

“Challenges and solutions to conducting clinical research in rare diseases”

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- ◆ Boston Pharm.
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- ◆ GlaxoSmithKline
- ◆ Genentech/Roche
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- ◆ Actelion
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- ◆ The Patient-Centered Outcomes Research Institute
- ◆ The Vasculitis Foundation

Royalties:

- ◆ UpToDate

Off-label use of various medications will be discussed in this presentation

Rare Diseases

- **What is a rare disease?**
 - **A disease with a prevalence of <200,000 persons in USA**
 - Estimated to be ~7000 rare diseases
 - US estimate: 25-30 million people with a rare disease (8-12% of US population)
- **Increasing awareness of rare diseases by public via media, internet, advocacy/support groups**
- **Many major scientific breakthroughs have arisen stemming from investigation of rare diseases that often have impact on common disorders**
- **Rare disorders have fascinated physicians and non-physicians for centuries**

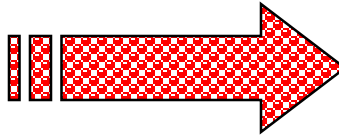
Why do we do rare diseases research?

- When you or a loved one are the patient with a rare disease, the disease is no longer rare
- When you have a patient with a rare disease, your ignorance will not help: become expert or refer
- People are drawn to rare disease research for the some of the same reasons others choose a research focus
 - Fascination with subject
 - Opportunity
 - Inspiration by patient/teacher

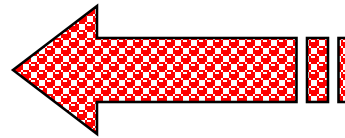
Some Joys & Challenges of Rare Disease Care and Research

- Nice to be an expert about things most people don't know about
- *Nobody really knows what on earth you study or see clinically*
- There are HUGE unanswered questions for rare diseases
- *There are HUGE unanswered questions for rare diseases*
- You can carve out your own niche when studying a rare disease
- *You must carve out your own niche when studying a rare disease*
- Often work in collaborative, multi-center research groups
- *Markedly increased complexities with multi-center studies*
- Face interesting and unique issues in dealing with rare diseases
- *Still face the same challenges as studying common disorders*

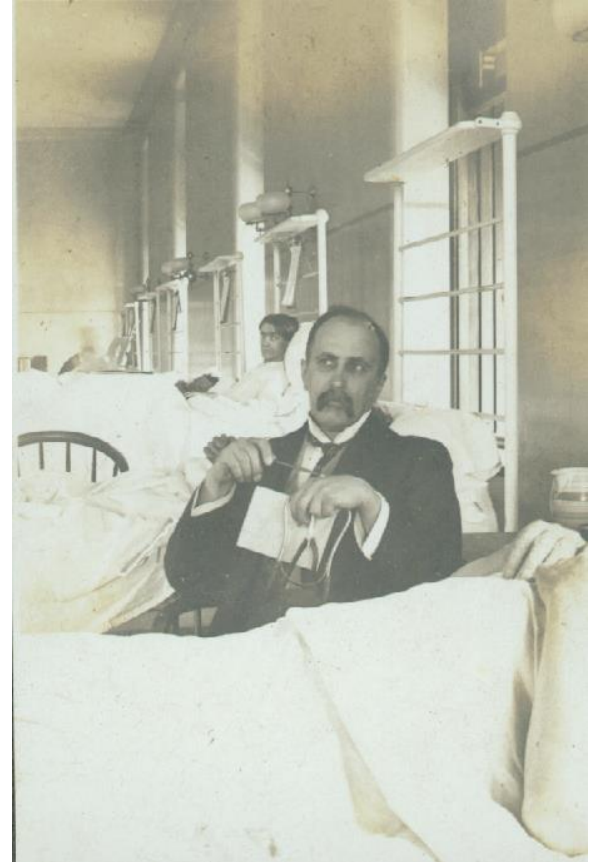
Bench to Bedside is a nice model...



