

Considerations for Medically Complex Patients

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#AccessToHealthCare

CHLOE BARNES: A PATIENT AND PARENT PERSPECTIVE

- Chloe was born July 12, 2008 and appeared happy and healthy
- After noticing some developmental delays, and despite pediatrician assurances that Chloe was within normal limits despite her motor delays, a second opinion was sought and Chloe was diagnosed with Metachromatic Leukodystrophy (MLD) in 2010
- MLD is a very rare, neurodegenerative genetic disorder that causes children to lose the ability to walk, talk, and interact with the world around them
- Chloe received a stem cell transplant at the Mayo Clinic in Rochester, MN on October 1, 2010
- After a brave fight, Chloe lost her battle with MLD later that year



CHALLENGE: RECEIVING TIMELY DIAGNOSES



56%
of rare disease
patients waited over
**one year and upto
ten years** to receive a
diagnosis.

Source: 2020 Rare Diseases Health Care Access Study

- Early diagnoses are vital when dealing with rare diseases
- The time it takes for an accurate diagnosis for rare diseases ranges from one year to up to ten
- Many rare diseases, like MLD, progress rapidly and early intervention is key for treatment
- The cell and gene therapies that are expected to come to market over the next few years are only effective when used before the disease/condition progresses past a certain point



Gene Therapy for Neurologic Disease Access and Equity

Paul Orchard, MD
November 17, 2022

Inherited Leukodystrophies are Rare Disorders

Rare Disease:

<200,000
affected in
USA

Cost to Society
~1 trillion/year

Rare Diseases
(N >7000)

Inherited Leukodystrophies

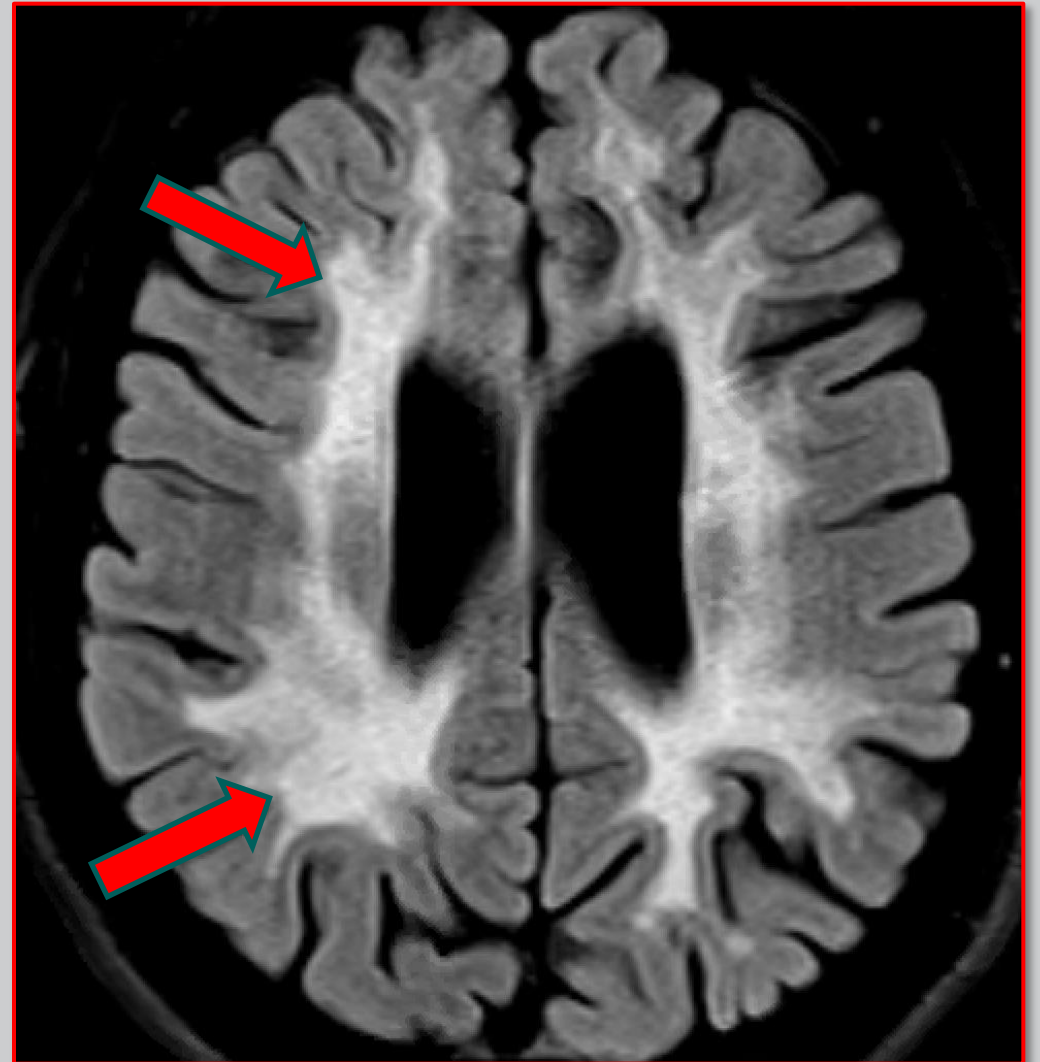
Metachromatic
leukodystrophy (MLD)

