RECRUITING PATIENTS WITH RARE DISEASES AND THEIR CAREGIVERS

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Overview

- Rare disease overview
- Increasing interest in treatments for rare diseases
- Impacts on human factors studies
- Case study
- Project overview
- Recruiting challenges and solutions

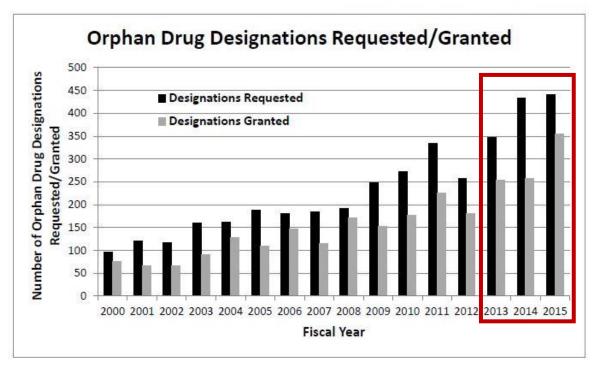
What constitutes a "rare disease?"

 A rare disease—also referred to as an orphan disease—as defined by the US Food and Drug Administration (FDA) and Orphan Drug Act (ODA):

A disease/condition that affects **fewer than 200,000 people** in the US.

• There are about 7,000 known rare diseases afflicting about 30 million Americans.

Increasing trend in orphan drug applications



Expedited Process:

- Upon request by a sponsor, the FDA can grant special status or designation to expedite the development and review of a drug or biologic to treat an orphan disease/ condition.
 - Breakthrough Therapy Designation
 - Fast Track
 - Orphan Designation

Incentives:

- -Special grants to fund orphan drug research
- -Tax credit covering 50% of clinical trial cost
- -7 years of market exclusivity

New Draft Guidance/ Grants program:

- -2013: Pediatric Device Consortia (PDC) Grant Program
- -2014: Rare Pediatric Disease Priority Review Vouchers: Draft Guidance for Industry
- **-2016:** Orphan Products Natural History Grants Program

Office of Orphan Products Development:

http://www.fda.gov/ForIndustry/DevelopingProductsforRareDiseasesConditions/RarePediatricDiseasePriorityVoucherProgram/default.htm
http://www.fda.gov/ForIndustry/DevelopingProductsforRareDiseasesConditions/DesignatingHumanitarianUseDevicesHUDS/default.htm
http://www.fda.gov/ForIndustry/DevelopingProductsforRareDiseasesConditions/OrohanProductsNaturalHistoryGrantsProgram/ucm487336.htm

- Changes to Existing Programs:
 - **-2016:** Humanitarian Use Device (HUD) (established in 1990)
 - Qualifying population changed from "fewer than 4,000" to "not more than 8,000" individuals in the US per year.

Office of Orphan Products Development:

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How does this increasing demand impact human factors studies?

- Standard recruiting methods are often unsuitable.
- Difficult to find and locate patients and caregivers.
- Rare diseases constitute a very small and select population
 - → Challenging to satisfy participant quotas per FDA guidance.
 - Example:

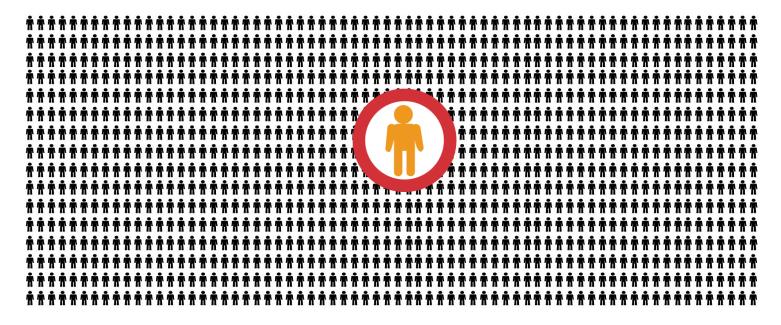
VALIDATION STUDY PARTICIPANT QUOTA			
User Group Naïve User Experienced Use			
Nurse	15	15	
Adult Patient	15	15	
Juvenile Patient	15	15	
Caregiver	15	15	
Participant Total = 120			

What makes recruiting patients with rare diseases difficult?

- One rare disease may affect only a handful of patients, and another could affect as many as 200,000.
- Relatively common symptoms can hide underlying diseases leading to misdiagnosis and delayed treatment.
- Patients with rare diseases may not be willing or physically able to participant in studies due to their health conditions.

What makes recruiting patients with rare diseases difficult?

A large database and/or creative recruiting methods are required.



