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We are admitting audience members from the waiting room.

Please allow a few moments for the webinar to begin.



HEALEY ALS Platform Trial Community Webinar

Expanded Access Q&A – Sept 12, 2024



Healey & AMG Center

Sean M. Healey & AMG Center for ALS
at Massachusetts General Hospital



Calico



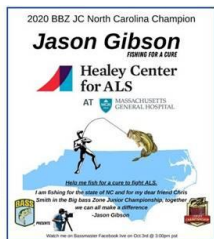
The AMG Foundation

EAP Companion Program Supporters

- Healey & AMG Center for ALS
- Clearing Corporation Charitable Foundation
- Eddie and Jo Allison Smith Family Foundation
- Richard Stravitz Foundation
- I AM ALS
- Elliott & Frantz, Inc.
- **Community Fundraisers**
 - Tackle ALS – Team Change ALS
 - Ellen Corindia’s Fundraiser
 - 2019 Olson Cornhole Tournament
 - 2019 Worthington Fore ALS
 - 2020 and 2021 Fishing for ALS Warriors
 - 2020 and 2021 sALSa For a Cure Pick Your Own Path Walk
 - 2020 and 2021 Lori's Shoes "Hope Is In the Bag"
 - 2021, 2022, and 2023 MLB Lou Gehrig Day 4-ALS
 - 2021 Russ Pallesen Fundraiser for EAP
 - 2021 Voices for ALS Golf Tournament
 - 2021 The Martha Olson-Fernandez Foundation Golf

- Tournament
 - 2021 Gwendolyn Strong Walk
 - TechVs.ALS
 - Ride to Endure
 - AxeALS
 - Race to Cure ALS

• **Big thanks to countless individual contributors**



Expanded Access Program Update

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agenda

EAP overview

Pridopidine EAP

RAPA-501 EAP

The EAP Engine: Central Operations Team at Neurological Clinical Research Institute at MGH

Admin & Communications

Juliana Araujo, Jesse Rosenthal
Allison Bulat, Judith Carey, Catherine Small



Contracts & Finance

Kristin Drake, Meredith Hasenoehrl
Carol Ann Hannan (not pictured), Jen Hagar, Silpa Mohapatra



Investigators

Suma Babu, James Berry, Sabrina Paganoni



Project Management

Lindsay Pothier, Jen Kulesa-Kelley
Molly Benson, Mackenzie Keegan, Victoria Wang
Amanda Castelluccio, Hang Phan



Data Management

Alex Leite, Joe Ostrow, Hong Yu



Systems Management

Derek Dagostino, Michelle Li, Issac Whitworth



Quality Assurance

Mayada Guzman, Preeti Paul



Expanded Access

FDA Definition:

- Sometimes called “compassionate use”
- Potential pathway for a patient with an immediately life-threatening or serious disease or condition
- Allows access to an investigational medical product outside of clinical trials
- Used when no comparable or satisfactory alternative therapy available

EAP paradigm is an extension of ALS clinical care



Clinical Care Realm

Research Realm



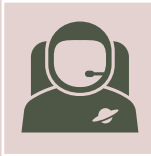
Aligning EAP study visits with clinical visits and clinical labs



Aligning goals between IRB, FDA, industry sponsor, and Provider-Patient



Including clinical and research staffing resources
Utilizing clinic space for EAP study visits
Some institutions may use EMR for source documentation



Making sure protocol is followed for study conduct
Safety reporting (SAEs) is done in a timely and FDA/IRB compliant manner

Why EAP? Or Why not EAP?