Bedside to Bench is likely more productive and common (esp. for rare disease)



**Bedside ↔ Bench is really a bidirectional process,
especially for rare diseases**



Rare Disease Research: Opportunities

- **HUGE unanswered questions for rare diseases**
- **Potential to make a major impact on a clinically and scientifically underserved population**
- **The internet is now a key resource for rare disease research**
 - Referrals/Recruitment
 - Networking
 - Conduct of research
- **Increasing recognition in the scientific community and among funding agencies regarding the importance and benefits of research in rare diseases**
- **You can carve out your own niche when studying a rare disease**

Rare Disease Research: Challenges

- **Sample sizes and recruitment:**
 - these *are* rare diseases!
- **IRB/HIPPA:**
 - must protect privacy
- **Funding:**
 - these markets are, by definition, small
- **Career development**
 - mentors/models are harder to find
 - obtain protected time while still a clinical expert
- **Still have all the usual challenges of a career in academic medicine...**

Solutions: Clinical Piece

- **Don't forget the patient**
 - Listen to your patients-they will teach you
- **Master the disease**
 - Become a student of the disease
- **Join/engage with patient advocacy groups**
 - Become a citizen of the disease
- **Promote your expertise (if it is real)**
- **Protect your time and focus (well, try)**

Solutions: Science Piece

- **Do good science**
 - There is a limit to compromising due to small sample sizes
 - “Pilot” does not mean “less than good”
 - Be realistic
- **Look to “borrow” ideas and approaches from other fields**
 - Research approaches for related common diseases may be well-developed and adaptable
- **Work collaboratively—Network, including internationally**
 - Face the challenges to sharing credit among many people

Solutions: Funding Piece

- **Don't believe the hype**
 - There IS funding for research (in US)
 - The NIH budget doubled in the past 25 years
 - Shift to more collaborative and multi-specialty approaches
 - Need to work with the new funding realities
 - Take advantage of opportunities and Grants:
 - Federal: NIH, FDA, PCORI, VA, DOD, Other
 - Non-federal funding: Industry, Patient Groups, Institutional, Others
 - Leverage resources (not just \$)
 - Clinical Trials
 - Existing Datasets/Repositories/Cohorts
 - Collaborations
 - Core Resources: Institutional, National/International
 - Expand the focus of your inquiry
 - E.g.: Not just vasculitis but vascular inflammation in general
 - Keep your eyes open

NIH Numerology, Alphabet Soup, and Nomenclature

- K08
- K12
- K23
- K24
- K30
- T32
- NRSA (F32)
- Other

- R01
- R13
- R21
- R01
- U01
- U34
- U54
- Other

- Grants
- Contracts
- Cooperative agreements
- Networks
- SBIRs
- ISTs
- RFAs
- RFPs
- Other

Solutions: Career Piece

- **Find a good mentor or at least a supporter**
- **Don't be afraid of learning new research skills**
- **Create the right environment for research**
 - **Ask for the resources you need**
- **Contribute and receive benefit from collaborations**
 - **Be a team player but don't just be a follower**

Successful Rare Disease Research is Clearly Possible!

- The posters at this meeting testify to this fact
- As with any type of research, challenges exist but solutions are available

**This is an excellent time to engage in
clinical research in rare diseases**

**Multi-center research collaborations are
extremely helpful for conducting high-quality,
high-impact clinical research in rare diseases**

Research Networks for Rare Diseases

- **Pros:**

- Reduce start-up time/costs-leverage resources
 - Centers, personnel, systems already in place
 - Forms/data entry/CRFs, training, communications
- Established cohorts and recruitment streams
- Share workload & credit → *trust*
- Combine expertise
- Recycle experience
- Look good to funding agencies/sponsors

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•Cons:

- Must maintain infrastructure
- Need to avoid stagnation → add flexibility
- Require work to maintain cohesiveness
- Takes a long time until productive
- Many, many authors share credit-problem for jr. faculty



RARE DISEASES
CLINICAL RESEARCH
NETWORK

National Institutes of Health

The Rare Diseases Clinical Research Network (RDCRN)



Office of
Rare Diseases
Research

National Institutes of Health

Goals of the RDCRN

- Facilitate clinical research by:
 - Creation of Consortia focused on related diseases
 - Cost-sharing research infrastructures
 - Establishing uniform protocols for data collection
 - Making meaningful large-scale studies possible
 - Longitudinal cohorts, pilot projects, and randomized trials
- Directly engage patients and their advocates
- Train new investigators in rare diseases research

