

Canavan Disease Research: Forming a Patient Insights Network for the Canavan **Disease Community**

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Abstract

Background:

With ultra-rare neurodegenerative disorders such as Canavan disease, the research community all too often has little understanding of the patient voice. Families are faced with few opportunities to engage in meaningful dialogue about their experience with Canavan disease or raise awareness of their needs. In October 2016, Canavan Research Illinois and AltaVoice (formerly PatientCrossroads) launched the Canavan Disease Research Patient Insights Network (PIN) to unite families throughout the Canavan community and create a Canavan

Participant Overview

To date, 118 participants have enrolled worldwide, of which 90% (106) have set up accounts. Of these participants, 97 (82%) have completed one or more surveys.

Participant ages: 0-2 years, 26 (22%); 3-5 years, 14 (12%); 6-10 years, 31 (26%); 11-20 years, 29 (25%); 21-40 years, 18 (15%) Average age: 11 years; median age: 8 years

Figure 4. To date, 107 participants have provided their country, of which 44 (41%) are

from the United States and 63 (59%) are from countries other than the United States.

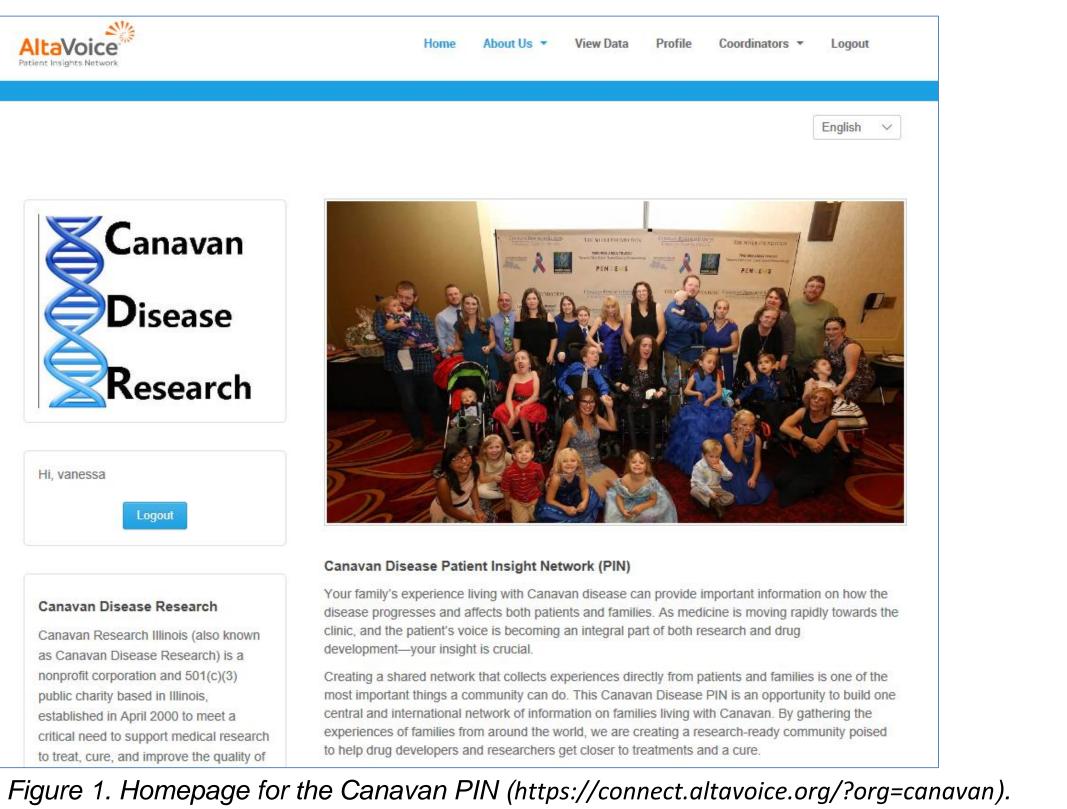
>91% Participants chose to share de-identified data