- **Market gap:** Trial population is often not representative of the post-FDA approval consumers, creates insurance barriers.
- **Patient population:** 90% of ALS population in the US do not have access to experimental therapeutics nor do they have the opportunity to contribute to research
- **Financials:** Drug development is time consuming and expensive for drug manufacturers and research sites. Unfunded EAPs may be out of reach for patients to cover drug costs.
- **Industry apprehension:** Long term safety of some experimental drugs are unknown in early stages of development.
- **Usability:** Patients want less burdensome access to experimental therapeutics; clinics want to use their limited research staff and space resources carefully for trials, and observational research over EAPs

FDA's encouraging perspective on EAPs in ALS

- **Long term safety data:**

“During development, sponsors should collect safety data, including data from open-label studies or expanded access programs, from patients across the spectrum of disease stages and severities, and whenever possible, data from patients who may not have been included in effectiveness studies but in whom, based on other data, the use of the drug following approval is likely.” [Page 4]

- **Generalizability of safety and efficacy data:**

“There is a need to understand the safety and effectiveness of investigational drugs for ALS across disease stages..... An acceptable approach could include enrollment of a broad population with the conduct of the primary analysis in a study subset defined based on clinical characteristics and/or biomarkers, and analyses of the broader population being secondary and supportive” [Page 3]

Amyotrophic Lateral Sclerosis: Developing Drugs for Treatment Guidance for Industry

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

September 2019
Clinical/Medical

Important FDA requirement for any EAP

Providing drug **will not interfere with clinical trials** that could support marketing approval of the expanded access use or otherwise compromise the potential development of the expanded access use



Two NIH funded EAPs (2023)



Home - Neurology - ALS - News

PRESS RELEASE · OCT | 5 | 2023

Sean M. Healey & AMG Center for ALS awarded NIH U01 Grant to support Expanded Access to Pridopidine in Collaboration with Prilenia Therapeutics



Home - Neurology - ALS - News

PRESS RELEASE · OCT | 5 | 2023

Sean M. Healey & AMG Center for ALS awarded NIH U01 Grant to support Rapa Therapeutics' Expanded Access Protocol of Epigenetically Reprogrammed RAPA-501





Pridopidine EAP

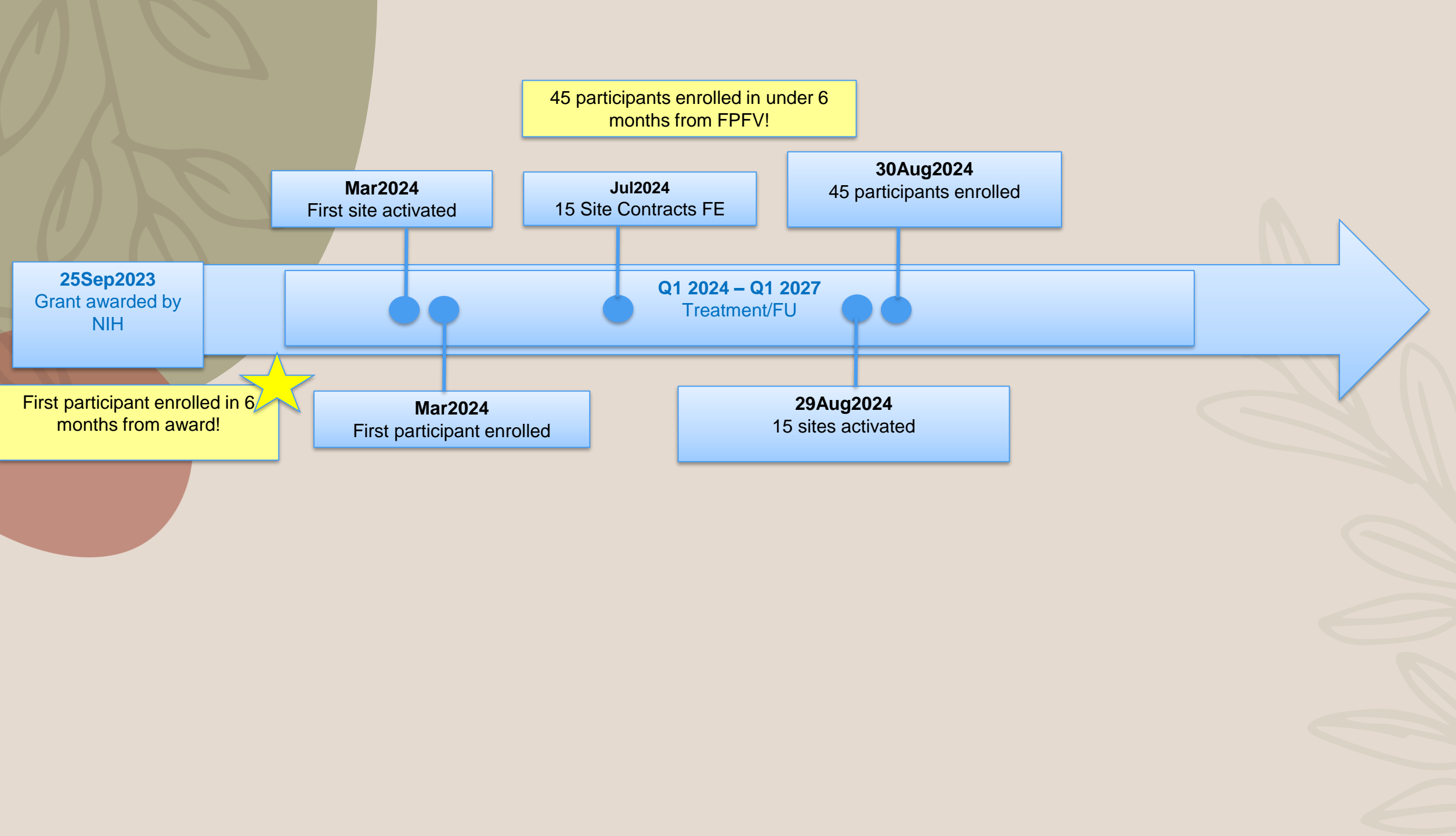
More info: clinicaltrials.gov
NCT06069934

