The Process of Choosing Priority Rare Diseases & Setting up the Rare Disease Registry

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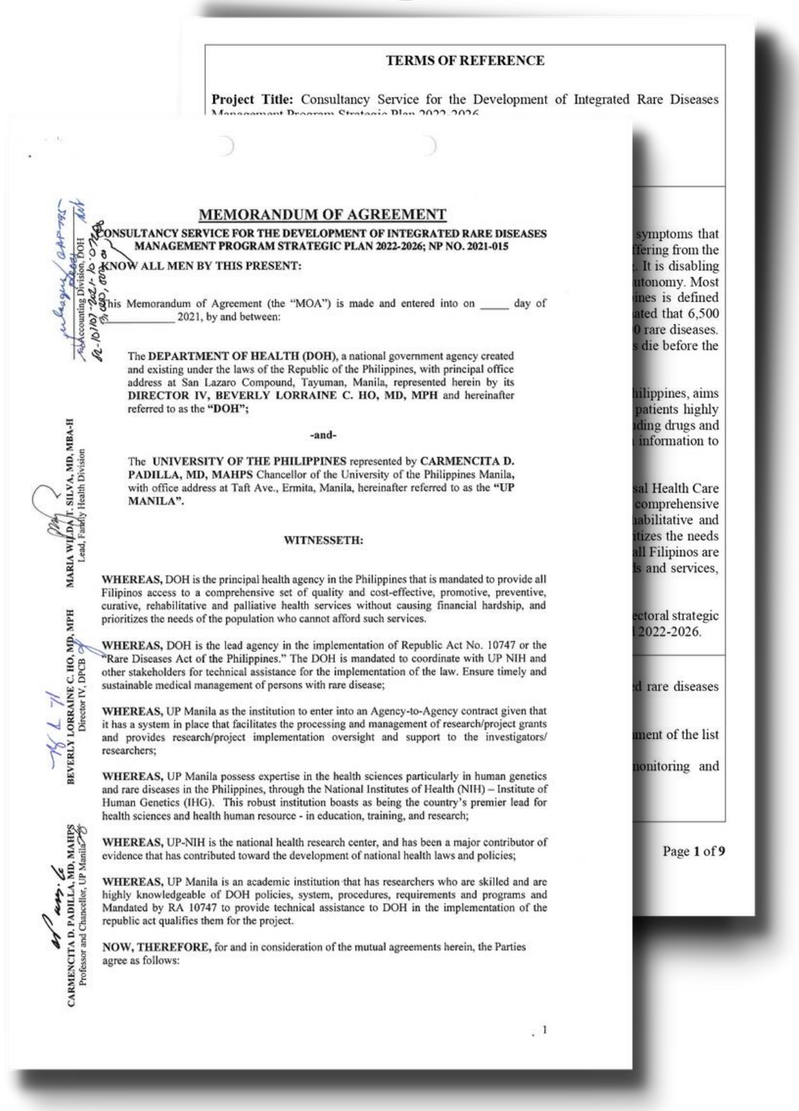
Director, Health Program, Philippine Genome Center

OUR PROJECT

Development of a National Strategic Plan on Integrated Rare Diseases Management Program (IRDMP) for the period 2022-2026.

Approved by DOH on October 28, 2021



TERMS OF REFERENCE

Project Title: Consultancy Service for the Development of Integrated Rare Diseases

MEMORANDUM OF AGREEMENT

CONSULTANCY SERVICE FOR THE DEVELOPMENT OF INTEGRATED RARE DISEASES MANAGEMENT PROGRAM STRATEGIC PLAN 2022-2026; NP NO. 2021-015

KNOW ALL MEN BY THIS PRESENT:

This Memorandum of Agreement (the "MOA") is made and entered into on _____ day of _____ 2021, by and between:

The **DEPARTMENT OF HEALTH (DOH)**, a national government agency created and existing under the laws of the Republic of the Philippines, with principal office address at San Lazaro Compound, Tayuman, Manila, represented herein by its **DIRECTOR IV, BEVERLY LORRAINE C. HO, MD, MPH** and hereinafter referred to as the **"DOH"**;

-and-

The **UNIVERSITY OF THE PHILIPPINES** represented by **CARMENCITA D. PADILLA, MD, MAHPS** Chancellor of the University of the Philippines Manila, with office address at Taft Ave., Ermita, Manila, hereinafter referred to as the **"UP MANILA"**.

