meeting.

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