History of the RDCRN

- Established by the Office of Rare Diseases Research
- Started in 2003--currently in 3rd 5 year cycle
 - 1st cycle (10 Consortia) supported by ORDOR, NCRR, NINDS, NIAMS, NICHD, NHLBI, NIDDK
 - 2nd cycle (19 Consortia) supported by ORDOR, NINDS, NIAMS, NICHD, NHLBI, NIDDK, NIAID, NIDCR, NCI
 - 3rd cycle (22 Consortia) supported by ORDOR, NCATS, NINDS, NIAMS, NICHD, NHLBI, NIDDK, NIAID, NIDCR, NCI, NIMH, ODS
- Currently involves 267 institutions world-wide
- Collectively studying >200 diseases
- 46,760 patients enrolled in studies (during all 3 grant cycles)

DHHS-NIH

**ORDR, NINDS, NIAMS,
NICHD, NHLBI, NIDDK,
NIDCR, NIAID, NCI, NIMH**

**Coalition of Patient
Advocacy Groups
(CPAG)**

**Consortium of Eosinophilic
Gastrointestinal Disease Researchers**

**North America Mitochondrial
Diseases Consortium**

**Advancing Research & Treatment for
Frontotemporal Lobar Degeneration**

**Primary Immune Deficiency
Treatment Consortium**

**The Data Management and
Coordinating Center**

**Rare Kidney
Stone Consortium**

**Nephrotic Syndrome
Rare Disease Clinical
Research Network**

**Chronic Graft Versus
Host Disease Consortium**

**Rare Lung Disease
Consortium**

**Rett Syndrome, MECP2
Duplications, and Rett-related
Disorders Consortium**

**Brain Vascular
Malformation Consortium**

**Autonomic Rare Diseases
Clinical Research Consortium**

**Sterol and Isoprenoid
Diseases Consortium**

**Clinical Research in ALS and
Related Disorders for
Therapeutic Development**

**Urea Cycle Disorders
Consortium**

**Development
Synaptopathies
Consortium**

**Inherited Neuropathies
Consortium**

**Brittle Bone Disease
Consortium**

**Lysosomal
Disease Network**

**Vasculitis Clinical
Research Consortium**

**Porphyria Rare Disease
Clinical Research Consortium**

**Genetic Disorders of Mucociliary
Clearance Consortium**

**Dystonia
Coalition**



- Collaborative Clinical Research
- Centralized Data Coordination and Technology Development
- Public Resources and Education
- Training

DHHS-NIH

**ORDR, NCATS, NINDS, NIAMS,
NICHD, NHLBI, NIDDK, NIDCR,
NIAID, NCI, NIMH, ODS**



**Coalition of Patient
Advocacy Groups
(CPAG)**



**Primary Immune Deficiency
Treatment Consortium**



**Urea Cycle
Disorders Consortium**

Inherited Neuropathies Consortium



**Brittle
BONE
DISORDERS
CONSORTIUM**

Lysosomal Disease Network



**VASCULITIS
CLINICAL
RESEARCH
CONSORTIUM**



**Developmental
Synaptopathies
Consortium**



**DYSTONIA
COALITION**



**B.V.M.C.
BRAIN VASCULAR MALFORMATION CONSORTIUM**



**cGVHD
THE PORPHYRIAS CONSORTIUM**



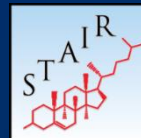
**RARE
LUNG
DISEASES
CONSORTIUM**



**RARE KIDNEY STONE
CONSORTIUM**



**Neptune
Nephrotic Syndrome Study Network**



STAIR



**Autonomic
Disorders
Consortium**



- Collaborative Clinical Research
- Public Resources and Education
- Centralized Data Coordination and Technology Development
- Training



Rett Consortium
Rett Syndrome,
MECP2 Duplication,
& Rett-Related Disorders



NAMDC
north american mitochondrial disease consortium

**The Data Management and
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**Genetic Disorders of
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CEGiR
Consortium of Eosinophilic
Gastrointestinal Disease Researchers

