Independent Medical Education

Request for Education (RFE)

Date Issued:	July 11, 2022
RFE Requestor Information:	Sonja Boon, CHCP Manager, Medical Affairs Amicus Therapeutics Ph: 848-213-7406 Email: sboon@amicusrx.com
RFE Code:	RFE-PD-22-103
Geographic Scope:	United States
Due Date:	August 12, 2022
Amicus IME Portal:	https://www.cybergrants.com/amicus/IME
Area of Interest:	Pompe Disease
Educational Venue/Format:	• Web-based continuing medical education (CME) program for healthcare provider (HCP) education focused on highlights from the World Muscle Society 2022 Congress • Activities must provide CME for healthcare providers (HCPs)
Educational Audiences:	The education should address the learning needs of HCPs who have a role or interest in the diagnosis and management of patients with Pompe disease including but not be limited to neuromuscular specialists, geneticists, neurologists, lysosomal disease specialists, genetic counselors, pediatricians and other healthcare professionals.
Program Budget:	The budget for this activity is $190,000. Single-supported and multi-supported proposals will be considered. Requests exceeding this amount will be considered for activities that extend reach to international audiences.
Accreditation:	ACCME and others as appropriate

Amicus Therapeutics Commitment to Medical Education

Amicus Therapeutics, Inc. is a patient focused scientific leader in our therapeutic areas of interest. Amicus is aware of the ongoing need for support of accredited continuing medical education. We recognize continuing medical education as a critical foundation for HCPs to provide patients with quality care.

Background:

Pompe disease is an autosomal recessive genetic disorder caused by pathogenic variants in the gene encoding human acid α-glucosidase (GAA). These variants may result in complete absence or partial loss of endogenous human acid α-glucosidase (GAA) activity, which is responsible for the breakdown of lysosomal glycogen. Deficiency in GAA results in

accumulation of intracellular glycogen leading to progressive disruption of cellular function in smooth muscle, the heart, the diaphragm, and other skeletal muscles. The age at onset of clinical manifestations, rate of progression, and severity, including degree of organ and/or muscular involvement largely depends on the severity of pathogenic variants and consequently on the residual enzyme activity (Reuser and Hirschhorn 2001; Raben et al 2002; Kohler L, Puertollano R, Raben N. 2018).

Pompe disease encompasses classic infantile-onset Pompe disease (IOPD), and late-onset Pompe disease (LOPD). IOPD is the most severe phenotype with onset occurring within weeks of life. LOPD can present at any age after 12 months. The only feature that distinguishes classic IOPD from LOPD is presence of cardiomyopathy in the first year of life.

LOPD has a slower rate of progression, with most patients experiencing progressive limb-girdle weakness and respiratory failure due to involvement of muscles in the proximal lower and upper limbs, paraspinal muscles, and diaphragm. Clinical manifestations include difficulty walking, climbing stairs, and progressive limitations of motor activities of daily living with progression to a need for ambulatory support followed by wheel-chair dependence and/or the need for ventilatory support (Reuser and Hirschhorn 2001; van der Ploeg et al 2017; Kohler L, Puertollano R, Raben N. 2018).

Treatment of LOPD has resulted in improved outcomes, and has enhanced understanding of the disease, though variation in response to therapy is significant among individual patients. Gaps in our understanding of the scientific knowledge and therapies of LOPD remain (van der Ploeg et al 2010; Schoser et al 2017; Kishnani et al 2012; van der Ploeg et al 2017; Kohler L, Puertollano R, Raben N. 2018; Puertollano R, Raben N. 2021).

Educational Need:

Note: It is expected that any education provider submitting a grant application conduct their own independent needs assessment when identifying gaps in patient care and learning objectives that aim to reduce those gaps.

Insights from past program outcomes, a detailed literature search, and educational needs assessment have established the need to address remaining practice gaps to improve the quality of care for patients with Pompe disease. These include, but are not limited to:

- Progressive and multisystemic nature of LOPD
- Monitoring for disease progression
- Unmet needs of patients, including impact of LOPD on quality of life and activities of daily living
- Evolving treatment landscape in LOPD

Program Requirements:

The program must be accredited and fully compliant with the criteria and/or Standards for Integrity and Independence in Accredited Continuing Education (ACCME Standards), and other relevant ethical codes and regulations.