WITNESSETH:

WHEREAS, DOH is the principal health agency in the Philippines that is mandated to provide all Filipinos access to a comprehensive set of quality and cost-effective, promotive, preventive, curative, rehabilitative and palliative health services without causing financial hardship, and prioritizes the needs of the population who cannot afford such services.

WHEREAS, DOH is the lead agency in the implementation of Republic Act No. 10747 or the "Rare Diseases Act of the Philippines." The DOH is mandated to coordinate with UP NIH and other stakeholders for technical assistance for the implementation of the law. Ensure timely and sustainable medical management of persons with rare disease;

WHEREAS, UP Manila as the institution to enter into an Agency-to-Agency contract given that it has a system in place that facilitates the processing and management of research/project grants and provides research/project implementation oversight and support to the investigators/ researchers;

WHEREAS, UP Manila possess expertise in the health sciences particularly in human genetics and rare diseases in the Philippines, through the National Institutes of Health (NIH) – Institute of Human Genetics (IHG). This robust institution boasts as being the country's premier lead for health sciences and health human resource - in education, training, and research;

WHEREAS, UP-NIH is the national health research center, and has been a major contributor of evidence that has contributed toward the development of national health laws and policies;

WHEREAS, UP Manila is an academic institution that has researchers who are skilled and are highly knowledgeable of DOH policies, system, procedures, requirements and programs and Mandated by RA 10747 to provide technical assistance to DOH in the implementation of the republic act qualifies them for the project.

NOW, THEREFORE, for and in consideration of the mutual agreements herein, the Parties agree as follows:

MARIA WILMA T. SILVA, MD, MBA-H
Lead, Family Health Division

BEVERLY LORRAINE C. HO, MD, MPH
Director IV, DPCB

CARMENCITA D. PADILLA, MD, MAHPS
Professor and Chancellor, UP Manila

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OBJECTIVES of the PROJECT

General Objective:

To develop a national strategic plan on integrated rare disease management for the period 2022-2026.

Specific Objectives:

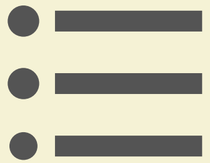
- To develop a 5-year IRDMP strategic plan after consultation with all the stakeholders
- To prepare the list of priority rare diseases from consultations with medical societies

The Process of Choosing Priority Rare Diseases

CORE TEAM & CHECKLIST CREATION

MEETING WITH MEDICAL SOCIETIES

SUBMISSION OF INITIAL LIST



ADJUDICATION

FINALIZATION OF THE LIST

CORE TEAM & CHECKLIST CREATION

IRDMP Executive Committee

Tasked to develop the guidelines for the medical societies in the preparation of the list of rare diseases

