PROMISe Expert Validation Questions

These questions are based on the available literature and aim to ensure that all of our experts have similar views on the health consequences associated with specific disease states.

There are nine cases with a combined total of fifteen multiple choice questions. Please answer all the questions, only using the available literature when necessary.

There are 15 questions in this survey

Case 1

1. Mr Edwards is a 65 year old male who was diagnosed with dyslipidaemia 4 years ago and is currently following a low cholesterol diet. Mr Edwards is otherwise healthy. His BMI is approximately 25, he does not smoke and his last BP reading was 130/85. Recent blood test results show that Mr Edwards' dyslipidaemia is no longer adequately controlled through diet alone (results were total cholesterol = 6.0mmol/L, HDL = 0.8mmol/L and triglycerides = 3.9mmol/L).

What is the absolute risk that Mr Edwards will have a cardiovascular event (MI or stroke) within 5 years? *

Please choose only one of the following:

- Non-significant
- <5%
- 5% to <10%
- 10% to <20%
- 20% or more

2. If Mr Edwards is commenced on a statin (e.g. atorvastatin), what is the expected reduction in the relative risk of a major coronary event over the next five years? *

Please choose only one of the following:

- <5%
- 5% to <10%
- 10% to <15%
- 15% to <20%
- 20% or more

3. If Mr Edwards is commenced on a statin (e.g. atorvastatin), what is the expected reduction in the relative risk of a cerebrovascular event over the next five years? *


Please choose **only one** of the following:

- Non-significant
- <2%
- 2% to <5%
- 5% to <10%
- 10% or more
Case 2

4. Ms Jones is a 66 year old female with a past history of a bleeding peptic ulcer and was diagnosed with osteoarthritis 3 years ago. Ms Jones was previously taking diclofenac 50 mg twice daily but experienced some minor GI adverse effects; therefore her GP changed this to celecoxib 200mg daily 6 months ago.

In terms of GI ulceration, what is the expected reduction in relative risk with celecoxib compared to the conventional NSAIDs over a 12 month period?

* Please choose only one of the following:
  - Non-significant
  - <5%
  - 5% to <10%
  - 10% to <20%
  - 20% or more

5. What is the increase in relative risk that a patient like Ms Jones will experience a myocardial infarction when taking celecoxib 200mg daily compared to placebo?

* Please choose only one of the following:
  - <10%
  - 10% to <25%
  - 25% to <50%
  - 50% to <100%
  - 100% or more
Case 3

6 Mrs Jackson is a 68 year old female (weight 55kg and height 170cm) who has been diagnosed with osteoporosis following a bone mineral density test (T-score = -3.0). Mrs Jackson has a history of early menopause (42 years of age) but is otherwise healthy, and is taking no regular medications. Mrs Jackson has just been commenced on alendronate 70mg each week.

If the bisphosphonate is to show significant benefit, what is the minimal level of compliance with therapy required?

* Please choose only one of the following:

- Over 90%
- 80% to 90%
- 70% to 79%
- 60% to 69%
- Less than 60%

7 How much will alendronate reduce the relative risk of Mrs Jackson sustaining a vertebral fracture following a year of therapy?

* Please choose only one of the following:

- Non-significant
- <5%
- 5% to <10%
- 10% to <25%
- 25% or more

8 If Mrs Jackson were intolerant of bisphosphonate therapy, what would be the reduction of relative risk of any type of osteoporotic fracture in the next 5 years when taking the recommended dose of calcium (at least 1200mg daily) and vitamin D supplement, compared to placebo?

* Please choose only one of the following:

- Non-significant
- <5%
- 5% to <10%
- 10% to <25%
- 25% or more
Case 4

9. Mr Young is a 73 year old male who has been diagnosed with chronic atrial fibrillation (AF), but is otherwise healthy.

What is the relative reduction in the annual risk of stroke if Mr Young is initiated on warfarin (provided the INR is well controlled)?

* Please choose only one of the following:

- <10%
- 10% to <25%
- 25% to <50%
- 50% to <100%
- 100% or more

10. What is the annual risk of Mr Young experiencing major bleeding after the commencement of warfarin?

* Please choose only one of the following:

- <2%
- 2% to <5%
- 5% to <10%
- 10% to <25%
- 25% or more
Case 5

Mrs Green is a 62 year old female who has previously been diagnosed with heart failure (LVEF < 30%). Over the last few weeks, Mrs Green has experienced difficulties during routine daily activities and at rest. Her current medication includes perindopril 5mg daily and frusemide 80mg mane/40mg midday. Mrs Green was unable to tolerate a beta-blocker (tiredness); therefore her GP would like to commence spironolactone 25mg daily.

What is the relative risk reduction of cardiac-related death over the next two years if spironolactone is commenced?

* Please choose only one of the following:

- ☐ Non-significant
- ☐ <5%
- ☐ 5% to <20%
- ☐ 20% to <50%
- ☐ 50% or more
Ms Saints is a 42 year old female who was diagnosed with type 2 diabetes at the age of 35. Ms Saints started taking oral hypoglycaemic medication about 2 years ago and her last two HbA1c tests were 8.0%. She was taking metformin 850mg TDS, but her metformin dose was increased to 1g TDS after the latest HbA1c test. A sulphonylurea was not added because she is allergic to sulphonamides.

What is the relative risk reduction in Ms Saints developing microalbuminuria or proteinuria within the next 7 to 8 years if her new metformin dose maintains her HbA1c at or below 7%?

Please choose only one of the following:

- Non-significant
- <5% reduction in risk
- 5% to <10% reduction in risk
- 10% to <25% reduction in risk
- 25% or more reduction in risk
Case 7

13
Mr Smith is a 52 year old male who was diagnosed with COPD two years ago. Mr Smith has had two exacerbations of his COPD over winter, therefore his GP has changed his ipratropium MDI to tiotropium 18mcg daily.

What is the reduction in the relative risk of a COPD exacerbation with tiotropium when compared to placebo?

* Please choose only one of the following:

- Non-significant
- <2%
- 2% to <5%
- 5% to <10%
- 10% or more
Case 8

14
Mr Abbott is an 18 year old male asthmatic patient (FEV1>80% of predicted) who has been experiencing worsening control of his asthma for the past two months. His regular medication includes fluticasone MDI 125mcg BD and salbutamol MDI PRN. The GP intends to replace his existing fluticasone maintenance therapy with the fluticasone/salmeterol combination MDI (125/25mcg) BD.

What is the relative risk reduction in severe disease exacerbations (defined as those requiring treatment with systemic corticosteroids) when the combination of an inhaled corticosteroid plus a long acting beta2-agonist is used, compared to inhaled corticosteroids alone?

* Please choose only one of the following:

- Non-significant
- <2%
- 2% to <10%
- 10% to <25%
- 25% or more
Case 9

15
Mr Lancaster is a 45 year old male who was diagnosed with hypertension four years ago and is currently taking enalapril 5mg daily (BP 160/85). Mr Lancaster has recently experienced an acute coronary symptoms (Non-STEMI). What would the expected relative risk reduction of stroke within the next year be for Mr Lancaster if his blood pressure is reduced and maintained at 150/80?

* Please choose only one of the following:

- Non-significant
- <2%
- 2% to <10%
- 10% to <25%
- 25% or more
Please fax your completed survey to: 03 6226 8534 Submit your survey.
Thank you for completing this survey.