Siren Interactive White Paper

Siren® interactive Rare Disease Relationship Marketing Experts

NAVIGATING THE LANDSCAPE OF COMPASSIONATE USE

SIX COMMUNICATION GUIDELINES FOR DEALING WITH EXPANDED ACCESS REQUESTS

This white paper summarizes insights on compassionate use developed at Siren Interactive's workshop, *Critical Issues in Patient Advocacy Engagement & Collaboration: How Do We Find Common Ground?*, at the World Orphan Drug Congress in April 2014. Participants included representatives from the industry in commercialization and patient advocacy roles, rare disease patient advocacy group (PAG) leaders, and patient opinion leaders (POLs). Special thanks are due to our moderator Wendy White, founder and CEO of Siren Interactive, and panelists:

- **Barbara Wuebbels**, vice president of patient advocacy and medical affairs at Audentes Therapeutics
- **Pat Furlong**, founding president and CEO of Parent Project Muscular Dystrophy
- **Ben Lenail**, co-founder and business strategy officer of ALD Connect
- **Julie Raskin**, executive director of Congenital Hyperinsulinism International
- **Carrie Burke**, director of alliance development at Shire Pharmaceuticals
- **Nicole Boice**, founder and president of Global Genes/Rare Project

EXECUTIVE SUMMARY

Requests for compassionate use of investigational drugs have increased dramatically in recent years, according to an FDA study reported in *The Wall Street Journal*. Rare disease patients and caregivers are highly motivated to access treatment and skilled at using online petitions, blogs, video, social and traditional media to garner public support. Therefore, it's especially important for companies that operate in this space to understand the issues and be prepared with a communications strategy and the policies that work to benefit all stakeholders. While there are guidelines for making decisions, an even more critical component is how biopharmaceutical companies communicate their policies to target audiences.

> ***"Perhaps you all saw the big campaign started by a lady in Texas over access to a cancer drug that had 200,000 friends in a week."*** – Barbara Wuebbels

NEW GUIDANCE FROM FDA

In May 2013, the FDA released "Guidance for Industry about Expanded Access to Investigational Drugs for Treatment Use." This document contains details on the process for expanded access submissions and explains:

- What should be contained in the two types of access submissions – protocol amendment to an existing or new IND submission
- Who can request expanded access – the IND sponsor (pharmaceutical company) or the patient's physician – and what are the limitations and requirements for each
- Reasons the FDA may deny expanded access – risk versus benefit
- Process for emergency access
- How the FDA determines that expanded access won't interfere with an ongoing clinical trial

It's important to note that the FDA cannot compel a company to provide expanded access to its drug. Company participation is voluntary.

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THE DILEMMA FOR PHARMACEUTICAL COMPANIES INVESTIGATING ORPHAN DRUGS

Often companies receive requests for compassionate use, which they must refuse because of concerns that:

- Clinical supplies may be limited due to high cost of production
- Adverse events with patient populations outside a clinical trial could delay development and approval
- The compassionate use option may limit enrollment in clinical trials due to patients' fear of being put on a placebo
- Responding to pressure from isolated patients may create an ethical dilemma if it results in a flood of requests that can't be met

Even when these concerns are realistic, companies can encounter problems if they have not clearly and respectfully communicated their policy in advance as the following case studies illustrate. Sooner or later, almost every manufacturer developing therapies for life-threatening cancers and rare disorders will be faced with a similar dilemma.

"Start-ups and small biotechs have few resources, often only sufficient to conduct the study. Pressure for compassionate use may have a negative impact on their ability to survive." – Pat Furlong

CASE STUDY 1

Andrea Sloan, a 45-year-old woman battling Stage III ovarian cancer with BRCA mutation, sought compassionate use of an investigational drug to treat her condition. When the biotech company she approached declined her request, Ms. Sloan created a high-profile multichannel cause and public relations campaign including celebrity spokespersons to apply pressure. The company claimed that the therapy had not yet been proven safe, despite having touted the drug's safety and efficacy to investors as they approached Phase III clinical trials. Another biotech company stepped in and provided Ms. Sloan with a similar drug in development, but she died of complications from pneumonia shortly after beginning treatment to which she was having a positive response.

CASE STUDY 2

Eight-year-old Joshua Hardy was suffering from a potentially fatal infection following a bone marrow transplant he'd undergone to treat rhabdoid carcinoma of the kidney. His parents sought compassionate use of an investigational antiviral drug. When the company denied their request, the Hardys began a traditional and social media campaign that garnered 30,000 likes on Facebook and 20,000 signatures on Change.org. In the firestorm that followed, the company's CEO received death threats and was placed under armed escort, and company offices were on lockdown. Company officials worked with the FDA to get a 20-patient open-label Phase III trial in place in a week's time to include Josh – the boy's health improved under the new treatment. The situation raised concerns about the ethical dilemma created when the question of who receives treatment is decided by the social media skills of supporters.

CASE STUDY 3

Darlene Gant, a 46-year-old mother who was dying of breast cancer, made an emotional plea for compassionate use of an investigational drug in a heart-wrenching video that went viral after she posted it on YouTube and Facebook. The company initially refused her request, but responded to her social media campaign and agreed to provide the drug to Gant under compassionate use, stating that they were aware that it was her last option. The story had a happy ending for both the patient and the pharmaceutical company. Gant was in hospice in 2012, but improved after she received the drug. As of April 2014, she is alive and well.