CORE TEAM & CHECKLIST CREATION

STEP 1

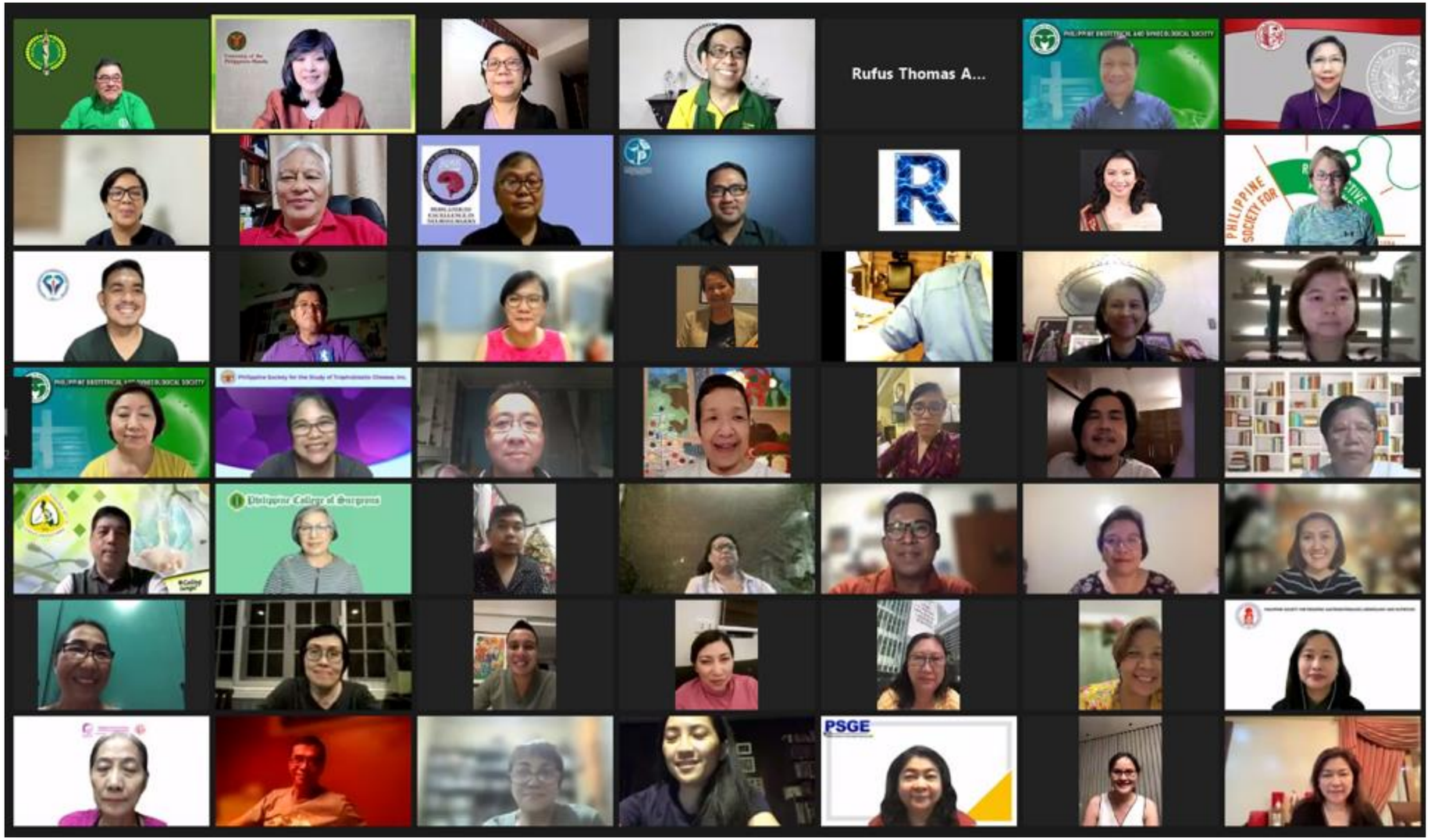
	RARE DISEASE CHECKLIST	YES OR NO	SUPPORTING EVIDENCE AND REFERENCE/S
1	Is the prevalence less than or equal to 1 in 20,000?		
2	Does the disease significantly impact the patient and his or her family?		
3	Is there a clear method of diagnosis?		
4	Is the disease treatable with interventions that are feasible and economically accessible?		

CORE TEAM & CHECKLIST CREATION

STEP 2

	RARE DISEASE CHECKLIST	YES OR NO	SUPPORTING EVIDENCE AND REFERENCE/S
1	**PREVALENCE**		
a	Is it less than or equal to 1 in 20,000 in the Philippines based on current data?		Local prevalence (if none, may present world prevalence)
b	Are there cases of this rare disease in the Philippines?		No. of Recorded Cases in the Philippines
c	Based on your registry or data, do you encounter new cases of this condition every year?		Approx. number of cases per year in the Philippines
2	**IMPACT**		
a	Does the said condition require life-long treatment?		
b	Will early diagnosis significantly increase the patient's life span and improve the quality of life?		Natural History of Disease; Data on mortality
c	Does the condition cause significant morbidity among untreated patients?		Causes of morbidity; Research on effect on ADLs
3	**DIAGNOSIS**		
a	Is there an established way of diagnosing the disease?		Guidelines
b	Is the diagnostic method already available in the Philippines?		Where?
c	Is the diagnostic method available elsewhere and is accessible for patients in the Philippines?		Where?
4	**TREATMENT**		
a	Is there an established treatment protocol for this disease?		guidelines
b	Is the disease amenable to one-time curative treatment?		Guidelines
c	Is the treatment prohibitive for the patient's family to adhere?		
d	Is the preferred treatment easily available in the Philippines?		Where?
e	Will the treatment improve the patient's quality of life?		Studies on QoL
f	Is the treatment proven to be safe?		available studies
g	*Is there an available health program currently funding the treatment of this disease?*		