1:40,000 births

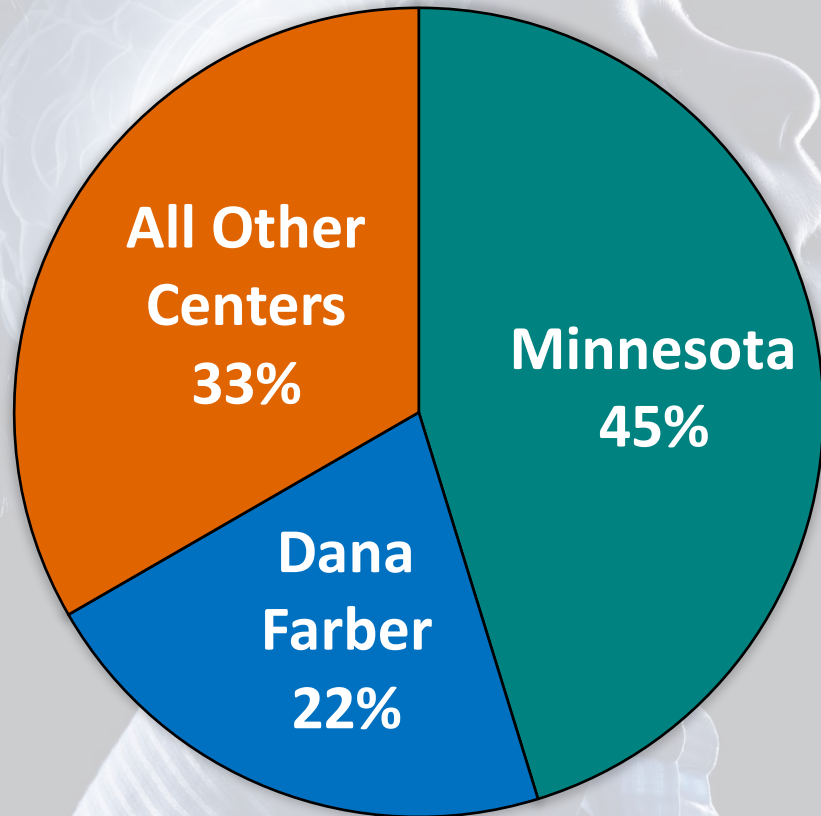
~100 cases/year in USA

Metachromatic Leukodystrophy (MLD)

- MLD affects white matter of the brain
- Due to an enzyme deficiency (arylsulfatase A; ARSA)
- Accumulates sulfatides, which damages nerves
- Progressive, debilitating and lethal