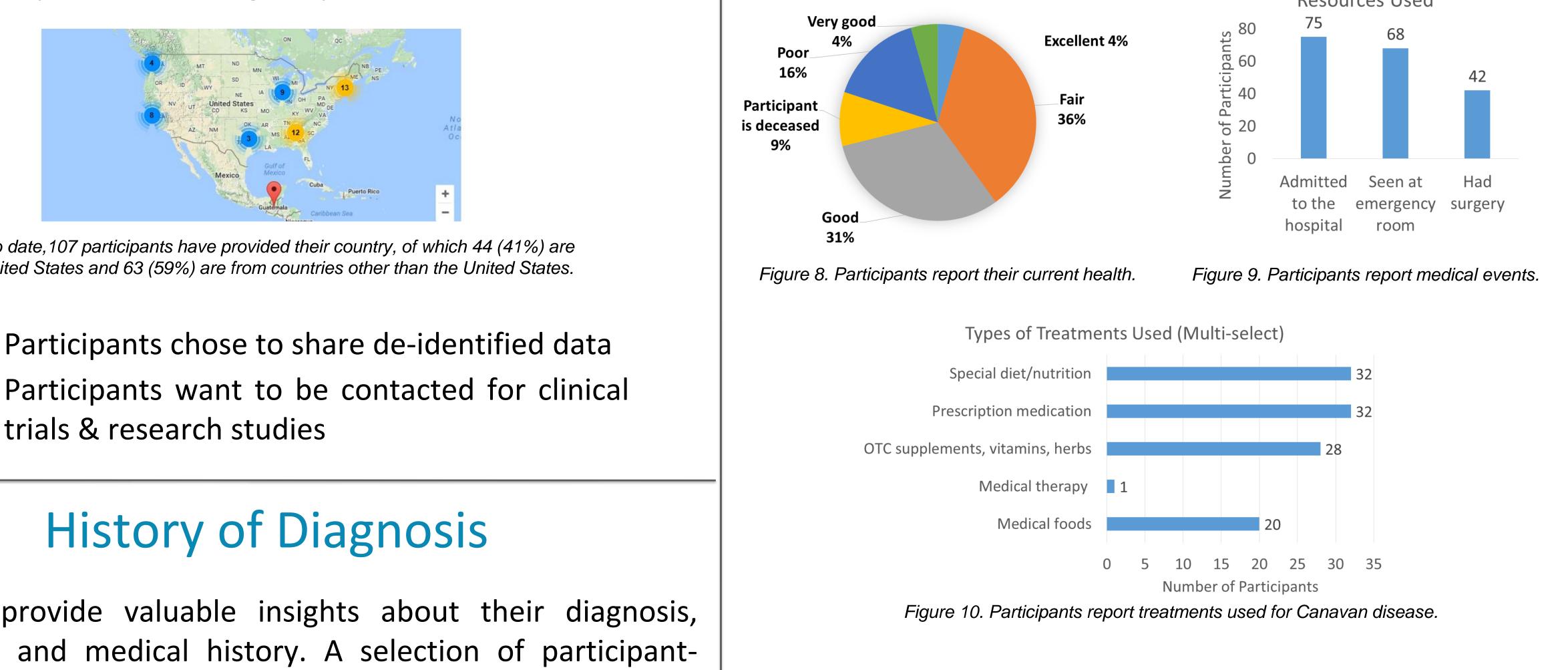
Current Health and Impact

Participants share their current health and medical care. They report seeing a healthcare provider with the following frequencies: 1 or more times per week (7%); 1-3 times per month (31%); 2-6 times a year (36%); 7-11 times a year (19%); annually (2%).

The Participant's Health Is (n = 45) **Resources Used**

network that prepares the community for forthcoming research and therapeutic development.





Design

Using AltaVoice's¹ proven HIPAA and FISMA compliant advocacy

Participants provide valuable insights about their diagnosis, medical care and medical history. A selection of participantprovided data is provided.

History of Diagnosis

Participants describe the history of their diagnosis:

trials & research studies

88%

Age at Diagnosis (n = 91)

Participants report the financial impact of caring for a loved one with Canavan disease.