CASE STUDY: Recruiting Patients with Rare Diseases and Their Caregivers

OVERVIEW

CASE STUDY

Project Overview:

- Formative (2014) and validation (2016) studies on a new delivery system for a drug that is currently available in the market.
- A combination device that delivers drug through subcutaneous infusion therapy to over 10,000 patients with this rare autoimmune disease.
- Demographic included 50% naïve and 50% experienced users:

VALIDATION STUDY PARTICIPANT QUOTA			
User Group Naïve User Experienced User			
Nurse	15	15	
Adult Patient (age 18 +)	15	15	
Juvenile Patient (ages 2 to 17)	15	15	
Caregiver	15	15	
Participant Total = 120			

CASE STUDY: Recruiting Patients with Rare Diseases and Their Caregivers

CHALLENGES

CASE STUDY

Challenge # 1: Setting the Right Expectations for Program Planning

	TYPICAL STUDY	RARE DISEASE STUDY
Participant Recruit	Relatively Easy	Extremely Difficult
Testing Location	Single US City (Boston)	Multiple US Cities (Boston, Atlanta, Houston, Chicago)
Project Timeline	Standard Project Timeline (2-3 weeks for recruiting)	Extended Project Timeline (8-12 weeks for recruiting)
Project Budget	Standard Budget	Increased Budget

CASE STUDY

Challenge # 2: Finding the Right Recruiters (Don't underestimate this effort!!!)

PROBLEM	SOLUTION	CHALLENGE
 Major national recruiting companies lacked 	 Hired multiple recruiting vendors. 	Vetting the right recruiters to get the job done right.
confidence in fulfilling the full quota.	 Increased participant database and wider outreach. 	Managing multiple recruiting vendors and recruiting quotas.
 Rejected by majority of recruiting vendors. (Contacted 25+ vendors, only 7 accepted the project) 		

Challenge # 3: Study Location(s)

PROBLEM	SOLUTION	CHALLENGE
Difficult for any one city to fulfill the total number of participants needed per study that satisfies the quotas per FDA guidance.	Conducted the study in multiple cities.	 Managing participant quotas and travel schedule. (We never made it to Houston due to flooding!)
		 Extended project timeline.

CASE STUDY: Recruiting Patients with Rare Diseases and Their Caregivers

OPPORTUNITIES

Opportunity # 1: Work with Your FDA Reviewer

OPPORTUNITY	RATIONALE
 Get your protocol reviewed. Raise project challenges to your FDA reviewer as early as possible. Notify your reviewer and present different options to narrow down the best solutions. 	The FDA reviewer will be able to provide guidance on the proposed study approach and suggestions on how to solve foreseen challenges.

Opportunity # 2: Learn from the Formative Study

OPPORTUNITY	RATIONALE
Recognize challenges and address them early on (such as difficult recruiting, use errors and study artifacts.)	Use the information learned from the formative study to inform and guide you for a successful validation study.

Opportunity # 3: Leverage the Drug Sales Organization Database

OPPORTUNITY	RATIONALE
 Reach out to the drug sales team for guidance. 	 Increase probability of finding potential recruits.
 Identify geographic areas with the highest sales and the highest concentrations of patients. Identify physicians treating patients with the disease. 	 Physician outreach = Patient referral. Potential connections to local non-profit organizations and charities through local events and sponsorships.

Opportunity # 4: Consider Non-Profit Organizations and Charities

OPPORTUNITY	RATIONALE
 Reach out to charitable organizations and foundations dedicated to the specific disease. 	 Some may provide links to blogs and online communities for patient outreach programs.
	 With a donation, some may offer to post study details on their site or patient blog.

Opportunity # 5: Transform Participants into an Army of Recruiters

OPPORTUNITY	RATIONALE
 Offer referral incentives to pre-recruited participants to reach out to their friends and families. 	Many patients are a part of a local support group or national online community.
Word of mouth!	Many rare diseases are inherited genetically.
	This is a powerful method that can increase recruit on both local and national levels.

Reuse Formative Study Participants

SOLUTION	RATIONALE
Formative participants <u>may</u> be recruited for validation study to fulfill the total number of participants needed as required by FDA (but confirm with your FDA reviewer).	 These participants are the true representation of the patient population. Due to a 2-year delay between formative and validation, FDA felt that learning had decayed sufficiently. Some of the pediatric/ adolescent patients had shifted into another user group.

Use Surrogate Patients

SOLUTION	RATIONALE
 Recruit patients diagnosed with similar disease characteristics (but confirm with your FDA reviewer.) 	While these patients may not be diagnosed with the prescribed disease, they may share similar disease
Comorbidities should be taken into account.	characteristics, such as hereditary diseases, life long conditions.

Use Surrogate Patients- Examples

	POPULATION NEEDED	REPLACED WITH	JUSTIFICATION
Example #1	Bariatric, gastric ulcer and gastric cancer patients	Additional bariatric patients	 Gastric cancer patients were hospitalized or too ill to participate. No difference in intended use of treatment device.
Example #2	 Pediatric and juvenile patients with a particular autoimmune disease 	Pediatric and juvenile patients with diabetes	 Life-long disease that requires frequent treatment. No difference in physical comorbidities.

Conclusion

- Increase the success rate of your program and be better equipped to mitigate recruitment challenges by:
 - -Identifying and acknowledging how difficult the recruit will be
 - -Working with your FDA reviewer to address the challenge
 - -Coming up with different options and narrowing down the best solutions
 - Using a combination of tactics

THANK YOU.





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