Meeting report series

Report of the 3rd Patient Advocates Constituent Committee Meeting

Tokyo, Japan

November 11, 2017

Participants

In person

Sharon Terry, Genetic Alliance, USA (Chair Patient Advocates Constituent Committee (PACC))

Béatrice de Montleau, EURORDIS-Rare Diseases Europe, France (Vice Chair PACC)

Kevin Huang, Chinese Organization for Rare Disorders, China

Ramaiah Muthyala, Indian Organization for Rare Diseases, India

Yukiko Nishimura, Advocacy Service for Rare and Intractable Diseases' multi-stakeholders, Japan

Rachel Wang, Chinese Organization for Rare Disorders, China

Durhane Wong-Rieger, Canadian Organization for Rare Disorders, Canada

Marlène Jagut, Scientific Secretariat, France

By phone

Nicole Millis, Rare Voices Australia, Australia

Apologies

Kelly du Plessis, Rare Diseases South Africa, South Africa

Peter Saltonstall, National Organization for Rare Disorders, USA

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Agenda

1. Welcome of Participants Patient Advocates Constituent Committee
2. Discussion on the role of the Patient Advocates Constituent Committee
    a) Members
    b) Mission
3. Discussion on the action template results – *Document 1*
    a) Goal 1
    b) Goal 2
    c) Goal 3
    d) Overreaching goals

EXECUTIVE SUMMARY

▶ The Patient Advocates Constituent Committee (PACC) discussed the desire to have additional members to increase global representation, and will investigate the current landscape to search for possible additions to the Committee.

▶ Because the PACC cannot include single disease patient organizations in the Committee, it was suggested to create a mailing list to report to all advocacy organizations globally on a periodic basis.

▶ Goal 1: The PACC will recommend that a federated database of meta data from registries be created. This information would ideally include all conditions, companies, funders and countries. This work would form the basis for other PACC actions; for example, to tackle the problem of the diagnosis odyssey.

▶ Goal 2: Concern was expressed about the limited applicability of this goal. Few countries in the world have legislation in place to approve significant numbers of orphan drugs. The PACC proposed to work on a position statement on orphan drug approval to allow for applicability of IRDiRC's goal 2 to all countries.

▶ Goal 3: The PACC would like to better understand barriers preventing patients to engage in research. They proposed to design and implement a universal survey for patients, clinicians and patient organizations to identify barriers to patients/participant engagement in RD research such as social, economic, systemic or expertise/competency issues.

REPORT

1. Welcome of Participants Patient Advocates Constituent Committee

The Chair of the Patient Advocates Constituent Committee (PACC) thanked and welcomed participating members to the face-to-face PACC meeting. The meeting was aimed to determine PACC's potential contribution to support the new IRDiRC goals. The discussion focused on actions related to the IRDiRC goals to bring back to the group as a whole.

2. Discussion on the role of the Patient Advocates Constituent Committee

2.1 Members

▶ Expansion of the committee with new members to increase global coverage
  ○ First member in Africa: Rare Disease South Africa
  ○ Strong interest in finding a member from South America
  ○ Creation of a map indexing all patient organizations in the world with their focus/interest?

→ <u>PACC members to send suggestions for new members to approach to Chair of PACC and Sci Sec</u>

2.2 Mission

▶ Focus the action of the PACC on the place of patients' organizations within the research context
  ○ Use experiences of PACC members to improve the involvement of patients' organizations in research:
     ▪ In US, patients' organizations initiate, drive, conduct, and implement research
     ▪ In other parts of the world, for example China, the role for patients' organizations in research is very limited
  ○ Part of IRDiRC's mission could be to make the voices of developing countries heard
  ○ PACC members would like to focus their actions around patient engagement
     ▪ Interest in leading IRDiRC's activities on this topic

▶ Potential status of single disease organizations within IRDiRC?
  ○ Several organizations are already members of bigger organizations such as the ones represented in the PACC
  ○ Creation of supportive affiliation?
     ▪ Organization could join for conferences but not internal meetings
     ▪ Potentially a status of organization recognized or affiliated by IRDiRC

- One of the PACC missions is also to re-distribute information to single disease organizations
  - Creation of a mailing list of those organizations that showed an interest in IRDiRC's work
  - Get quarterly reports from PACC members

[post-meeting note: Interested patient' advocacy groups have the possibility to sign up to the IRDiRC newsletter, in which the PACC reports are included.]