Center Experience: Leukodystrophies

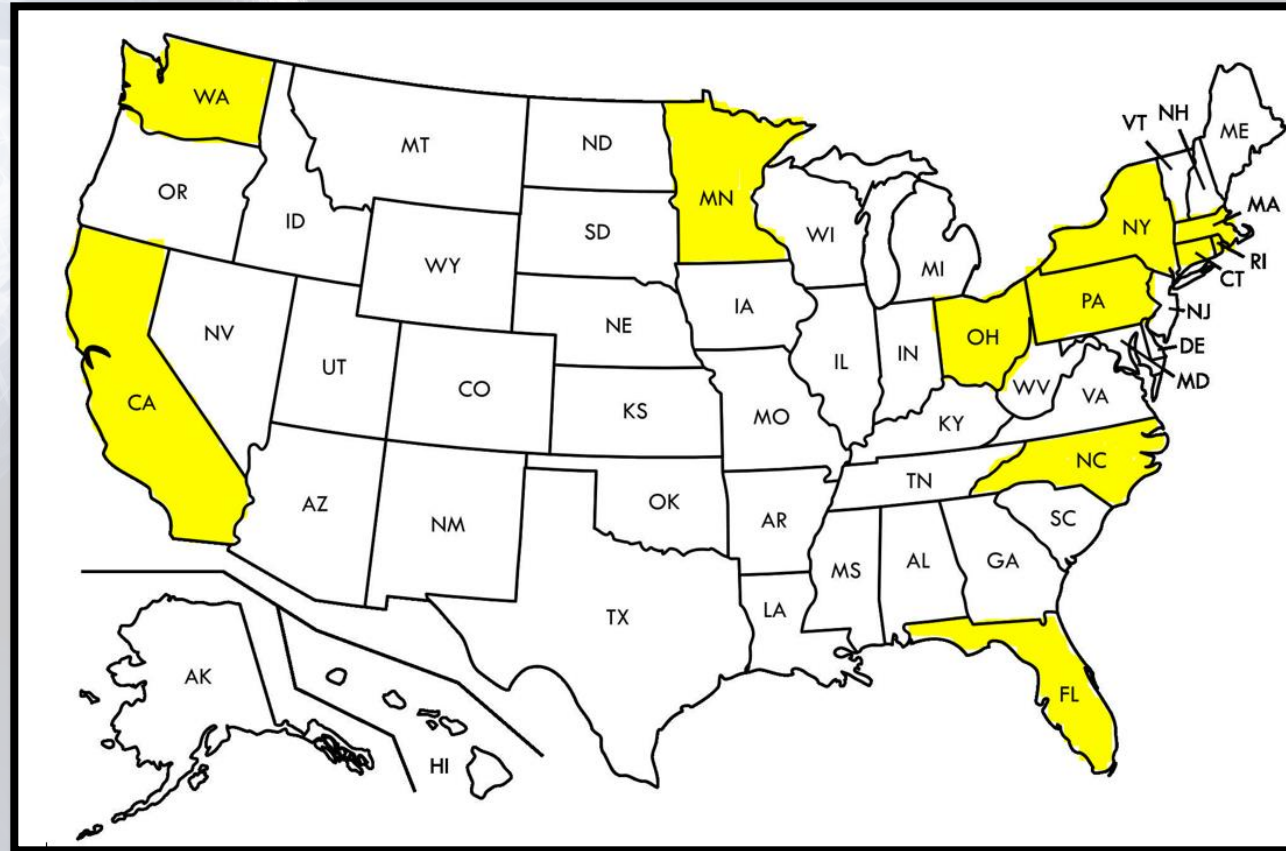


Listed Numbers of Transplants for Adrenoleukodystrophy

(2019-2020: Be the Match)

