

Co-creation with Patients:

How to develop meaningful Clinical Outcome Assessments (COAs)

Dr Elin Haf Davies PhD Founder & CEO Aparito

July 2022



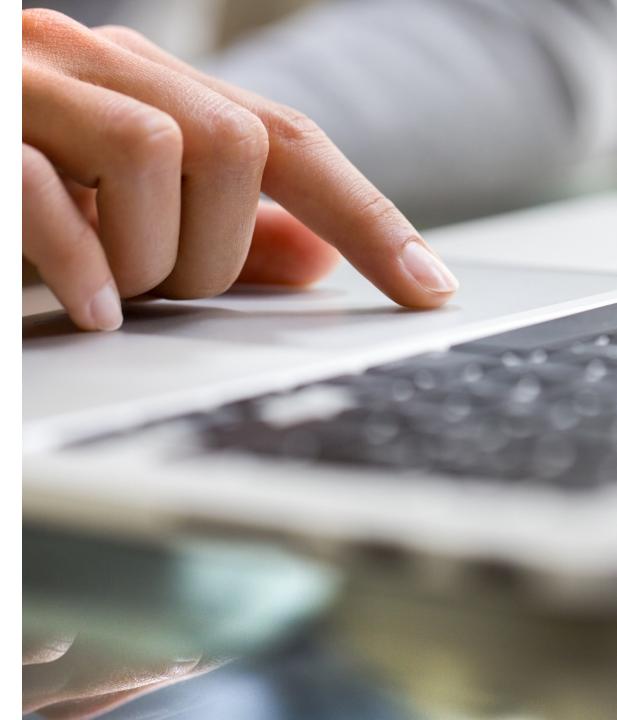


Who we are?

Our platform: Atom5™

Our approach to Co-Creation with Rare Diseases

Questions & Discussion





We are Aparito

Patients living with life-limiting diseases need access to clinical trials and innovative treatments.

Aparito provides that access, wherever patients are.

Global Partners





🗿 Recursion



What We Do

Aparito brings clinical trials to patients and unlocks real-world data through mobile apps, video assessments & wearable devices.

We provide a patient-centric platform that integrates clinical & regulatory expertise to capture patient data and develop digital endpoints for hybrid and decentralized clinical trials to streamline the drug development process.







Our Journey So Far





2014	2015	2016	2017	2018	2019	2020	2021	2022
Late Onset Tay-Sachs	Gaucher Disease	Juvenile Idiopathic Arthritis	Narcolepsy	Sanfilippo	Pompe	Parkinson's Disease	CLN5	Osteogenesis Imperfecta
Niemann – Pick C	Duchenne Muscular Dystrophy	Complex Epilepsy				Chronic Pain	Gaucher Disease	Primary Ciliary Dyskinesia
						Bowl & Bladder support tool	XLH	Sanfilippo Syndrome (MPS-IIID)
Extonoivo ovnorionoo in							Leber Congenital Amaurosis	Long COVID

Extensive experience in Rare Diseases

With proven experience in developing solutions for rare disease studies and 50+ publications to date, Aparito expanded the use of its platform so more patients can benefit



Cancer care

Cerebral

Cavernous

Malformation

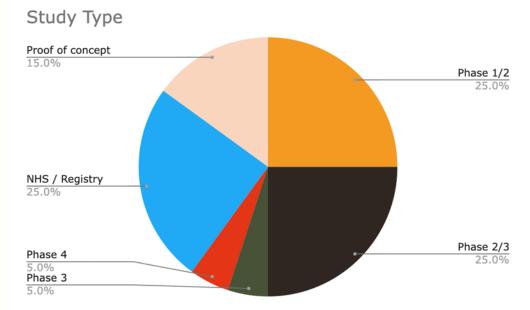
Aparito

Angelman

Syndrome

Global Reach





Aparito has deployed our technology in 20+ countries to date with 8000 patients enrolled.

Our Platform: otopmodeleters of the second s





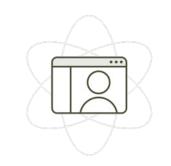


atom5

Powered by aparito

Atom5[™] Features











Patient App & Dashboard

Clinical & Sponsor Portal

eCOA

Data Analytics

Regulatory Compliance

Digitizing Clinical Trials



Traditional Trial

The site-based model has limited use of digital data capture and limited data captured outside of scheduled clinic visits.