There are many factors that influence a company's decision about whether or not to grant compassionate use. The issues are complex and the company's reputation is riding on how effectively their representatives communicate both the logic behind the decision and their genuine concern for the patients and caregivers who see it as a matter of life and death.

> ***"If supply is given as a reason to deny, the obstacles to creating more supply should be fully explained and rebuttals by the patient in need should be anticipated and answered even before they are made."*** – Julie Raskin

SIREN RECOMMENDED ACTIONS

Navigating the landscape of compassionate use requires a proactive approach to both developing policies and communicating those policies to all interested stakeholders. Based on the discussion that took place at our WODC workshop, we've identified the following best-practice recommendations.

1. **Formalize your compassionate use policy now, and develop and implement a communication plan around it.** If possible, your policy regarding compassionate use should be decided and formalized before the initiation of clinical trials. The interval between the analysis of Phase II data and commencement of Phase III studies provides another opportunity to develop, clarify and communicate your position. If a compassionate use request is made before you've had the opportunity to put your policy in place, include an official statement of policy as part of your response.
2. **Be prepared to activate your plan on very short notice.** This way you can own your story and communicate it before the public and the media start to question your motives and make it up for you.
3. **Be ready with a well-articulated and consistent rationale if you decide not to expand access to the therapy.** If you are communicating a message about safety to patients and another message to investors, it won't take them long to find that out. Ensure that all key corporate stakeholders are on the same page with messaging and that you are telling a consistent story to all audiences. Reasons that ring true include: lack of supply to cover more patients beyond clinical trial participants; the cost of manufacturing additional doses; and potential setbacks in the study due to a serious adverse event, including death. If your final decision is to not provide compassionate use, don't blame it on the FDA – a misstep other companies have made. Fifteen minutes of online research will reveal that the company has final say in these matters and the FDA rarely rejects requests for expanded access.
4. **Engage the C-suite to put the highest-level human face on your messaging and make the interactions as personal and empathetic as possible.** Dealing with the patient and caregiver in a direct, compassionate and transparent manner is important. Rare disease patients have a higher tolerance for risks versus benefits of expanded access to investigational therapies and they want to be heard when these decisions are being made. Melissa Hogan reported one caregiver's perspective at a recent FDA meeting on her Saving Case blog, "Patients and caregivers just want a lifeboat. Very little evidence of efficacy is enough for families who are watching their children die."
5. **Partner with "Trust Agents" to reach your audience where they are.** Once an issue like this hits the news, you must get your side of the story out through as many channels as possible. Collaborate with patient organizations willing to help you get your story out through their channels so it directly reaches all members of the patient community. A well-respected patient advocate can also help engage the community in a reasoned discourse and may lower the level of negative sentiment and hyperbole.
6. **Ideally, the policy should be posted publicly along with the reason for not granting compassionate use – if that is the decision – so that people can find it before they start a campaign.** With the proliferation of social petitions, a solid and proactive communication plan is a strategic imperative for what now seems like the inevitable social movement, public scrutiny and media firestorm, especially if your patient or caregiver community is dealing with life-limiting illness of young children.

If a decision can be made that will be viewed as a win-win for the patient community, as well as the company, that would be the ideal outcome. Patient perceptions of your company and therapy are shaped by their experiences as early as the clinical trial phases of product development. Be mindful of this across the many interactions, both big and small, your company has with patients and caregivers.

The key thing to remember is that silence isn't safe! Whatever your decision, communicate it clearly, transparently, consistently and with respect and compassion for the challenges rare disease patients and caregivers face.

> ***"One thing that's very important is for industry to define its compassionate use policy before you start the trial. Say what you will do and won't."*** – Barbara Wuebbels

CONCLUSION

Your relationships with rare disease communities are valuable and must be carefully nurtured to ensure that you are able to maintain the continued support of patients and caregivers as you progress through clinical trials to treatment approval. Having a compassionate use policy in place as early as possible and a strategy for transparently and consistently communicating it through multiple channels will protect the relationships you have worked hard to build. For the pharmaceutical industry, the digital channel offers unparalleled opportunities for connection to patient communities. While this provides biopharmaceutical companies with new strategies for engagement, it creates new challenges to address.

Throughout Siren's 15-year history of focus across more than 30 disease states, we have developed customized approaches to rare disease patient engagement and activism, and have applied our expertise for a broad range of clients. Based on the learnings from these experiences and perspectives, we have found the guidelines in this white paper to be the most effective strategy for building relationships of trust and mutual good will.

CONTACT

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ABOUT SIREN INTERACTIVE

Siren Interactive is a rare disease marketing agency with unmatched expertise in addressing the challenges and unmet needs of patients, caregivers, and physicians dealing with rare disorders. For over 14 years, across more than 30 different disease states, we've had one focus: finding rare disease patients and connecting them to our clients' brands. As trailblazers in recognizing that patient-driven decision making is central to successful orphan drug commercialization, we are constantly innovating to meet patients and caregivers where they live. To learn more about our proprietary approaches to building trust relationships with rare disease stakeholders, visit www.sireninteractive.com.

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