MEETING WITH MEDICAL SOCIETIES



SUBMISSION OF INITIAL LIST

166 submitted rare diseases

15 overlap (14 in 2 societies, 1 in 3 societies)

151 DIFFERENT RARE DISEASES

PPS	POGS	PCS	PCP
• PSPME • PSDBP • PNSP • PSPO • Pedia Rheumatology • PIDSP • PGHN • Clinical Genetics • PSPH • PSNbM • PAPP • Ambulatory Pediatrics • Adolescent Medicine • Section of Allergy and Immunology	• PSMFM • PAP • PSRM • PSUOG • PSCPC • PSGE • SGOP • PSSTD • PSFP • PIDSOG • PSCM • PSURPS • PAGSP	• PSPS • AFNI • PAPRAS • PUA • PAO • PSCRS	• PDS • PRA • PCHTM • PSG • PCCP • PSMID • PSAAI

ADJUDICATION

The adjudication was held by the executive committee to resolve the following:

To resolve overlaps

To review the evidence on the list of rare diseases submitted

To resolve other concerns (i.e. prevalence etc.)

To finalize the expanded list

FINALIZATION AND SUBMISSION OF THE LIST

1. 3-Methylcrotonyl Co-A Carboxylase Deficiency (3MCCC)
2. 3-Methylglutaconic aciduria
3. Achalasia
4. Achard-Thiers Syndrome
5. Acute Lymphoblastic Leukemia
6. Aneurysms in Children
7. Aplastic Anemia
8. Arginosuccinate Lyase Deficiency Syndrome
9. Basal Cell Nevus Syndrome (Gorlin Goltz Syndrome)
10. Biotinidase Deficiency
11. Behcet Disease
12. Beta-Ketothiolase Deficiency
13. Biliary Atresia
14. Bladder Cancer
15. Cat-Scratch Disease
16. Central Diabetes Insipidus
17. Choledochal Cyst
18. Cholesteryl Ester Storage Disorder
19. Chronic Granulomatous Disease
20. Citrin Deficiency
21. Citrullinemia Type 1
22. Cloacal Malformation (Persistent Cloaca)
23. Congenital Adrenal Hyperplasia
24. Congenital Central Hypoventilation Syndrome
25. Congenital Hyperinsulinism
26. Conjoined twins
27. CPS I deficiency
28. CPT 1 deficiency
29. CPT 2 Deficiency
30. CUD
31. Cystinuria
32. DAVF in children
33. DHPR Deficiency
34. Diamond Blackfan Anemia
35. Distal vaginal agenesis
36. Eosinophilic Colitis
37. Epidermolysis Bullosa
38. Erdheim Chester Disease
39. Evans Syndrome
40. Exstrophy of the Bladder
41. Fabry disease
42. Fowler's Syndrome
43. Galactosemia
44. Gastric Cancer
45. gastrointestinal stromal tumor (GIST)
46. Gaucher Disease
47. Generalized Pustular Psoriasis
48. Glioma
49. Glutaric Acidemia Type I
50. Glutaric Acidemia Type II
51. Glycogen Storage Disorders
52. GM1 ganghosidosis
53. Gonadal dysgenesis
54. Hemophilia B
55. Herlyn-Werner-Wunderlich syndrome (OHVIRA)
56. HIV in pregnancy
57. Hodgkin Lymphoma
58. Holocarboxylase/multiple carboxylase deficiency
59. Homocystinuria
60. Hutchinson-Gilford Progeria
61. Hyper IgE syndrome/ Job's Syndrome