Hybrid Trial

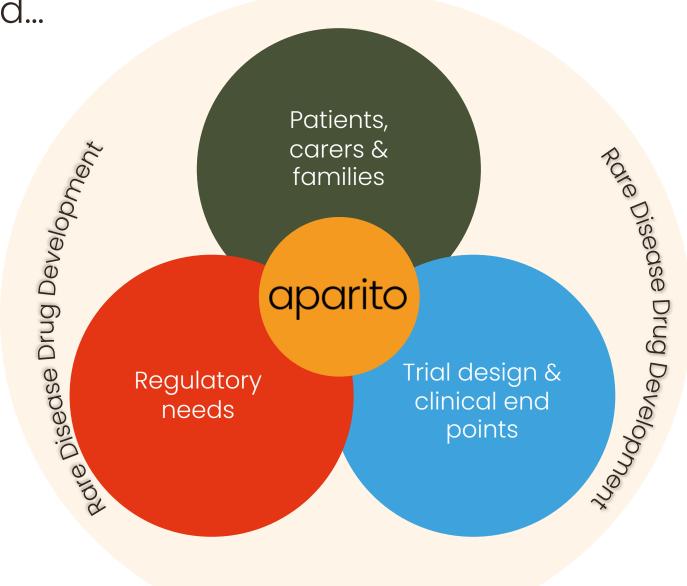
Hybrid trials *combine* sitebased assessments *with* remote data capture to *digitize clinical trials*.



Decentralized Clinical Trial (DCT)

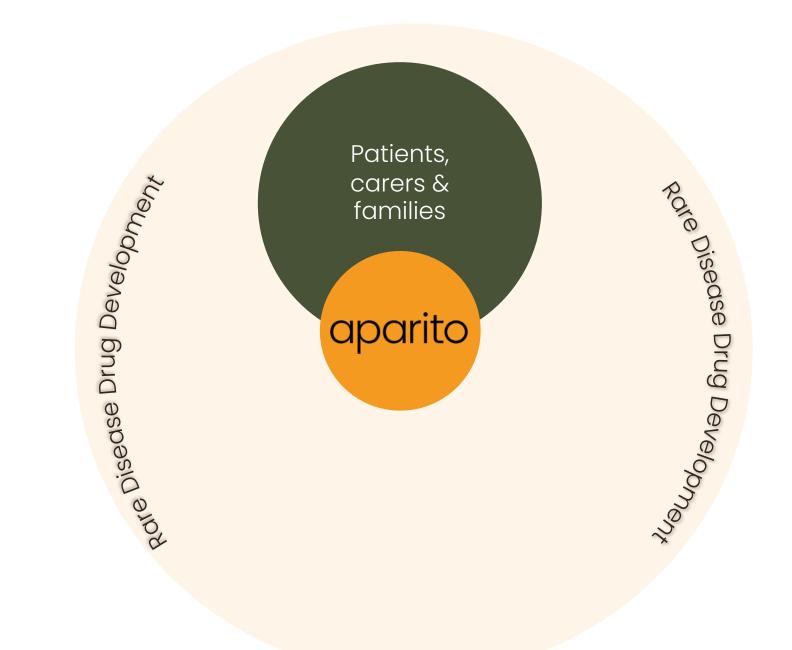
DCT eliminates the traditional site model with all recruitment, consent, onboarding and data capture conducted remotely.

We understand...



...and translate it to value throughout the study lifecycle

eCOA Endpoint Strategy Consultation	Protocol Development & Study Design	Study start-up & Maintenance	Study Close -out
 Early-stage support with input from Patient Group Accelerator Programme to guide Clinical Development: Gap analysis and biomarker/instrument identification Conceptual & endpoint model development 	 Protocol review and recommendations for hybrid clinical trials with input from Accelerator: Assessments & endpoints eDiary design Relationships with copyright holders 	Patient, site training Independent wearable & video data reviews Data quality monitoring & eCOA oversight	Data interpretation Rapid database lock Guidance on next development phase/lifecycle opportunities
Design & S	Strategize	Operationalize	Close-out



Our Patient Advocacy Credentials











Your rare condition. Our common fight.