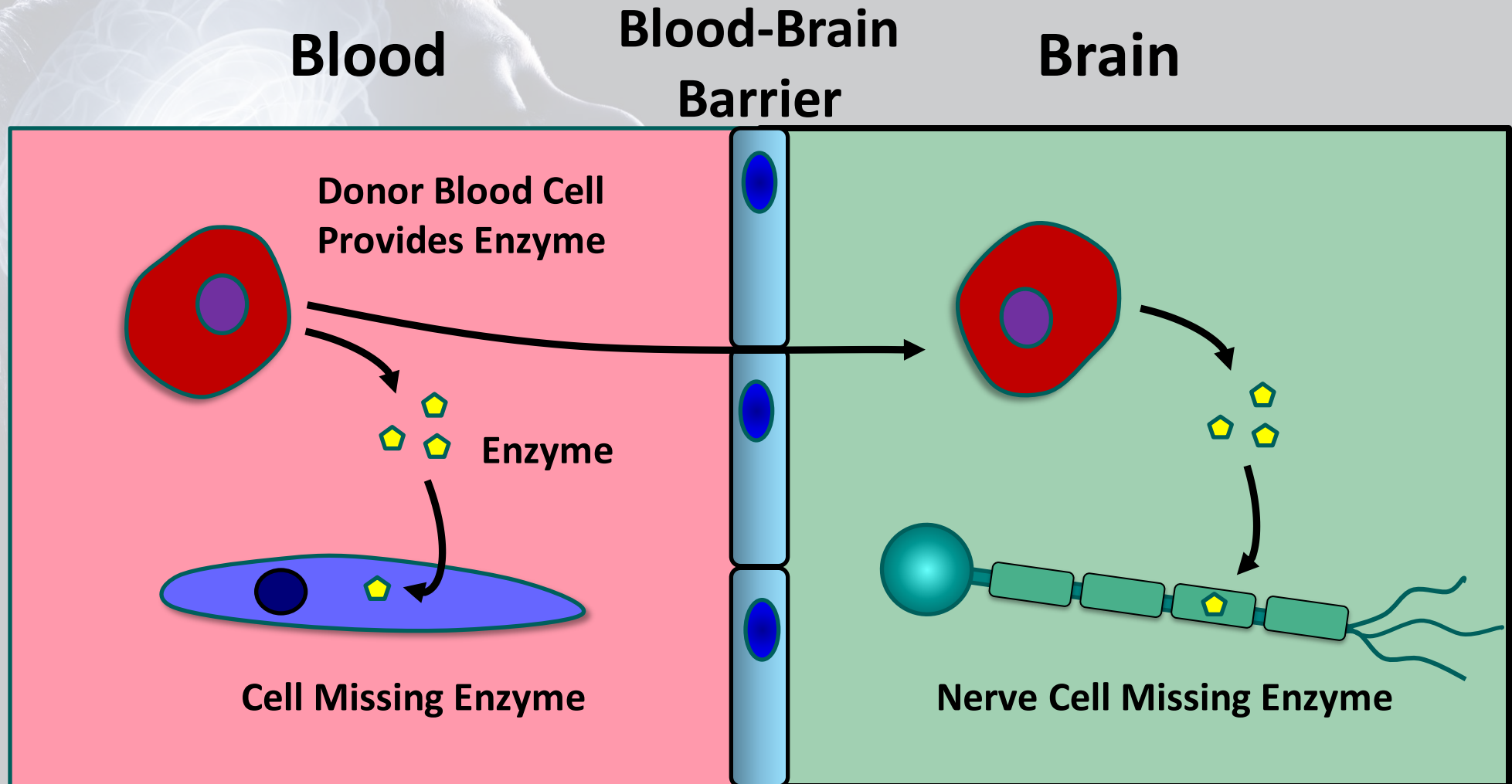
- 42 transplants overall (32 centers)
- 19 (45%) Univ. of Minnesota
- 9 (22%) Dana Farber
- 14 (33%) all other centers
 - Of these in all but one case one transplant/center