62. Hyperphenylalaninemia
63. Ichthyotic Skin disorders
64. Idiopathic Neonatal Hepatitis
65. Idiopathic Pulmonary Arterial Hypertension
66. IgG4 related disease
67. Immune Mediated Inflammatory Myopathies
68. Inflammatory Bowel Diseases
69. Interstitial Lung Disease
70. Isovaleric Acidemia
71. Juvenile Breast Hypertrophy
72. Juvenile Idiopathic Arthritis
73. Juvenile Systemic Sclerosis
74. Krabbe Disease
75. L-2 hydroxyglutaric Aciduria
76. Langerhans Cell Histiocytosis
77. Laryngeal Cancer
78. LCHAD
79. Leigh syndrome
80. Lesch Nyhan Disease
81. Lowe syndrome
82. Lyme Disease
83. Malignant Melanoma
84. Maple Syrup Urine Disease
85. MCADD
86. MELAS
87. Melioidosis
88. Menkes disease
89. Methionine Adenosyltransferase Deficiency (MAT)
90. Methylmalonic Acidemia
91. Mitochondrial depletion syndrome
92. MPS 1
93. MPS 2
94. MPS 3
95. MPS 4
96. MPS 6
97. Mucolipidosis
98. Mucopolysaccharidoses
99. Mucormycosis in Pregnancy
100. Multiple sulfatase deficiency
101. Mycetoma
102. NAGS deficiency
103. Neuronal Ceroid Lipofuscinosis
104. Neiman-Pick Disease
105. Neonatal Diabetes
106. Neuroendocrine Tumor, Cervix
107. Neurofibromatosis Type 2
108. Nonketotic Hyperglycinemia
109. Ochoa Syndrome
110. Osteogenesis Imperfecta
111. OTC Deficiency
112. Pancreatic Cancer
113. Phenylketonuria
114. Polyarteritis Nodosa
115. Polycythemia Vera
116. Pompe Disease
117. Prader-Willi Syndrome
118. Primary CNS Cancer
119. Primary Congenital Glaucoma
120. Primary Fallopian Tube Cancer
121. Primary systemic vasculitis
122. Propionic Acidemia
123. Pseudomyxoma Peritonei
124. PTPS Deficiency
125. Pyruvate dehydrogenase complex deficiency
126. Rectal Gastrointestinal Stromal Tumor
127. Refsum disease
128. Retinoblastoma
129. Rett Syndrome
130. Rhizomelic chondrodysplasia punctata
131. Scleroderma
132. Serous Ovarian Cancer
133. Sertoli-Leydig Cell Tumor
134. SeSAME Syndrome
135. Severe Combined Immunodeficiency
136. Smith lemli opitz
137. Smith- Magenis Syndrome
138. Spinal Muscular Atrophy
139. SSADH deficiency
140. Syndromic Craniosynostosis
141. Systemic Lupus Erythematosus
142. Takayasu Arteritis
143. TFP deficiency
144. Tay-Sachs disease
145. Tyrosinemia Type I
146. Tyrosinemia Type II
147. Tyrosinemia Type III
148. Unicornuate uterus
149. Uterine Leiomyosarcoma
150. Uterine sarcoma
151. VLCADD
152. Vulvar Adenoid Cystic Carcinoma
153. Wilms tumor
154. Wilson disease
155. Wiskott-Aldrich syndrome
156. X-ALD
157. X-linked agammaglobulinemia (XLA)
158. X-linked Dystonia (Lubag)
159. Yaws (Endemic Treponematoses)