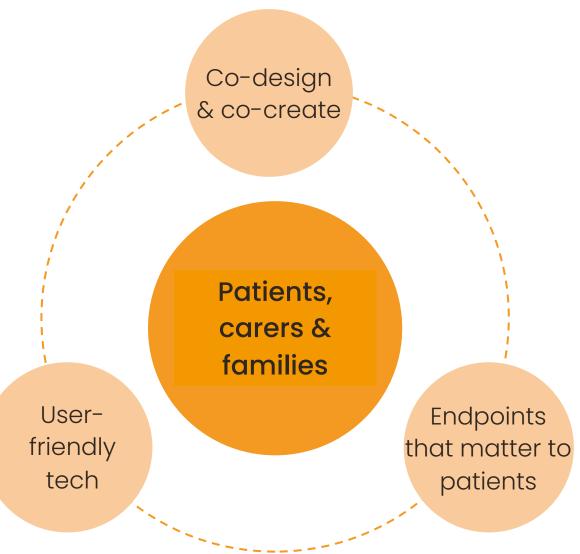




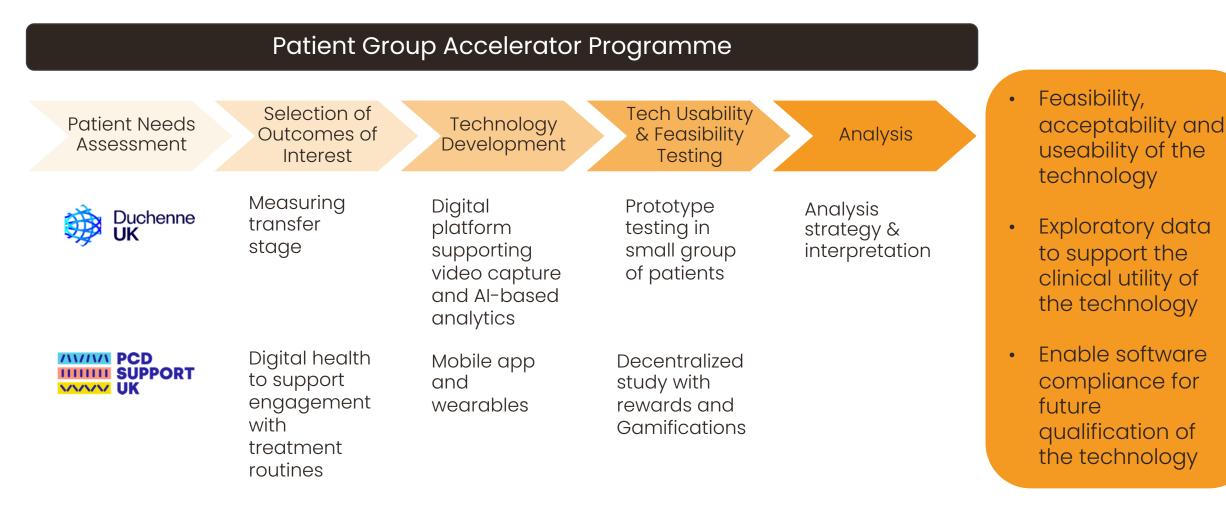


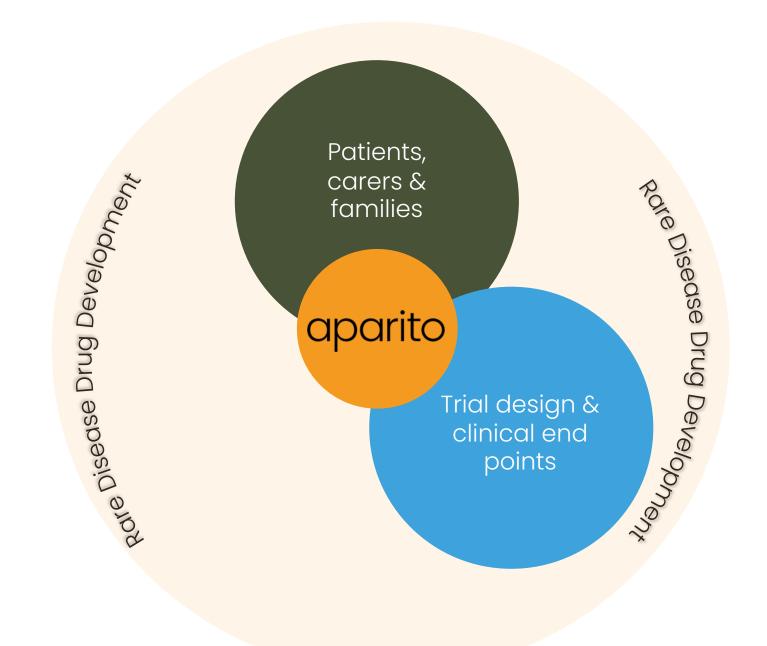






Accelerator Co-creation Approach





Biomarkers & Drug Development





Possibility of Success (POS) with biomarker Possibility of Success (POS) without biomarker

"Use of biomarkers in the stratification of patients improves the POS in all phases; most significant in Phases 1 and 2."

