

Externally Led Patient Focused Drug Development (EL-PFDD) Meeting Identifies Urgent Care Needs in Adults with X-linked Adrenoleukodystrophy Amena Smith Fine, Kathleen O' Sullivan-Fortin, Kelly Miettunen, Felicity Emerson, Reza Sadjadi, Ali Fatemi, Florian Eichler



Abstract/Purpose

X-linked adrenoleukodystrophy (ALD) is a rare disorder caused by ABCD1 gene variants. ABCD1 Animate automolecular data and a standard and a stand A standard and a standar Phenotypes include adrenal insufficiency, childhood or adult cerebral ALD (CALD), and adrenomyeloneuropathy in men and women (AMN). The EL-PFDD meeting, led by ALD Connect, aimed to educate the U.S. EDA on the perspective of adults with ALD on the disease burden and unmet needs.

Method

The 254 attendees included people with ALD, caregivers, family members, clinicians, scientists and representatives from the FDA, industry and non-profit entities. Patients and caregivers contributed responses via online polling, phone calls, and email (N=40-60 per poll question). Results

Respondents included adults with ALD (57%), caregivers (28%), and those representing both groups (15%). Most were from the US, Europe and Canada. Their ages ranged from 19-71 years or older, and Adults with ALD struggle to obtain an accurate diagnosis. Until recently, women with ALD were

mistakenly believed to be asymptomatic; they report feeling excluded from drug trials. ALD increasingly impacts the lives of patients and caregivers, resulting in psychosocial impacts and burnout.

Top ALD-related health concerns were those impacting walking, including balance (81%), gait (67%) and spasticity (67%) issues, followed by bowel and bladder incontinence (65%). Top worries were symptoms worsening (88%), losing the ability to walk (61%), developing cerebral ALD (39%), and falling (29%). Most reported that treatments are ineffective (69%). Conclusion

We now have a deeper understanding of the unmet needs and severe disease burden impacting men and women with ALD and their families. Dissemination of these findings can promote future research and new product development for people living with ALD.

Background

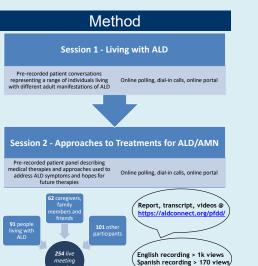
Adrenoleukodystrophy is a very heterogeneous disease

• There is an urgent need for U.S. FDA or EMA approved therapies for adult ALD (AMN and cALD)

• It is critical to 1) understand the current unmet needs and disease burden of adult ALD patients and 2) continue efforts to capture outcomes that are sensitive to change and clinically meaningful to these patients

• Aim: Revisit the Voice of the Patient Report from the Adult ALD Externally Led - Patient Focused Drug Development (EL-PFDD) Meeting held in 2022

•Organized by ALD Connect •Adults with ALD (AMN and cALD) and caregivers shared their experiences with FDA staff and other stakeholders on challenges and treatment needs



Who Responded to the Polls?

Figure 1. Participants living with ALD or caregivers

Someone living A caregiver of someone			15%	28%			57%
	0%	10%	20%	30%	40%	50%	60%
igure 2. Partio	cipant or o	caregive	er gend	er			50%
Male Other	2%					4	8%
Non-binary	0%						
Prefer not to identify	0%						

10% Figure 3. Participant or caregiver age

0%

		0% 59	6 10%	15%	20%	25%	30%	35%	40%	45%	50
71	years of age or older		9%								
	51-70 years of age								38%		
	31-50 years of age									455	%
	19-30 years of age		7%								
	11-18 years of age	0%									
	6-10 years of age	0%									
	0-5 years of age	2%									

20%

40%

Session 1: Living with ALD

Figure 4. Lifetime ALD Health Concerns

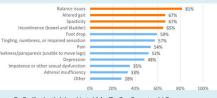


Figure 5. Daily Activities Not Able To Do Due to ALD

Walking					-			69
Playing sports or biking					-	45%		
Sleeping			_		4:	1%		
ending social events with family/friends			-	-	35%			
Being intimate with a partner	-		24	1%				
Working			22%	;				
Driving			18%					
Other	-	-	16%					
Eating independently		6%						
Communicating		6%						
	0%	10%	20%	30%	40%	50%	60%	70%

Figure 6. Top Worries About Your/Loved One's Condition in the Future



Session 2: ALD Treatments

Figure 7. Medications Used to Treat ALD Symptoms

Vitamins or supplement	5	_	_	_	_	_	_	
Antispasmodic	s 💻	_	_	_	_	_	53%	
Pain medication	s 💻	_	_	_	_	45%		
CBI		_	_	_	_	45%		
Bladder medication	5	-	-	-	38%			
Sleep medication	s 🚃			-	35%			
Othe	r	-		_	33%			
Corticosteroid	5	-	-	28%				
Botox injection	s —			25%				
Bowel medication	5	-	-	25%				
Investigational drug/clinical tria		-	18%					
I have not used medication	s ⊨	8%						
	0%	10%	20%	30%	40%	50%	60%	70