3 Discussion on action template results

3.1 Goal 1: All patients coming to medical attention with a suspected rare disease will be diagnosed within one year if their disorder is known in the medical literature; all currently undiagnosable individuals will enter a globally coordinated diagnostic and research pipeline

The four proposed actions from the action template were discussed (*preparatory document 1 – PACC spreadsheet v4*):

- ▶ Proposed action 1: Make medical community aware of advocacy information and support, not just by disease name, but by phenotype
- ▶ Proposed action 2: Support connecting registries and support systems, and in the cases where advocacy organizations own them, create connectivity.
- ▶ Proposed action 3: Create a feedback process in the health care system, so that there is a low tolerance for delayed diagnosis.
  - There is not a well-established process to obtain a diagnosis in every country
  - No sense in creating a feedback process until every country has an undiagnosed disease program
- ▶ Proposed action 4: Contribute to the development of algorithms for awareness to identify possible rare diseases.
  - Develop algorithms to identify undiagnosed patients (ex: same individual going to several specialists during a short period of time)

General discussion
- ▶ Overall comment: The proposed actions are useful for more developed nations but not for developing countries
  - Separate actions for more developed and developing countries?
  - Separation of actions might reduce what IRDiRC brings in term of collective best practices by accentuating differences, rather than bridging them
  - Suggested that actions should be the equal whereas the implementation tools should be different between countries
    - Example of the healthcare system (action 4): applicable to all countries but different implementation tools depending of each healthcare system's mode of operation

- Is it possible to find actions applicable to both developed and developing countries?
  - The search for commonality countries might prevent finding workable actions

- Are those 4 actions sufficient to achieve IRDiRC's goal 1? If not, what is missing?
  - Notion of communication around phenotype is important (action 1)
    - Accessible to everyone
    - Should support system of diagnosis by phenotype
    - Registries must include phenotypes
  - Difficult to connect registries and support systems if we do not have registries (action 2)
    - Ensure availability of registries
    - Ensure systems are accessible to clinicians, patients, researchers
    - Evaluate the situation in different countries
    - Ensure existing registries/systems are patient-centered
  - Registries should be cross conditions, companies, funders and countries:
    - Importance of cross condition:
      - Phenotypical overlaps between different conditions (ex: fatigue, pain…)
      - Patients can enter the registry via a doorway labelled with a single disease name but registry's backend is opened
      - Industries usually ask for list of patients with a specific symptom
    - Avoid duplication between registries
    - Registries owned by the people and for the people
    - Harmonization of registries to ensure diagnosis
  - Awareness that these are quite aspirational with no dedicated funding to such endeavors

- **PACC proposed the creation of a federated database of meta data from registries as first action (see below part 4a for final proposal)**
- Applicable to all countries
- Sharing information: need to clearly explain to patients what information will be included in the project and how it could be beneficial to them
- Project should be a global and comprehensive rare disease database
  - Countries will not give up their own registries, but rather:
    - Connection of all existing registries
    - Database can contain information about where registries are based
    - Federated model
    - Requires an important IT integration
  - Australia has a similar project at the national level:
    - Alliance of different types of registries,
    - Challenge to connect existing ones
    - Develop best practices to encourage new registries' harmonization
    - Main challenge is on data ownership
  - Examine some major registries/databases in the world:
    - Analysis of nascent registries that just started
    - Analysis of developed registries
    - Analysis of existing databases
  - This database would be patients/participants driven:
    - Existing projects are driven by industries or government
    - Need for a broader database:
  - What the minimum dataset?
    - Knowing number of patients with a disease could help
      - Disease groups
      - Orphan drug development

- How/methods and timeline to implement this action, metrics to verify its success
  - Audit/environmental scan the current registries and their systems
    - Need of additional expertise?
      - Invitation of experts in addition to the PACC members
      - Ask within IRDiRC if people have the right expertise
    - All data defined in the minimum dataset must be included the scanned data
    - Timeline: Month 6
    - Metrics: Minimum dataset

  - Each member of PACC will propose at least one registry to scan for initial assessment of scope
    - Timeline: Month 6
    - Metrics: List of registries

- Consensus on what is a good registry, including policies and governance
  - Definition of the hallmarks of a quality registry
  - Informed by the minimum dataset plus additional work:
    - IT integration
    - Evaluation of the interoperability
  - <u>Timeline</u>: Month 6
  - <u>Metrics</u>: Report

- An expert will examine the data on the proposed registries
  - <u>Timeline</u>: Month 12
  - <u>Metrics</u>: Report based on the three previous steps

- When the assessment is done, gaps, overlap and internal problems are identified
  - <u>Timeline</u>: Month 14
  - <u>Metrics</u>: Addition to the expert report (with particular attention to the patients centered point of view)

- Develop the pilot project (demographic, disease or even phenotypic based)
  - Could be used to obtain funding
  - <u>Timeline</u>: Month 18
  - <u>Metrics</u>: Model that includes parameters, implementation tools and budget

▶ Participation of others Committees would be valuable:
  - A representative of the Funders Constituent Committee
  - A representative of the Companies Constituent Committee
  - Potentially a representative of the Scientific Committees, especially if his/her expertise is relevant to this project

Table presented in CA meeting (post meeting note)