63 rare diseases from RA10747

96 rare diseases from 38 subspecialties

159 RARE DISEASES

What is a patient registry?

- A patient registry is a collection of standardized information about a group of patients who share a condition or experience.
- Patient registries have traditionally been research-generated
- They are established for the purpose of observational data collection that can be used for a specific research agenda.
- It may be operated by a single institution or by a collaboration of multiple institutions or clinics

SOURCE: Agency for Healthcare Research and Quality, US Department of Health & Human Services

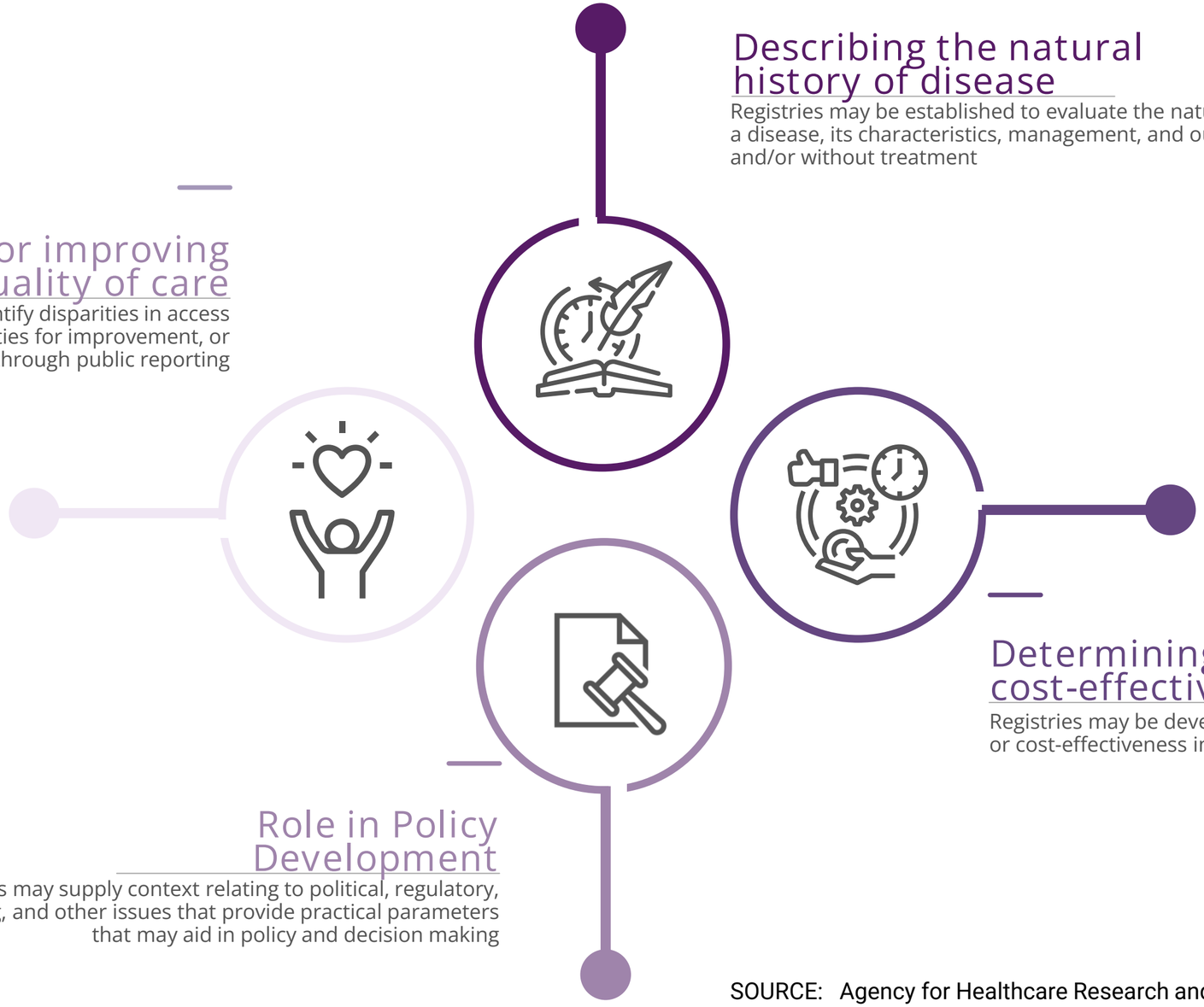
Why is a registry important?

Describing the natural history of disease

Registries may be established to evaluate the natural history of a disease, its characteristics, management, and outcomes with and/or without treatment

Measuring or improving quality of care

Registries may be established to identify disparities in access to care, demonstrate opportunities for improvement, or provide transparency through public reporting



Determining clinical and/or cost-effectiveness

Registries may be developed to determine clinical effectiveness or cost-effectiveness in real-world clinical practice.

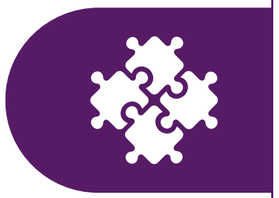
Role in Policy Development

Registries may supply context relating to political, regulatory, funding, and other issues that provide practical parameters that may aid in policy and decision making

SOURCE: Agency for Healthcare Research and Quality, US Department of Health & Human Services

Elements of a quality patient registry

A quality patient registry should:

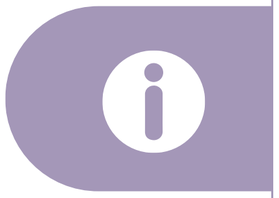


INTEGRATE

Efficiently and securely acquiring and validating healthcare data from various sources

IDENTIFY

Advanced analytics are used for building trust in the data and uncovering drivers of outcome and variation



INFORM

Delivering insights via interactive reports and tools that inspire data-driven action

Where are we now?

- Individual institutions and societies keep their own registries
- There is no unified registry for rare disease
- There is a need to organize and create a rare disease registry

National Institutes of Health

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