าร

80%

Physical therapy	-	-	_	_	_	_	_	_
Cane or walker	-	-	_	_	_	_	_	73
Leg braces	-	-	-	_	4	3%		
Counseling or psychotherapy	-	-	-	-	4	3%		
Acupuncture	-	-	-	-	38%			
Other	-	-	-	-	38%			
Wheelchair	-	-	-	-	35%			
Occupational therapy	-	-	-	25%				
Speech therapy		-	15%					
Urinary catheter	-	-	13%					
None of the above	0%							
	0%	10%	20%	30%	40%	50%	60%	70%

Figure 9. How Well Does Treatment Regimen Address the Most Significant Symptoms of ALD

Not at all		9%								
Very little		-	-	-	-	_	-	38%		
Somewhat	-	_	-	-	-	-	-	-	449	6
To a great extent	2%									
Complete relief	0%									
ot using any treatments		7%								
	A/	101	175/	201	350/	202/	200	100	45.6/	rok

Figure 10. Biggest Drawbacks of Current Treatment Strategy

				Not very effective at treating target symptom(s)
63%	_	_	-	Only treats some (not all) symptom(s)
	40%	4		Side effects
		34%		Limited availability or accessibility
		26%		High cost or co-pay, not covered by insurance
			11%	Requires too much effort and/or time commitment
			11%	Other
			5%	Not using any treatments
				Route of administration 05

Figure 11. Top 3 Features of an Ideal Treatment for ALD

Increased ability to walk	E		-	-			-	-	-	-	1%
Slow or halt disease progression			-	-				-	55%		
Prevention of cerebral ALD			-	-			38%				
Improvement in balance			-	-			38%				
Control of my incontinence			-	-		31%					
Reduced spasticity				-	24%						
Reduced pain				17%							
Help with sleep			109	6							
Restored ability to be intimate with a partner		5	16								
Improvement in speech	÷.	2%									
Other	÷.	2%									
	0%	1	0%	20%	30%	4	0%	50%	60%	70%	80
	070			2070	0011			0070	0070	1070	

Insights not Captured by Polls

SESSION 1

with ALD is able and requires of planning	"With every step that we take and every life event that we want to be a part of, we have to spend so much time strategizing how we can be a part of that without having a life changing accident happen." - Patrick, man living with AMN
pact of ALD on ies is severe	One family described the disease as "ALD, the destroyer of life. ALD, the destroyer of families". Many patients who are living with symptoms of ALD are also caregivers for children or other family members with the disease. Patients and caregivers often experience psychosocial impacts, including burnout.
rogress very fast r diagnosis	"Within 2 years I went from doing things as normal to where now I'm using a cane and holding onto walis to get around. I need a wheelchair for anything that requires more than a few steps of walking." - Alisa, woman living with ALD
living with cALD ually require 24- our care	His body was failing and so we tended to his needs, shower, eating, cleaning. All the nurses began to see him decline, breathing, chewing, swallowing difficulty." – Frank and Cheryl, parents who lost both sons to cerebral ALD
	SESSION 2
ent should be le for everyone	⁷¹ hope that this treatment will halt AAM in its tracks, not just mask symptoms or slow down the pace of the discuss. And it must be made analiable for one of directal patients, responses along, epader, rocal analiable for one of directal patients, responses along epader, rocal analiable for an extension of the discussion of the discussion of the -Miranda, mother of a son with ALD diagnosed through NBS
ients targeted ally for women .D are needed	"The best-case scenario right now as a woman with ALD is to hope that we can get through a trial and that it works for the men with AMN and that mybye, we may be able to find scenaere withing to write it off script or off lobel for us later ance it's approved." - kathleen, founding board member of ALD Connect, caregiver and woman with ALD
n treatment goal r quality of life	"There isn't most likely going to be a wonder pill that will fix all the issues, but even a change to just a few of the symptoms would provide a better quality of life"- Ken, age 38, man with AMN "Mine (treatment gools) are pretty much similar to everyone. It's just quality of life." - Allen, man with AMN

Conclusion

EDA Benefit-Risk Assessment Framework

Analysis of condition

acces

- ALD has a heavy disease burden. Mobility challenges, including balance and gait issues and spasticity, as well as bladder and bowel unpredictability have enormous quality of life impacts
- People living with ALD and their families are burdened by many worries: that symptoms will get worse, that they will lose the ability to walk, that they will develop cerebral ALD and that they will fall.
- Current Treatment Options
- · Individuals living with ALD urgently and desperately need better treatments. Short of a complete cure, they wish for treatments to help maintain their quality of life. They want a therapy to increase their ability to walk, to slow or halt disease progression and prevent the development of ALD. Women need to be included in research and clinical trials

These insights can Inform development of *clinically meaningful* trial endpoints and encourage investigation of treatment options

References

1.www.aldconnect.org

2.Report, transcript and videos available at https://aldconnect.org/pfdd/

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