Center Experience: Leukodystrophies



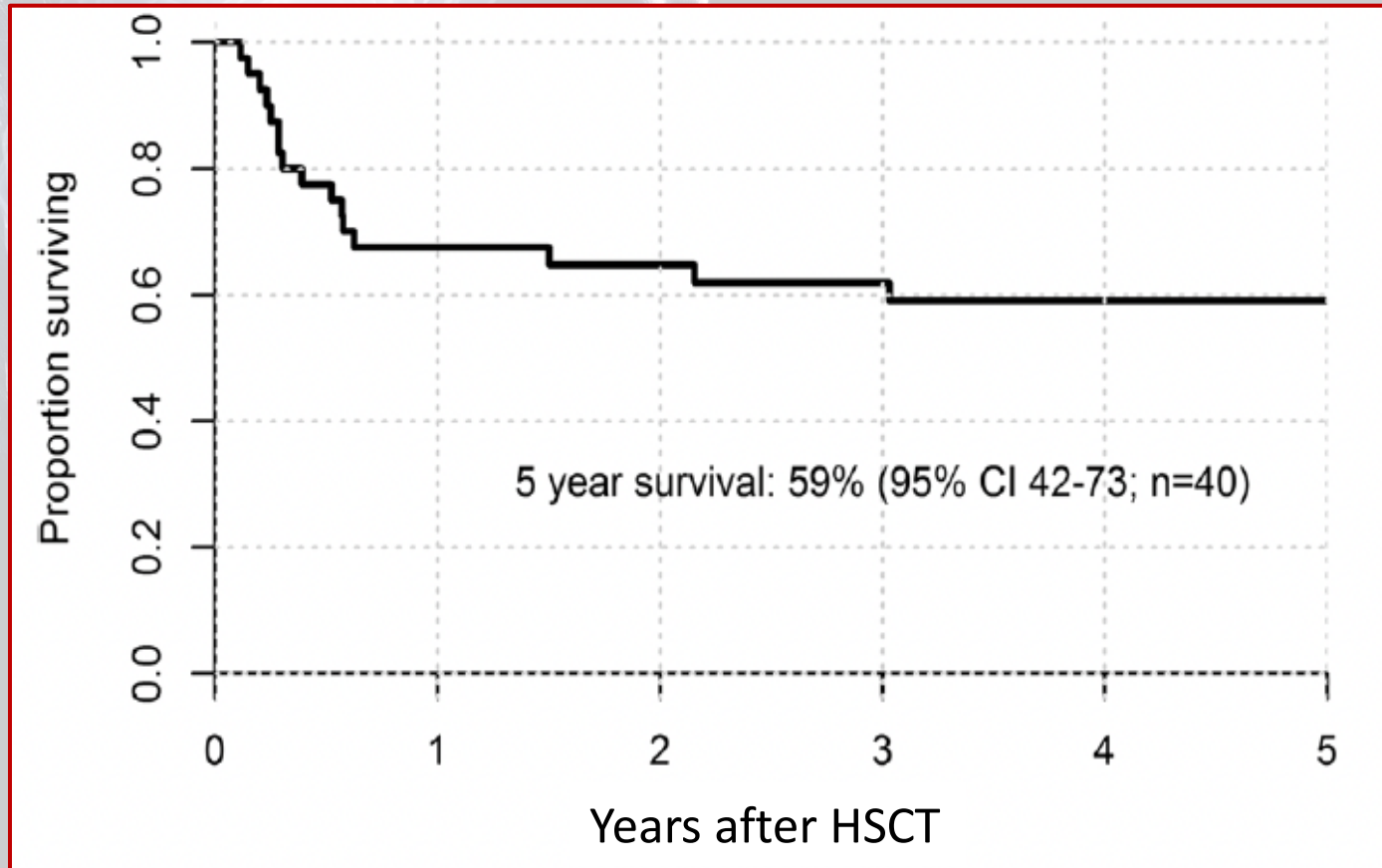
Geographically disbursed patients, limited treatment centers