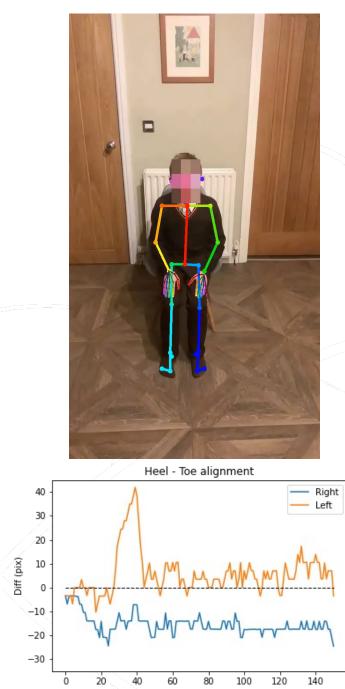
Wong, C. H., Siah, K. W., & Lo, A. W. (2019). Estimation of clinical trial success rates and related parameters. Biostatistics, 20(2), 273-286.

Digital endpoints driven by patient needs

Use of 6-min walk test in Duchenne muscular dystrophy as primary endpoint in drug clinical trials, excluded patients who were no longer able to walk.

Outcome measures that capture the transition from the ambulatory to the non-ambulatory stage at home was needed.

A well-planned COA strategy in rare disease and pediatric trials is critical to support the selection and interpretation of COA endpoints

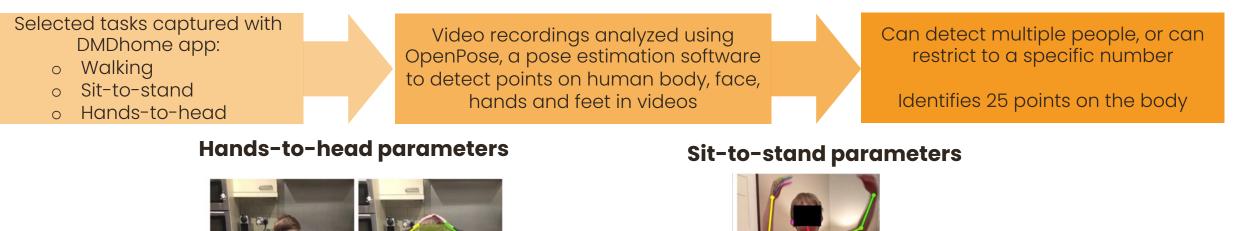


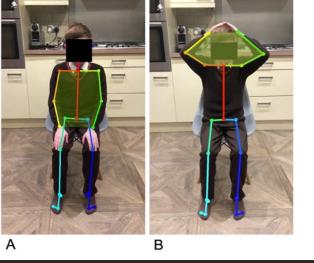
Frame

Example: DMDhome & Video Analysis



Developed to identify objective outcome measures to capture the transition from the ambulatory to the non-ambulatory stage in DMD patients using Atom5[™].





Body points captured by OpenPose show the area defined by shoulders, elbows and wrists when patient hands are in the resting position (A) and when hands are on the patient's head (B).

GARDIAN Registry

Our vision for GARDIAN is to:

- Enable patients to enroll in the registry wherever they live in the world
- Get patients and caregivers to add their own data to the nGD-specific patient-reported outcome (PRO) and caregiver-reported outcome (ObsRO)





It's time to record the child's Gait assessment (Normal Walking). This consists of two different tasks.

> Click here to view text instructions and instructional video to see how the child should complete this Gait Walking assessment

Please Note: Shoes must be worn during all walking tasks.

Click here when the child is read

It's now time to record the child's Tandem Gait assessment (Heel-to-Toe Walking).

Click here to view text instructions and instructional video to see how the child should complete this Gait Tandem assessment



vTUG

Atom5[™] Unique Offerings

SARAhome

The SARA tests have been digitized on the Atom5™ platform as SARA^{home}

The SARA^{home} and the conventional SARA are highly correlated.

