



International Society for CNS Clinical Trials and Methodology

# Orphan Diseases Working Group

Thursday, September 12, 2024

San Diego, CA

Chairs: Joan Busner, Ph.D. and Gahan Pandina, Ph.D.

# Disclosures

- Dr. Busner is a full-time employee of Signant Health, in which she may hold stock/equity.
- Dr. Pandina is a full-time employee of Janssen Research and Development, LLC, and holds stock in Johnson & Johnson

# Agenda

- Welcome and introductions
- Exciting developments!
  - Our Half-Day Session at ISCTM 2025 (February 19-21, Mayflower Hotel, Washington, DC)
    - Our session is on Thursday, February 20: 2-5:30 pm
  - Manuscript Development
    - Results of interest survey
- Next steps



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# Our Half-Day Session at ISCTM 2025

Day 2 of ISCTM Meeting: Thursday, February 20; 2:00 - 5:30

21<sup>st</sup> Annual Meeting

19-21 February 2025

The Mayflower Hotel, Washington DC

# Current Agenda for Half-Day Session

2:00-5:30	<p><b>Session 3A: Using novel biomarkers and advanced analytics to optimize measurement, endpoint selection, and signal detection: Lessons for the broader neuroscience community from orphan disease trials</b></p> <ul style="list-style-type: none"><li>• How can we enable and enhance drug development approaches using novel tools (digital, biomarkers) and analytic approaches (composite endpoints) in neurology and neuropsychiatry, particularly in Phase 2 / PoC.</li><li>• Provide examples from large population studies and, for rare diseases, compare and contrast with how these problems have been solved in larger populations.</li></ul>	Joan Busner Gahan Pandina
2:00	Session Intro	TBC
2:05-2:25	<p>Talk 1 – What are Digital Outcomes in Neuropsychiatry and Neurology?</p> <ul style="list-style-type: none"><li>• Objective measures of behavior or digital signals: EMA, actigraphy, EEG,</li><li>• Relationship of digital outcomes to functioning or disease outcomes of interest (feels, functions, survives)</li><li>• Should include relationship of clinical meaningfulness and changes in outcome</li><li>• How did we analyze the data?</li></ul> <p>Regulatory path</p>	Gahan Pandina, PhD

# Current Agenda for Half-Day Session

2:25-2:35	Discussion	
2:35-2:55	<p>Talk 2 - Novel digital endpoints in rare disease, examples of “success” DMD (stride veolocity) and Myotonic Dystrophy (muscle strength, respirometry)</p> <ul style="list-style-type: none"> <li>• Stride velocity accepted as primary endpoint for DMD in the EU (<a href="https://www.ema.europa.eu/en/documents/scientific-guideline/qualification-opinion-stride-velocity-95th-centile-primary-endpoint-studies-ambulatory-duchenne-muscular-dystrophy-studies_en.pdf">https://www.ema.europa.eu/en/documents/scientific-guideline/qualification-opinion-stride-velocity-95th-centile-primary-endpoint-studies-ambulatory-duchenne-muscular-dystrophy-studies_en.pdf</a>)</li> <li>• Skyclaris – Friedreich’s Ataxia – used secondary data as a marker of supportive secondary data.</li> <li>• Givinostat (Duvyzat) – approved for DMD</li> </ul> <p>Outcome analysis approach</p>	Laurent Servais at Oxford University. (Re DMD measures ActiMyo and Stride Velocity)
2:55-3:05	Discussion	
3:05-3:25	<p>Establishing clinical meaningfulness and MID in Rare/Orphan Disease endpoints</p> <ul style="list-style-type: none"> <li>• CGI here – design (# of items) and use as potential primary or co-primary. Also include PGI</li> <li>• Patient-defined clinical meaningfulness</li> </ul>	TBC
3:25-3:35	Discussion	

# Current Agenda for Half-Day Session

3:35-3:50	Break	
3:50-4:10	Composite endpoints and analysis? <ul style="list-style-type: none"><li>• Clinical rating scales are actually composites as well, to capture various aspects of disease (MADRS, PANSS, ABC etc.).</li><li>• Long regulatory precedent for use of these scales, because of the “agreement in the field and large validation databases”</li></ul>	TBC
4:10-4:20	Discussion	
4:20-4:50	Talk 5 – analytic approaches <ul style="list-style-type: none"><li>• Practical analytic approaches to interpret data</li><li>• Using permutation testing</li><li>• Autism example with ML</li><li>• Ability scores</li><li>• What is the burden of evidence required in rare disease? Model details required up front, which may be challenging. May require negotiation (due to high level of evidence requested)</li><li>• Can you use pre-programmed statistical composite approach for Ph3 programs?</li></ul>	TBC

# Current Agenda for Half-Day Session

4:50-5:25	Panel Discussion FDA and EMA panelists to respond to potential questions	<a href="https://www.fda.gov/news-events/fda-voices/fda-rare-disease-innovation-hub-enhance-and-advance-outcomes-patients">https://www.fda.gov/news-events/fda-voices/fda-rare-disease-innovation-hub-enhance-and-advance-outcomes-patients</a> Patrizia Cavazzoni? Peter Marks? New director to be hired?
5:25pm	Session Wrap-Up	
5:30pm	Session adjourns	





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# Manuscripts

# CGI

Maria	Acosta	NIH- NHGRI-UDP	acostam@nih.gov	x
Cristan	Farmer	NIMH	cristan.farmer@nih.gov	x
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Marcela	Roy	Signant Health	marcela.roy@signanthealth.com	x
Frank	Sasinowski	Hyman, Phelps & McNamara, PC	fsasinowski@hpm.com	x
Marc	Walton	Independent Consultant	icnivad909@comcast.net	x

# Measuring Cognition As An Outcome in Rare Disease Studies

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Tom	Macek	Cybin	tommacek@yahoo.com	x
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Marc	Walton	Independent Consultant	icnivad909@comcast.net	x

# Ethics of Clinical Trials in Rare Diseases

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Naomi	Knoble	FDA	naomi.knoble@fda.hhs.gov	x
Kemi	Olugemo	Korro Bio	kemi.olugemo@gmail.com	x - lead

# Development of Endpoints for Disease Modifying Therapies (example: Rett Syndrome)

Maria	Acosta	NIH- NHGRI-UDP	acostam@nih.gov	x
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Frank	Sasinowski	Hyman, Phelps & McNamara, PC	fsasinowski@hpm.com	x
Marc	Walton	Independent Consultant	icnivad909@comcast.net	x

# Other Manuscript Ideas Submitted

Meg	Grabb	NIMH/NIH/HHS	mgrabb@mail.nih.gov	biomarkers as early indicators of drug/biologic action
Frank	Sasinowski	Hyman, Phelps & McNamara, PC	fsasinowski@hpm.com	confirmatory evidence -- key to single study approvals

# Next Steps

- Manuscript leads need to be assigned
- Outline of manuscript should be submitted to group
- Ideas for speakers should be submitted – may or may not contact them; need ISCTM SC approval first