Blood Stem Cell Transplantation



Outcomes: Blood Stem Cell Transplant for MLD

Minnesota Data: Largest experience in MLD



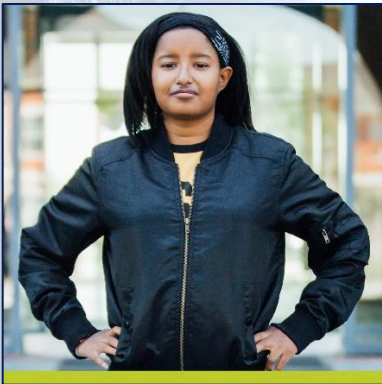
40% death rate 5 years after transplant

1. Transplant insufficient
2. Diagnosis too late

MLD: Treatment with bone marrow transplant

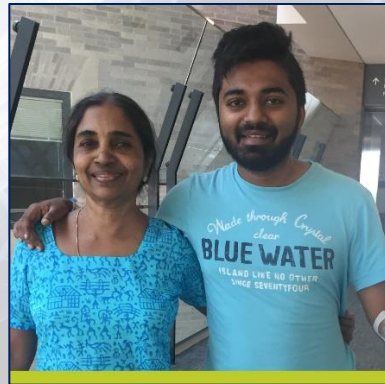


Matched donor availability for transplant: varies by race/ethnicity



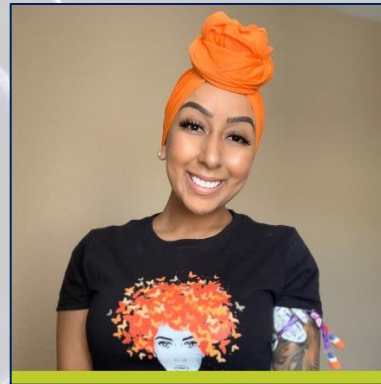
29%

Black or African
American



47%

Asian or Pacific
Islander



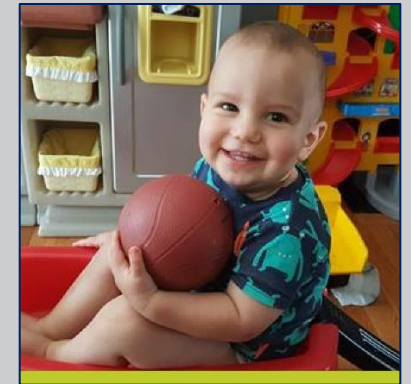
48%

Hispanic
or Latino



60%

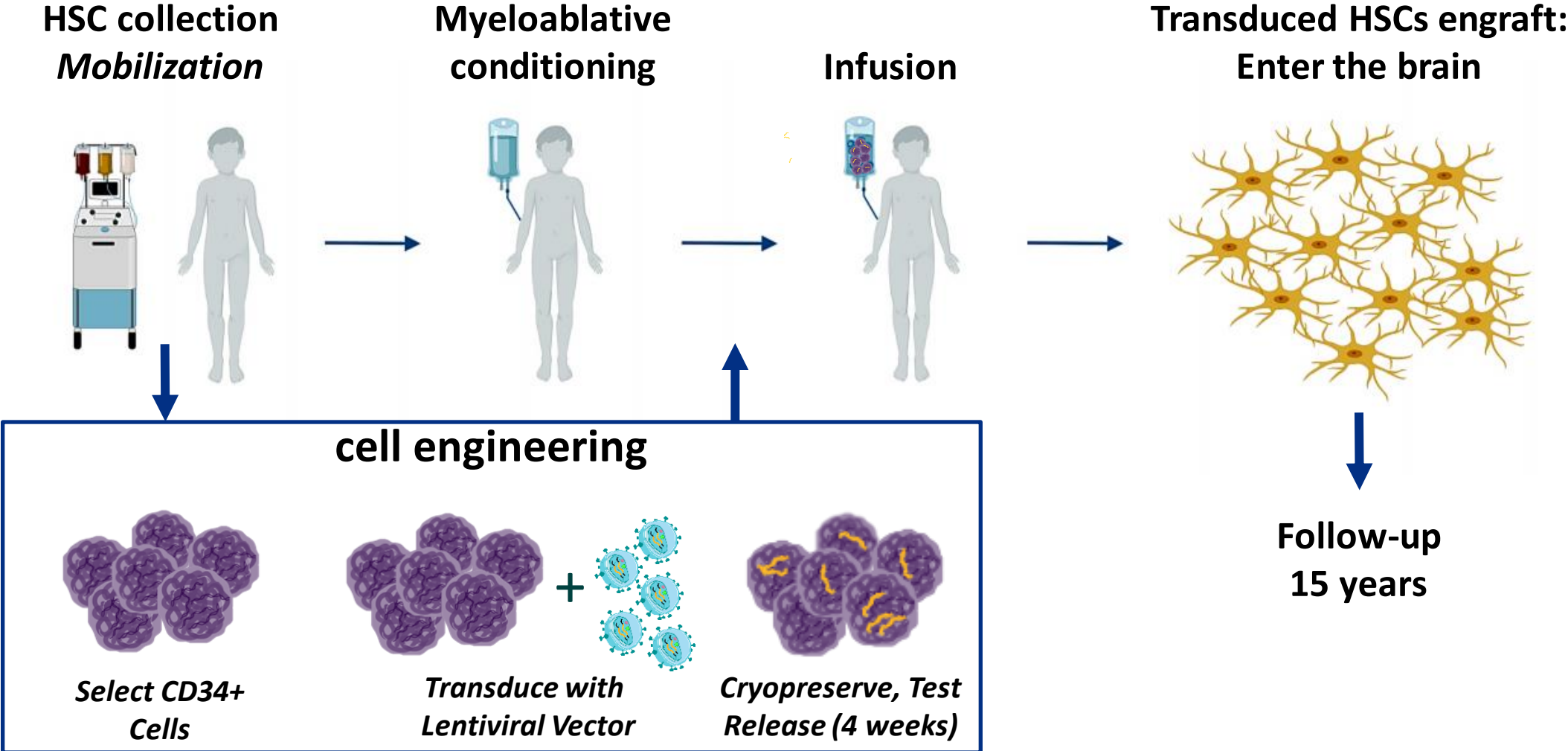
