Commentary on a systematic review of English language patient-reported outcome measures for use in urogynaecology and female pelvic medicine

Melissa L. Constantine¹

Received: 26 April 2021 / Accepted: 20 May 2021 / Published online: 29 May 2021
© The International Urogynecological Association 2021

The goal of this ambitious systematic review is to identify published urogynecology/female pelvic medicine English language PROMs, to evaluate the robustness of their psychometric properties of the PROMs, and to rank them for recommended use [1]. Given the proliferation of measurement instruments in the past few decades in this area, a rigorous review and evaluation of the psychometric properties of these measures has the potential to become a high impact guide for researchers and clinic-based practitioners.

The authors employed the PRISMA checklist for systematic reviews to identify qualifying and eligible study articles for review. The PRISMA guidelines are included in the international EQUATOR network of reporting standards. Considerable text in the article is devoted to the authors clearly defining their inclusion and exclusion criteria for qualifying PROMs.

The authors cite the methodology of the Oxford PROMS group as the evaluative standard for psychometric robustness of PROM. I was unable to locate the methodology or PROM evaluative criteria of this group, and the standards are not provided in the text or in a consolidated table. The acceptable data ranges of some standard single test criteria are noted and appropriately cited, yet there is no assessment of the inter-relationship of the various test statistics to the overall validity of inference that may be made based on PROM score.

The authors have provided an extensive reference list of PROMs, categorized by both symptom and domain. The authors' evaluation of the "robustness" of the psychometric properties of reviewed PROMs does not adhere to recognized

international standards such as COSMIN [2] or US FDA guidelines [3]. The lack of an a priori rating schema for overall robustness of psychometric properties has, unfortunately, resulted in some erroneous interpretations of the validation efforts of some of the PROMs, resulting in questionable ratings of the psychometric robustness of the evaluated PROMs. I urge investigators or clinicians seeking measures for use in research or clinical screening to refer to the original published validation work of the PROMs under consideration to evaluate the robustness and appropriateness of a measure for their work.

References

1. Gray TG, Vickers H, Krishnaswamy P, Jha S (2021) A systematic review of English language patient-reported outcome measures for use in urogynaecology and female pelvic medicine. *Intl Urogynecol J*. In press.
2. Mokkink LB, Prinsen CA, Patrick DL, Alonso J, Bouter LM, de Vet HC, Terwee CB (2019). COSMIN study design checklist for patient-reported outcome measurement instruments.
3. US Department of Health and Human Services (2009). Guidance for industry-patient-reported outcome measures: Use in medical product development to support labeling claims. <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>.

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

✉ Melissa L. Constantine
cons0026@umn.edu

¹ Division of Biostatistics, School of Public Health, University of Minnesota, Minneapolis, MN, USA