- 45 sites
- Target enrollment: 200 ALS individuals who:
 - do not qualify for clinical trials at the enrolling site and
 - have established care at a specialized ALS center
- Same dose as platform trial: 45 mg twice daily, oral

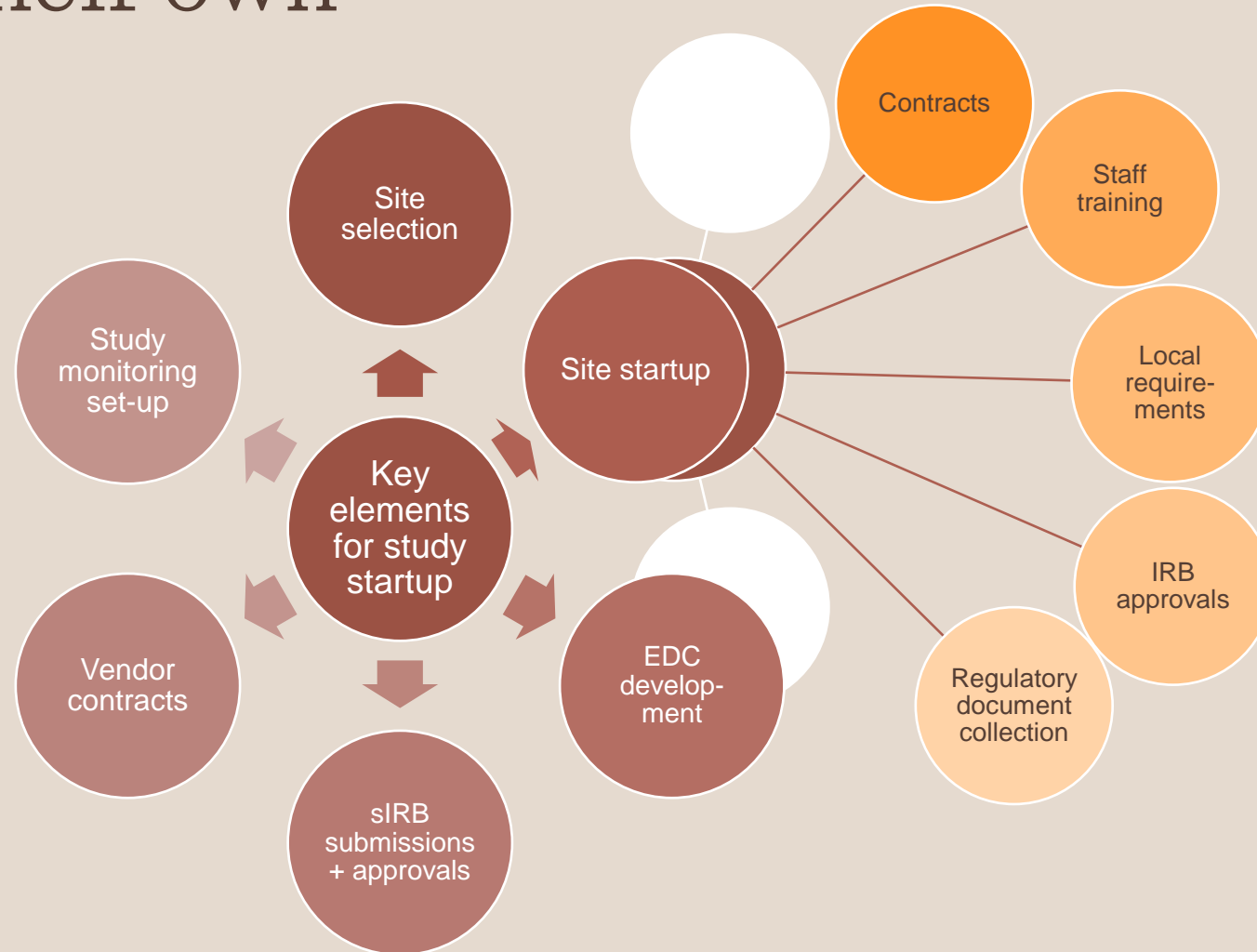
Pridopidine EAP: Site Map



Pridopidine EAP 2		
	Planned	Actual as of 9/10/24
Sites	45	15 <i>Nearing activation: 9</i>
Participants	200	54 <i>Screening: 5</i>



Multi-site EAPs: Complex and expensive central operations; Clinicians can join ongoing multi-site EAPs or create their own



Comparison of trial activation timelines

Study Startup Metrics		
Study Startup Stages	Pridopidine EAP 2	Multi-Site Trials' Average *
Total Study Start Up Time (Funding to First Participant First Visit)	186 days (6 months)	214 days (7 months)
Funding – IRB Submission	25 days (1 month)	103 days (3 months)
IRB Submission – Approval	40 days (1 month)	60 days (2 months)

Key Factors impacting Startup Timeline:

- Contract negotiations
 - Sponsor, vendors, sites
- Site start up
 - Study staff size and workload of multiple active projects
 - Institutional paperwork and site staff training on the protocol and outcomes
 - Local IRB cede approvals, in addition to central IRB
 - Newer sites are unfamiliar with differences between EAP and trials





RAPA-501 EAP

More info: clinicaltrials.gov
NCT06169176

- Up to 10 sites
- Target enrollment: 40 ALS individuals who:
 - do not qualify for clinical trials at the enrolling site and
 - have established care at a specialized ALS center and
 - have a vital capacity \leq 50% predicted
- Treatment with RAPA-501 (4 infusions every 6 weeks, followed by 2 year safety monitoring)

RAPA-501-ALS-EAP Study Progress

6* Clinical
Trial
Agreements
Signed

* out of 10 clinical study sites

6 sites local
and central
IRB approved

8^
participants
enrolled

^ out of 40 participants





thank you

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