The Policy Statement and the ACCME Standards require that a Program is conducted independently and without control or influence by Amicus Therapeutics Inc. over the Program's planning, content (including selection of speakers or moderators), or execution. The Program will also be free of commercial bias for or against any product. Amicus Therapeutics Inc. support of the Program must be clearly disclosed, including any prior relationships between Institution and Amicus Therapeutics Inc., and any prior relationships between Amicus Therapeutics Inc. and the speakers selected by the Institution.

In keeping with ACCME Standards, any product discussions in the Program must be balanced, objective, accurate and scientifically rigorous. This includes discussing the limitations of data, and that unapproved drug uses are identified as such.

The accredited provider and, if applicable, educational partner(s) must have a conflict-of-interest policy in place to identify and resolve all conflicts-of-interest from faculty or staff contributing to the development of content for this activity prior to the delivery of the program.

What the Proposal should include:

Executive Summary: Highlight the key elements of the program, including the elements listed below, in a one to two-page summary.

Needs Assessment of the Gaps and Barriers: A needs assessment independently developed and validated by the accredited provider should include an understanding of the gaps and barriers of the target audiences. The needs assessment must be referenced.

Target Audience: The target audience(s) for the educational program must be defined. Provide a clear rationale of why this audience is suitable to close the healthcare gap defined in the Needs Assessment.

Audience Generation: Describe the methods that will be employed to recruit the target audience. Include a rationale for these recruitment methods. Include information regarding the size of the recruitment audience, the number of anticipated participants and the expected number of CME/CE certificates issued.

Learning Objectives: Provide clearly defined and measurable learning objectives framed as practice improvements in relation to the identified barriers and gaps.

Content Accuracy: Describe methods to ensure complete, accurate, evidence-based review of key safety data for therapeutics discussed in the activity. Explain how the content will be updated, if necessary, throughout the program.

Program Evaluation and Outcomes: Provide a description of the methods to be employed and the key measurements to be assessed in evaluating this program.

Budget: Provide a clear breakdown of the budget (using Amicus template).

Accreditation: Indicate the type(s) of Continue Education credit that this program will offer (AMA, NSGC, AOA, MOC, etc.) and the name(s) of the accredited provider.

Resolution of Conflict of Interest and Fair Balance: Outline the practices employed by your organization to ensure that conflict of interest and fair balance of content is maintained throughout this program.

Communication Plan: Discuss how the provider will keep Amicus informed of program progress.

Terms and Conditions

1) Grant applications received in response to this RFE will be reviewed in accordance with Amicus policies and guidelines.

2) All communications about this RFE must come directly to Amicus's Independent Medical Education Department via the online portal.

3) Amicus reserves the right to approve or deny applications in response to this RFE, and may cancel, in part or in its entirety, this RFE.

4) Applying for this RFE does not commit Amicus to award a grant or pay costs toward the preparation of a response to this RFE.

References

Kishnani, P. S., et al. (2006). Pompe disease diagnosis and management guideline. *Genet. Med.* 8(5): 267-288. doi: 10.1097/01.gim.0000218152.87434.f3

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Kohler L, Puertollano R, Raben N. (2018). Pompe disease: from basic science to therapy. *Neurotherapeutics.* Oct; 15(4):928-942. doi: 10.1007/s13311-018-0655-y.

Puertollano R. Raben N. (2021). New therapies for pompe disease: are we closer to a cure? *Lancet Neurol.* Dec;20(12):973-975. doi: 10.1016/S1474-4422(21)00358-6.

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Reuser A.J.J., Hirschhorn R, Kroos H. R. (2001). Glycogen storage disease type II: acid a-glucosidase (acid maltase) deficiency, McGraw-Hill, New York.

Schoser B., et al. (2017) Survival and long-term outcomes in late-onset Pompe disease following alglucosidase alfa treatment: a systematic review and meta-analysis. *J Neurol*, 264(4):621-630. doi: 10.1007/s00415-016-8219-8

van der Ploeg A.T., et al. (2010). A randomized study of alglucosidase alfa in late-onset Pompe's disease. *N Engl J Med*, 362:1396-406. doi: 10.1056/NEJMoa0909859

van der Ploeg A.T., et al. (2017). European consensus for starting and stopping enzyme replacement therapy in adult patients with Pompe disease: a 10-year experience. *Eur J Neurol.* Jun;24(6):768-e31. doi: 10.1111/ene.13285. Epub 2017 May 6.