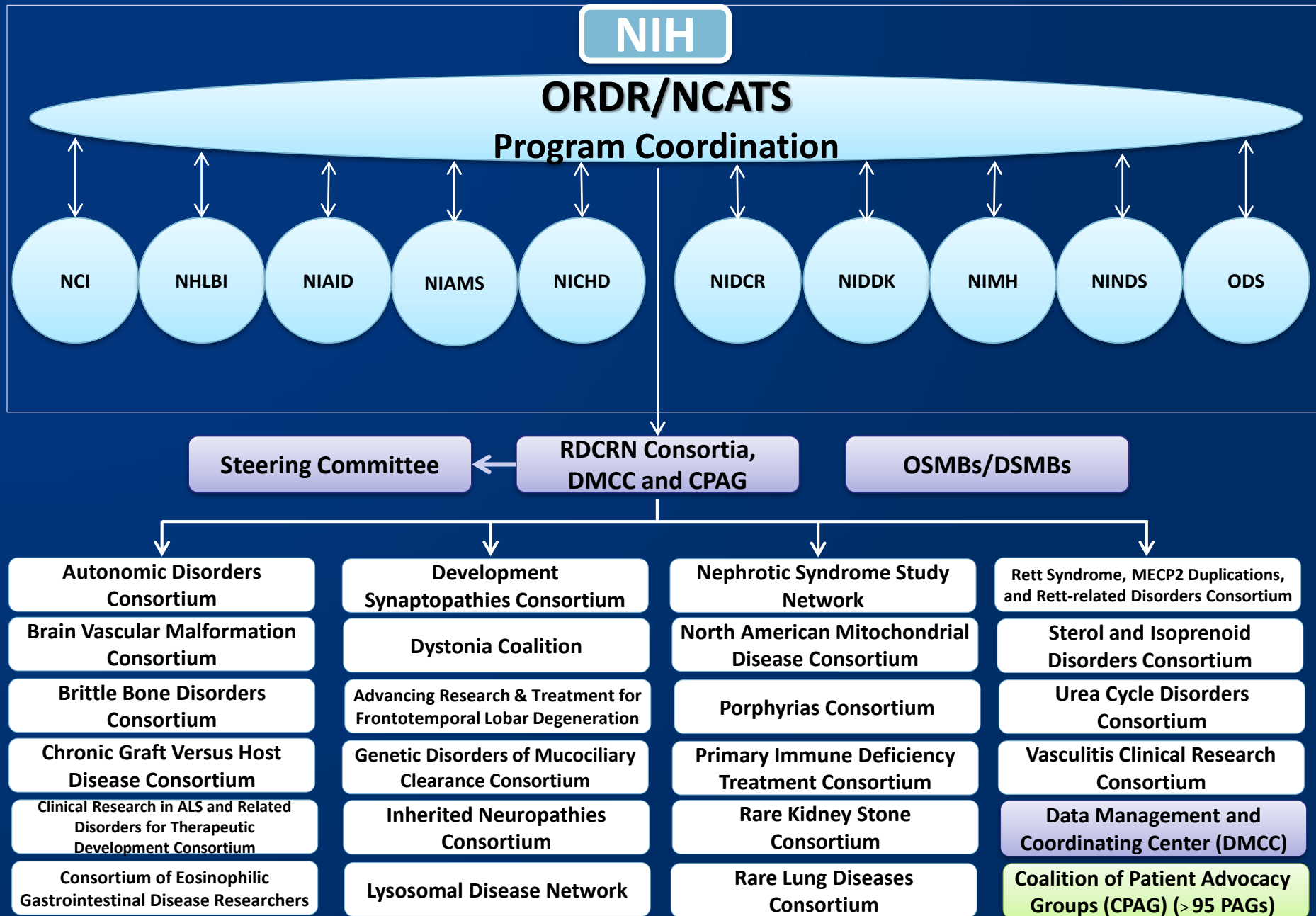


CReATe
Therapies for ALS & Related Disorders



A.R.T.F.L.
Advancing Research & Treatment for
Frontotemporal Lobar Degeneration

Rare Diseases Clinical Research Network (RDCRN)



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IT CAN BE DONE!