Capturing real-world rare disease patient journeys: Are current methodologies sufficient?



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Breakthrough treatments

Background

- Decision-makers increasingly prioritize patient perspectives and real-world outcomes to inform access and care guidelines^{1,2}
- Data on patient disease journey experiences can be challenging to collect and evaluate for rare conditions^{3,4}
- This study assessed the body of evidence for rare disease patient journeys

Results

- 31 publications⁵⁻³⁵ (Figure 2) included 296,548 participants across 600+ rare diseases (Table 2)
- Most studies were prospective observational (61%)^{6-8,10-12,15-18,22-25,27,30,31,33,35} and queried patients (87%)^{5,6,9-21,23-} ^{26,28-35} (Table 2)
- Common methodologies included interviews (39%)^{7-8,13,15-18,21,22,27,33,35} and surveys (29%)^{6,10,12,20,23-25,30,31} (Figure 3)
- 'Pre-diagnosis/Screening' (97%)^{5-27,29-35} was the most frequently studied journey stage, 'Adherence' (6%)^{28,31} was least common (Figure 4)

Table 2. Study & Patient Characteristics

Variable	n (%)

Figure 3. Frequency of Data Collection Methods Employed (n=31)^a

Methods

- A systematic literature review (SLR) was conducted to explore study designs, methods, and outcome trends in rare disease patient journeys
- PubMed and Google Scholar were queried using relevant keywords (journey, path, odyssey), and publications were selected based on pre-defined search parameters (Table 1)
- Data on disease state, study design, location, data collection methods, journey stage (Figure 1), and reported outcomes was abstracted; Descriptive analyses were conducted
- GRADE quality assessments were performed

Table 1. PICOS Criteria

Parameter	Inclusion Criteria	Exclusion Criteria
Population	Patients diagnosed with a rare disease Caregivers of these patients Healthcare providers of these patients	Other populations
Outcomes	Patient journey-related outcomes (e.g., symptoms, QOL, HRU, costs, caregiver impact, treatment experience)	Non-patient journey outcomes
Study Design	Retrospective observational Prospective observational Open label Studies must focus on the patient journey and include at least one the following terms: • Journey • Path • Odyssey	Animal studies Case report Case series Narrative reports SLRs/Meta-analyses/Other reviews Randomized clinical trials
Publication Type	Peer-reviewed publications Congress proceeding (abstract, poster)	Opinion pieces Commentaries Editorials Grey literature
Date Range	January 1, 2014-April 30, 2024	Before January 1, 2014
Language	English	Non-English

Total Studies	31 (100)
Minimum Sample Size, n patients	8
Maximum Sample Size, n patients	292,617
Study Population ^a	
Patients ^b	27 (87)
Pediatric	11
Adult	21
Age not specified	5
Caregivers/Family	10 (32)
Healthcare Provider	3 (10)
Publication Type	
Original Research	30 (97)
Conference Proceeding	1 (3)
Study Location ^c	
Europe	14 (45)
North America	12 (39)
Asia & Pacific	9 (29)
South America	2 (6)
Study Design	
Observational	30 (97)
Prospective	19 (61)
Retrospective	11 (35)
Open Label	1 (3)
Disease Organ Systems	
Blood & Circulatory	1 (3)
Brain & Nervous System	3 (10)
Musculoskeletal	3 (10)
Integumentary	2 (6)



Figure 4. Proportion of Publications Investigating Patient Journey Stages (n=31)



6%







Diseases Assessed ^d	646	0%
Not Specified	6 (19)	
Multi-System	10 (32)	20%
Immune	5 (16)	
Endocrine	1 (3)	40%
megamentary	2 (8)	100/





100%

80%

60%

16%

• Due to observational designs, most studies (74%) were deemed 'low' quality^{5,6,9-15,17-21,23-26,29,31,33-35}

Figure 5. Proportion of Publications Reporting Observed Outcomes and their Relative **Importance to Healthcare Decision-Makers (n=31)**



Proportions of Publications Reporting

Conclusions

- Most SLR publications focused on pre-diagnosis and diagnosis journey stages and gathered data through interviews and surveys
- Researchers commonly reported resource utilization, patient symptoms, and time-to-diagnosis, while evidence gaps included treatment adherence, productivity, and caregiver burden
- Longitudinal assessments of real-world care and treatment experiences in rare disease, including caregiver perspectives, can enhance clinician and policymaker decision-making

References: 1. FDA Real-World Evidence Program. 2018. 2. NICE real-world evidence framework. 2022. 3. Mesa et al. Cancer 2022. 4. Zanello et al. Orphanet 2022. 5. Aoust et al. Orphanet 2017. 6. Baldell et al. Orphanet 2019. 7. Baumbusch et al. J Genet Couns 2018. 8. Bauskis et al. Orphanet 2022. 9. Benito-Lozano et al. PLoS One 2023. 10. Benson et al. Orphanet 2022. 11. Bernthal et al. Orphanet 2021. 12. Delgado-Garcia et al. Front Neurol 2022. 13. Galvin et al. BMC Health Serv 2015. 14. Grier et al. Neurol Genet 2018. 15. Hausmann et al. Orphanet 2018. 16. Hoffman et al. J Endocr Soc 2022. 17. Isono et al. PLoS One 2022. 18. Kinoshita et al. al. Value Health Reg Issues 2021. 19. Kobayashi Takahashi et al. Brain Dev 2024. 20. Lagler et al. JIMD Rep 2019. 21. Lambert et al. Patient 2020. 22. Luz et al. Acta Paulista 2015. 23. Magerl et al. Orphanet 2020. 24. Mehta et al. Mol Genet Metab 2017. 25. Mengel et al. PLoS One 2020. 26. Michaels-Igbokwe et al. Genet Med 2021. 27. Somanadhan et al. Orphanet 2016. 28. Tada et al. J Dermatol 2024. 29. Tisdale et al. Orphanet 2021. 30. Tsurumi et al. Genet Metab Rep 2022. 31. Vargas Camaño et al. Rev Alerg Mex 2023. 32. Vera-Llonch et al. Orphanet 2021. 33. Witt et al. Orphanet 2023. 34. Yan et al. J Environ Res Public Health 2020. 35. Muir et al. Neuromuscular Disorders 2022.

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