American Indian
and Alaska Native



79%

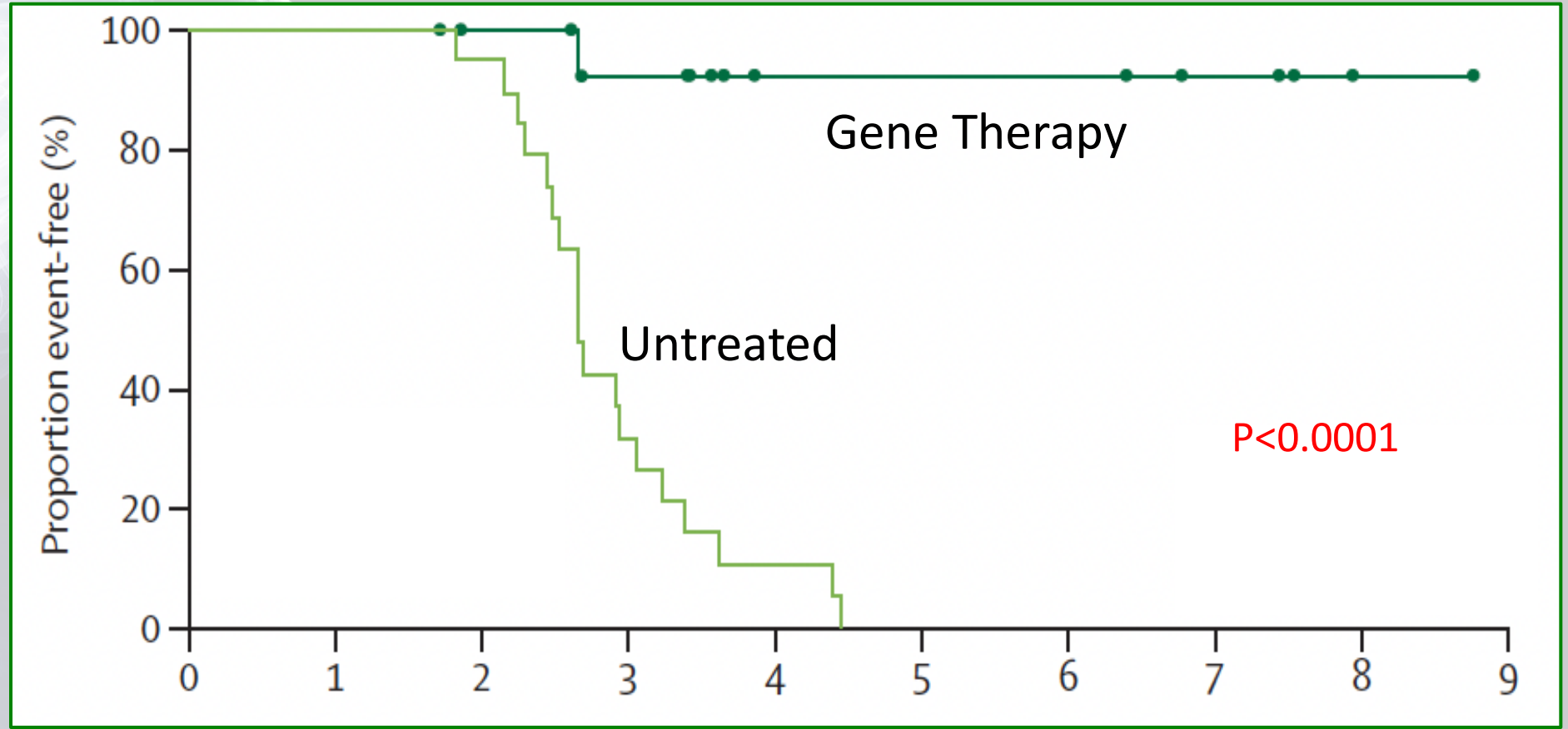
White

Lentiviral ex-vivo genetic engineering



Survival Outcomes in MLD +/- Gene Tx

Survival/Lack of Severe Motor Impairment



Gene Therapy vs. Bone Marrow Transplant

1. Current Therapy:

- The risks of BMT are high
- Availability of donors affects risk
- Race, ethnicity important in finding donors

2. Effectiveness:

- May deliver more enzyme than BMT
- If so, may be more effective, and safer

3. Cost:

- \$2.5 – 3M for gene therapy product
- These are complex diseases, and to start there will be limited sites (3-4 in the USA)
- Can we make access equitable?