Estimated YEARLY out-of-Number of Participants pocket expense None

Overall Financial Impact (n = 42)

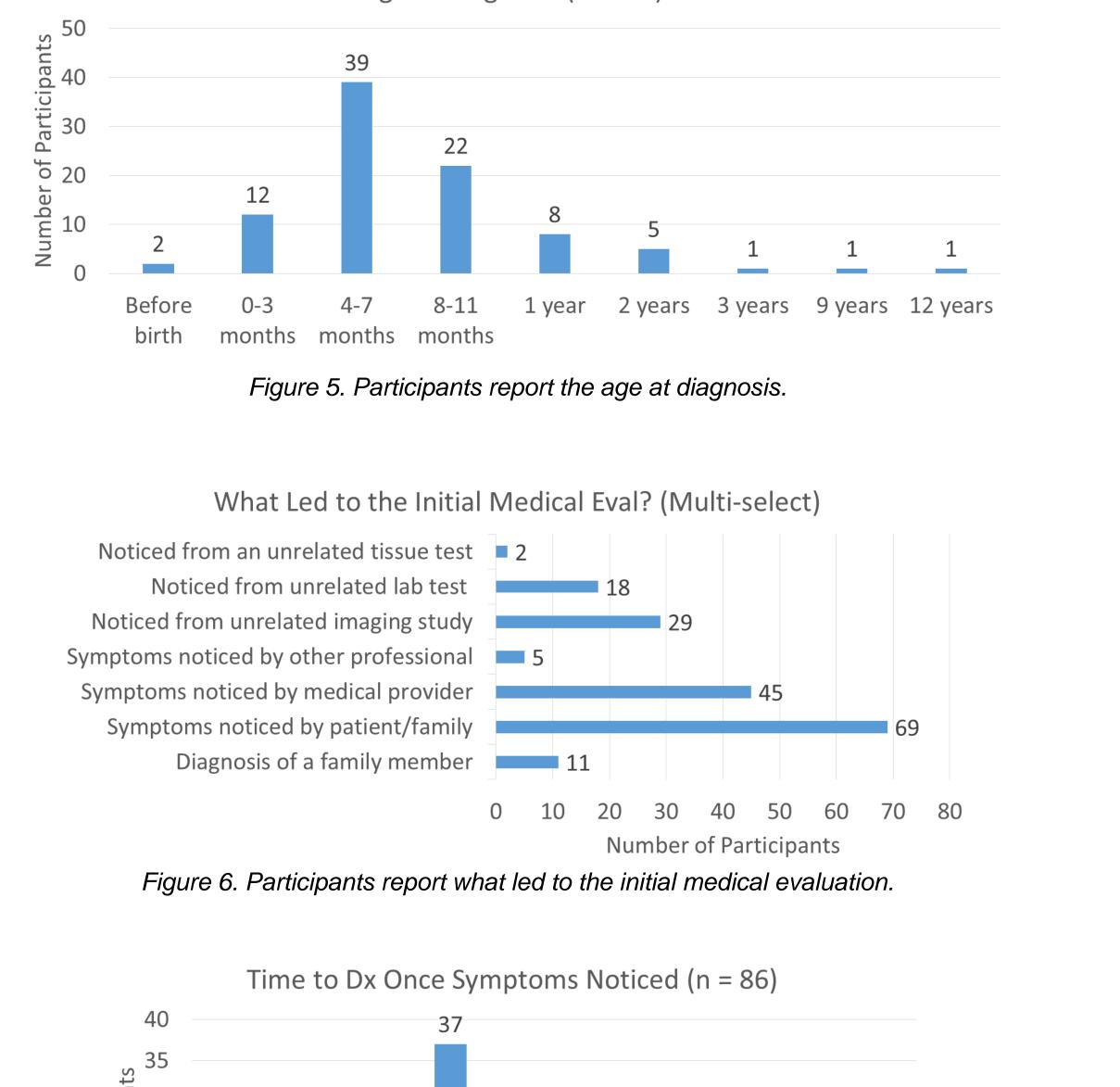
- partner platform, Canavan Research Illinois invited families from around the globe and organizational partners to join the web-based (https://connect.altavoice.org/?org=canavan). PIN opt-in Once registered, participants control their data-sharing and contact preferences and contribute their de-identified data openly through a dedicated PIN Data Portal and infographic charts. Provides each user a password protected account
- •Add dependents; extended family members linked via a family code •Collects longitudinal survey data, links healthcare providers, allows upload of medical records