Action	Steps	Timeline	Metric
Create a federated database of meta data from registries. People centered: therefore global, cross condition, cross-funder, cross-country, cross-company. Owned by people for people.	Determine the elements to be scanned/assessed	Month 1 to 6	Minimum dataset
	Create list of registries to be assessed – each member of the PACC propose at least one	Month 6	List of registries
	Consensus on what constitutes an adequate database, including policies and governance	Month 6	Report
	Analyze the registries and resulting data on the proposed registries, using determinations created in the consensus	Months 6 to 12	Analysis
	Identification of gaps, overlaps, problems… (with particular attention of patients centered view)	Months 12 to 14	Report
	Develop a pilot to build a federated database	Months 14 to 18	Model that includes parameters, implementation tools and budget

- ▶ The 3 others proposed actions (1, 3 and 4) by the PACC for goal 1 depend on the realization of this broad database.

3.2 Goal 2: 1000 new therapies for rare diseases will be approved, the majority of which will focus on diseases without approved options

The two proposed actions from the action template were discussed (*preparatory document 1 – PACC spreadsheet v4*):
- ▶ Proposed action 1: Accelerate identification and recruitment of RD patients in studies
    - ○ The project proposed for goal 1 will contribute to this action
- ▶ Proposed action 2: When advocacy organization is the funder require data sharing.

<u>General discussion</u>
- ▶ Members of the PACC raised concerns about goal 2
    - ○ Seems to concern mainly US/EU as others countries will not approve enough medicines to contribute significantly to this number
    - ○ Does not acknowledge enough the inequalities between diseases (some with several treatments and some with none)
        - ▪ The Chair explained that IRDiRC, when setting up goal 2, wanted to add more emphasis on the second part of the sentence: "*the majority of which will focus on diseases without approved options*"
    - ○ Medical needs should be driving drug development

- ▶ What could be PACC's contribution to goal 2?
    - ○ Should there be a redefinition of goal 2?
        - ▪ In 10 years, each country would have 2-3 approved drugs?
        - ▪ Focus on countries that have no approved drugs?
    - ○ Are scientists or patients' advocacy groups driving drug development?
        - ▪ In China, it seems to be the role of scientists
        - ▪ In US, lots of drugs are developed by patients' advocacy groups
    - ○ PACC members would prefer to focus on the access to drugs

- ▶ **PACC would like to participate to the work of others Committees more directly involved in drug approval, by making a statement on drug approval in every country**
    - ○ Existence of regulatory pipelines for drug approval that would allow for countries to either harmonize guidelines or adopt approvals done by other countries
    - ○ Ultimate goal: global drug approval system

- ▶ How/methods to implement this action?
    - ○ Specific recommendation on how to apply this goal (2) to all nations
        - ▪ Need advice about legal aspects

- Build on existing harmonization consortium
- Mention what would be the minimum safety requirement
- Explore the different countries in term of collaboration with FDA, RDI…
  - People will have to do advocacy in their own nations

Table presented in CA meeting (post meeting note)

Action for Goal 2	Steps	Timeline	Metric
Create a position statement including specific recommendations for how to apply this goal to all nations.	Assess the state of approvals in the various regions	Months 1 to 3	Draft of state of approvals
	Building on existing harmonization consortiums: collect information on these efforts	Month 3 to 6	Report on existing efforts
	Deliberate recommendations for reducing the need to approve therapies in multiple nations; minimum standards, and reliance agreements	Month 7	Recommendation to nations to collaborate on regulatory pathways

3.3 Goal 3: Methodologies will be developed to assess the impact of diagnoses and therapies on rare disease patients

The six proposed actions from the action template were discussed (*preparatory document 1 – PACC spreadsheet v4*):

- Proposed action 1: Promote health economics research to evaluate burden and enable patients' access to diagnoses and therapies
  - Possible to add to this proposition "around the world, regardless of the regulatory framework"
- Proposed action 2: Develop and publish metrics to measure how advocacy groups could accelerate research
- Proposed action 3: Systematic collection of longitudinal data on "burden of illness" in RD patients
- Proposed action 4: Quantify the number of patients who receive adequate treatment and diagnosis (e.g., since IRDiRC's launch) – ensuring that the research reaches and benefits patients
  - The focus more on treatment than on diagnosis
  - Issue: approved drugs are not especially accessible to patients
- Proposed action 5: Promote the advocacy and participant involvement in data collection for clinical, quality of life and medical social research
  - Possible to rephrase as "Promote the advocacy and participant involvement in engagement or participation for equal clinical, quality of life and medical research"
  - Patient engagement into research:

- Need of resources and large research communities/amenities
- Need to have enough patients to develop a drug and make it available to everybody
- How can we get our patients involved early on into research? Into clinical trials?
- All members think it is important to increase patient engagement globally
- It should be more than a data collection
- Proposed action 6: Link global training programs and resources for healthcare providers, researchers, public

PACC members decided to not focus specifically on one of the six actions above but preferred to focus on the proposed action number 3 about patient engagement from the overarching goals section.

