

Congenital Muscular Dystrophy CDE Highlight Summary

Document

NIH Resources

The NINDS also strongly encourages researchers to use these NIH developed materials for NINDS-sponsored research, when appropriate. Utilization of these resources will enable greater consistency for NINDS-sponsored research studies. These tools are free of charge.

- National Institutes of Health (NIH) Toolbox
- Quality of Life in Neurological Disorders (Neuro-QOL)
- Patient-Reported Outcomes Measurement Information System (PROMIS)

Suicidal Ideation

Investigators should review the FDA's ["Guidance for Industry: Suicidal Ideation and Behavior: Prospective Assessment of Occurrence in Clinical Trials"](#) for the most up-to-date information about suicidal ideation and behavior. One scale that FDA suggests is the Columbia Suicide Severity Rating Scale (C-SSRS) (available at <http://www.cssrs.columbia.edu>)

Disease/Domain	Recommendations
Congenital Muscular Dystrophy	These instruments and elements are recommended for use in CMD studies: Core elements: See Start-Up Resources Listing document (CMD Start-Up Resource Listing) Supplemental – Highly Recommended instruments: 6 Minute Walk, Bayley Scales of Infant Developmentⁱ, Egen Klassifikation Scale Version 2 (EK 2)ⁱⁱ, Modified Hammersmith Functional Motor Scale for Children with Spinal Muscular Atrophy (MHFMS-SMA/MHFMS-Extend)ⁱⁱⁱ, North Star Ambulatory Assessment (NSAA)^{iv}, Manual Muscle Testing-Using the Medical Research Council Muscle Grading Scale, Wechsler Abbreviated Scale of Intelligence (WASI)^v, Wechsler Intelligence Scale for Children-IV (WISC-IV)^{vi}, Quality of Life in Neurological Disorders (Neuro-QOL), Patient-Reported Outcomes Measurement Information System (PROMIS)
Participant / Subject Characteristics; Demographics	Core: Demographics^{vii}, General Core Supplemental – Highly Recommended: None Supplemental: Demographics Exploratory: None
Participant / Subject Characteristics; Social Status	Core: Social Status^{viii} Supplemental – Highly Recommended: None Supplemental: Social Status Exploratory: None



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Disease/Domain	Recommendations
Participant/Subject History and Family History; General Health History	Core: Surgical History^{ix} Supplemental – Highly Recommended: None Supplemental: Family History, Intake Medical History, Interval Medical History, Prenatal and Perinatal History, Surgical History Exploratory: None
Assessments and Examinations; Imaging Diagnostics	Core: None Supplemental – Highly Recommended: None Supplemental: Brain Magnetic Resonance Imaging, Dual-Energy X-Ray Absorptiometry (DEXA), Muscle Imaging Exploratory: Cardiac Magnetic Resonance Imaging, Diffusion Tensor Imaging,
Assessments and Examinations; Laboratory Tests and Biospecimens / Biomarkers	Core: None Supplemental – Highly Recommended: None Supplemental: Muscle Biopsies and Autopsy Tissue, Peripheral Nerves – Biopsies and Autopsies, Skin Biopsies for Qualification of Intraepidermal Nerve Fibers Exploratory: None
Assessments and Examinations; Non-Imaging Diagnostics	Core: None Supplemental – Highly Recommended: Echocardiogram Supplemental: Echocardiogram, Electrophysiology, Short Scalp Electroencephalography (EEG) Exploratory: None
Assessments and Examinations; Physical/Neurological Examination	Core: None Supplemental – Highly Recommended: None Supplemental: None Exploratory: Electrical Impedance Myography (EIM)
Treatment / Intervention Data; Drugs	Core: Prior and Concomitant Medications^x Supplemental – Highly Recommended: None Supplemental: Prior and Concomitant Medications Exploratory: None

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Disease/Domain	Recommendations
Treatment / Intervention Data; Therapies	Core: None Supplemental – Highly Recommended: None Supplemental: Respiratory Interventions Exploratory: None
Outcomes and Endpoints; Functional Status	Core: None Supplemental – Highly Recommended: 6 Minute Walk Test, Bayley Scales of Infant Development^{xi}, Egen Klassifikation Scale Version 2 (EK 2), Modified Hammersmith Functional Motor Scale for Children with Spinal Muscular Atrophy (MHFMS-SMA/MHFMS-Extend), North Star Ambulatory Assessment (NSAA) Supplemental: Alberta Infant Motor Scale (AIMS), Brooke Upper Extremity Scale, Goniometry, Pediatric Evaluation of Disability Inventory (PEDI^{xii}), Purdue Pegboard, Stair Climb, 30 Foot Go, Barthel Index, Stair Climb, Vignos Lower Extremity Scale Exploratory: 10 Meter Timed Walk, 2 Minute Walk Test, Barthel Index, Gross Motor Function Measure (GMFM-88, GMFM-66), Jebsen Taylor Hand Function Test, Nine Hole Peg Test, Timed Up and Go (TUG)
Outcomes and Endpoints; Muscle Strength Testing	Core: None Supplemental – Highly Recommended: Manual Muscle Testing-Using the Medical Research Council Muscle Grading Scale Supplemental: Grip Strength Fatigue, Hand Held Dynamometry, Maximum Voluntary Isometric Contraction Testing (MVICT), Pinch Strength Exploratory: None
Outcomes and Endpoints; Neuropsychological Testing	Core: None Supplemental – Highly Recommended: Wechsler Abbreviated Scale of Intelligence (WASI), Wechsler Intelligence Scale for Children-IV (WISC-IV), Wechsler Preschool and Primary Scale of Intelligence (WPPSI-III) Supplemental: Peabody Picture Vocabulary Test 4th Edition (PPVT-4), Purdue Pegboard, Wechsler Individual Achievement Test-III (WIAT-III) Exploratory: None
Outcomes and Endpoints; Performance Measures	Core: None Supplemental – Highly Recommended: None Supplemental: Motor Function Measure (MFM) Exploratory: None



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Disease/Domain	Recommendations
Outcomes and Endpoints; Pulmonary Function Testing/Respiratory Status	Core: None Supplemental – Highly Recommended: Pulmonary Function Testing Supplemental: Measures of Gas Exchange Exploratory: None
Outcomes and Endpoints; Quality of Life	Core: None Supplemental – Highly Recommended: Quality of Life in Neurological Disorders (Neuro-QOL), Patient-Reported Outcomes Measurement Information System (PROMIS) Supplemental: None Exploratory: None

ⁱ Supplemental – Highly recommended for developmental, psychological, and neuropsychological studies of infants and toddlers up to 42 months old. Highly recommended as a means of characterizing study participants

ⁱⁱ specifically for studies involving adolescents and adults with CMD.

ⁱⁱⁱ Highly recommended for studies analyzing motor function -age limit 2+

^{iv} for studies with ambulatory CMD patients

^v Highly recommended for psychological and neuropsychological CMD studies for ages 6 years and up. Recommended for other types of CMD studies as a way to characterize the study population.

^{vi} Highly recommended for psychological and neuropsychological studies for ages 6 to 16 years. Recommended for other types of studies as a way to characterize the study population.

^{vii} Contains some Core CDEs

^{viii} Contains some Core CDEs

^{ix} Contains some Core CDEs

^x Contains some Core CDEs

^{xii} Particularly appropriate in assessing functional capabilities in CMD children in terms of both current status and change over time