SARA^{home} is completely video-based without the need for examiner

vTUG

The traditional TUG test has been digitized on the Atom5™ platform and uses video capture and pattern recognition to enable objective, sensitive high frequency assessments.

atom5







PROVide

Novel exploratory outcome measures for MPS IIIA running in parallel (sub-study) to AAV10-SGSH intracranial gene therapy trial

Location: Global Condition: MPS IIIA (San Filippo Syndrome) Duration: Ongoing

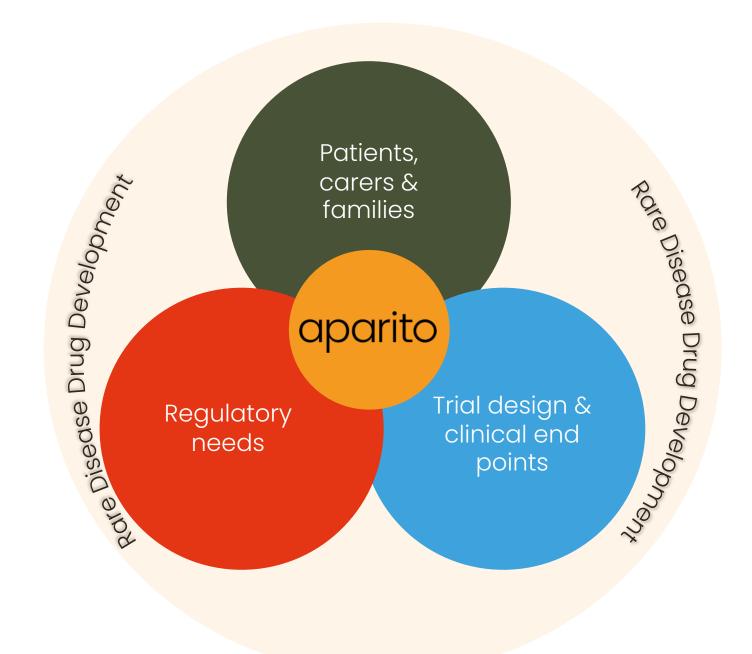
Aim of this study

To assess the value of **video assessments** to capture disease stabilization and improvement in MPS IIIA patients during the P4-SAF-302 trial.

To monitor the onset and evolution of disease hallmarks of MPS IIIA patients using video assessment.

To explore the observations of caregivers of MPS IIIA patients during the P4-SAF-302 trial.

To utilize video assessment for capturing any new abilities that MPS IIIA patients gain during the P4-SAF-302 trial.



Adaptive study designs: Support from regulators



12 May 2014 EMA/44410/2014

Gaucher disease

A strategic collaborative approach from EMA and FDA

Draft presented at EMA Workshop with European Working Group on Gaucher disease (EWGGD) and European Gaucher Alliance (EGA)	October 2011
Comments from FDA, Health Canada and Japan	April 2012
Comments from Paediatric Review Committee (FDA)	July 2012
Joint workshop with FDA to consult industry, experts and patient organisations	17-18 September 2012
Comments from Scientific Advice Working Party (EMA)	September 2012
Comments from FDA	July 2013
Adopted by Scientific Advice and Committee for Human Medicinal Product (EMA) for release for consultation	March 2014
Adopted by FDA and Paediatric Committee (EMA) for release for consultation	May 2014
Start of public consultation	14 May 2014
End of consultation (deadline for comments)	31 August 2014

Comments should be provided using this <u>template</u>. The completed comments form should be sent to extrapolation@ema.europa.eu "Comprehensive knowledge of a disease can help design and conduct **adequate and wellcontrolled clinical trials** of adequate duration with **clinically**

meaningful endpoints..."

Clinically meaningful and relevant endpoints require

informative natural history

studies and patient input

- Patient-focused drug development

(PFDD) meetings

Pediatric Rare Diseases — A Collaborative Approach for Drug Development Using Gaucher Disease as a Model Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to https://www.regulations.gov. Submit written comments to the Dockets Management Staff (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact Hong Vu at 301-796-7401

U.S. Department of Health and Human Services Food and Drug Administration Center for Drug Evaluation and Research (CDER)

> December 2017 Rare Diseases

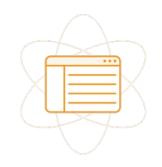
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FDA

EMA



Regulatory Compliance



The Atom5[™] global platform operates under ISO143485 QMS and ISO/IEC 27001 ISMS accreditations and is FDA 21 CFR Part 11 and GDPR compliant.











Thank you!

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Visit us at booth #426!