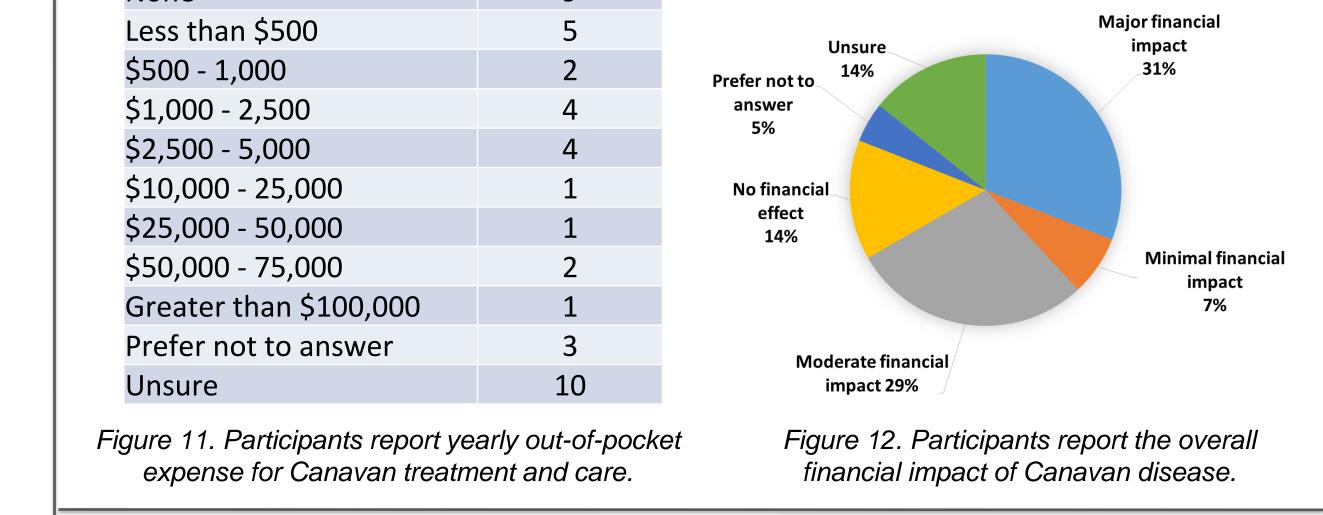
•Access to de-identified registry data by participants and professionals •Available in English, Portuguese; other languages via Google Translate









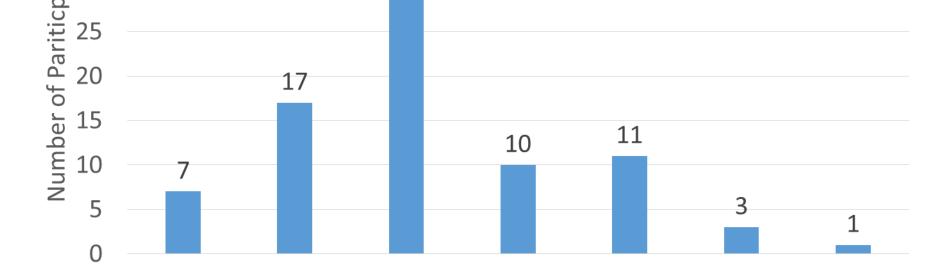


Conclusions

This successful recruitment represents the largest patientcentered cohort known to be established for Canavan disease, and it has demonstrated the willingness of participants to share their health data, engage in the online resource, formation of an and request communications about clinical trial research and activities. As therapeutic development in Canavan disease expands, including gene therapy and biologic trials, a research-ready community will be needed. By organizing the community, this Canavan disease PIN offers a first ever shared resource that can amplify the voice of patients and families, to raise awareness and accelerate interest in therapeutic development.

Surveys:

Surveys include common data elements from the NIH GRDR Common Data Elements, RD-Connect data elements, and review of systems questions (GenomeConnect, a program of The ClinGen Resource). • Core surveys: diagnosis, medical care, family history, general health • Demographic data collected to characterize participants Asks sufficient questions to trigger supplemental surveys •Not overly lengthy or burdensome to encourage maximum participation and completeness



Less than Less than 1 week 1 month months month

Figure 7. Participants report the time it took the provider to make a diagnosis once symptoms were first noticed.

Acknowledgements:

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Invitae Corporation