3.4 Overarching goals

The four proposed actions from the action template were discussed (*preparatory document 1 – PACC spreadsheet v4*):

- Proposed action 1: Foster and participate in RD research, diagnosis and treatment in developing countries
  - Integration of this theme about developing countries in the PACC actions more than making it a single action
- Proposed action 2: Formulate and disseminate standards and guidelines for patient/participant engagement in RD research and product development
  - Can be started after the work on the proposed action 3 (see below)
- Proposed action 3: Identify barriers to patient/participant engagement in RD research and develop recommendations to remove them
  - "Patient engagement" speaks to all PACC members, not matter their country of origin
- Proposed action 4: Establish facts and eliminate factoids surrounding RDs and solve discrepancies in terminologies
  - Factoids can be understood as "fake news"
  - Maybe could be included in the survey planned for the proposed action 3
    - Identification barriers in term of perceptions around RD
    - Essential to keep in mind during the design of the survey
- **PACC would like to set up a universal survey for patients and clinicians, to identify barrier to patient/participant engagement in RD research and develop recommendations to remove them**
- Important to assess each country/region
  - Barrier of language
  - Great opportunity to engage patient organizations in their respective country
- Interest in getting information from patients' group organizations:
  - Global information on methods to do patient engagement

- Patients' organization should be credited for being a major funder of research in the world
- Interest to know more about advocacy:
  - Interaction with government
  - Development of regulatory reforms, policies

► Deployment of the survey?
- Emailing alone might not be sufficient
- How to help the 6000 advocacy groups around the world?
  - Promoting the work done by patients' groups
  - Make process and results public

► How/methods to implement this action, timeline and metrics to verify its success
- Create a survey that would be deployed to patients and clinicians throughout the world. Incorporate elements of existing surveys, identify different type of barriers (information, diagnosis, support, therapies): systemic, social, economics, expertise/competency.
  - Must be designed by an expert
  - Online survey at first
    - Non-digital regions will not be reached
    - In addition, thought required on deploying the survey to non-digital communities
  - Timeline: Month 6
  - Metrics: Survey

- Translate to the languages of interest of the PACC
  - PACC members can start with translators in their own network
  - Validation of the translation (ex: additional three persons for correction)
  - Choose a platform that can manage all types of characters
    - Explore platform such as Google forms, Survey Monkey…
  - Timeline: Month 9
  - Metrics: a survey in multiple languages

- Deploy survey to all the patients' groups on how they manage patient engagement in research, fund research and advocate for research
  - Might take sometimes
  - To ensure efficacy in answers' rate, need for a massive push
  - Timeline: Month 9 to 12
  - Metrics: need to determine metrics for each region
    - Percentage of population might be complicated for China or India

- Incentivize responses to the surveys, mindful of cultural differences
  - Timeline: Month 9 to 12
  - Metrics: Regions specific metrics, to be determined

- Analyze the data
    - Need resources
    - Hire a person full time for 2 months
    - Timeline: Month 12 to 14
    - Metrics: report distributed back to the country, to the advocacy group, and to the patients
        - Critical for the report to be published in open source format

- Use the results to drive our action plan
    - Develop a plan to ameliorate any disparities, problems, challenges, barriers
    - Timeline: Month 14
    - Metrics: Create an action plan

Table presented in CA meeting (post meeting note)

Action for Goals 1, 2, and 3	Steps	Timeline	Metric
Identify barriers to patient/participant engagement in RD research and develop recommendations to remove them.	Create a survey that would be deployed to advocacy organizations, patients, and clinicians all around the world with attention to barriers to participation and access in information, diagnosis, support, and therapies, Incorporate elements of existing surveys. Identify social, economics, systemic issues, expertise/competency.	Months 1 to 6	Survey for patients and clinicians
	Create a second survey with special attention to patient engagement in research, advocacy funding of research and advocacy and policy development for research	Month 6	Organizational survey
	Translate into languages of interest to the PACC	Months 6 to 9	Survey in multiple languages
	Determine incentive structure for encouraging responses to the surveys, mindful of cultural differences	Months 6 to 9	Region specific metrics
	Deploy survey to all patient groups	Months 9 to 12	Need to determine metrics specific to each region
	Analyze the data	Months 12 to 14	Report distributed back to the country, the advocacy groups, and patients and clinicians
	Use the results to drive our action plan	Month 14 to 18	Action plan

Not all actions could be performed at the same time, therefore some should be prioritized to start in 2018 and others delayed till 2019.

Main deliverables

▶ Present Prioritized actions to CA
▶ Propose a member working in South America
▶ Identify registries to be scanned for the creation of the federated database of registries