

Patient-Centred Data Collection Provides Comprehensive Insights into Healthcare Resource Use in Achondroplasia: Data From the Pilot Phase of the Virtual STudy in Achondroplasia (VISTA)

Jeanne M. Pimenta¹, Sophia Abner², Joy Chen², Dorna Chu³, Sara Dosenovic¹, Veronika Hovathova¹, Fiona Fettes¹

¹BioMarin (UK) Limited, London, UK; ²PicnicHealth, San Francisco, CA, USA; ³BioMarin Pharmaceutical Inc., Novato, CA, USA

Introduction

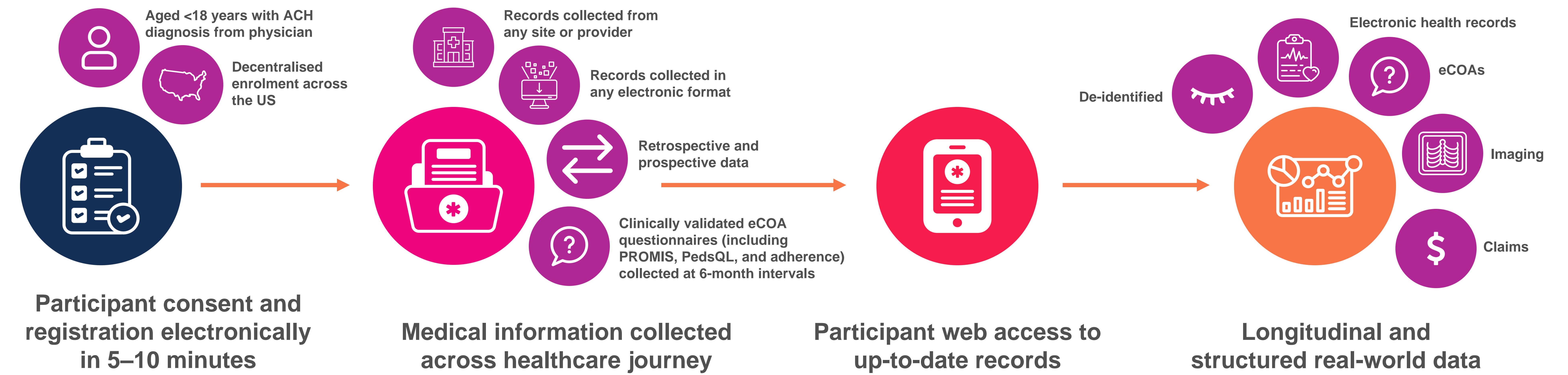
- Achondroplasia (ACH), the most common skeletal dysplasia, is caused by gain-of-function variants of the fibroblast growth factor receptor 3 (*FGFR3*) gene^{1,2}
- Vosoritide, a recombinant C-type natriuretic peptide that stimulates endochondral bone growth by downregulating FGFR3 signalling, has been approved for daily dosing in the US (from birth), EU (from age ≥4 months), and elsewhere globally for children with open epiphyses^{3,4}
- Whilst clinical trials of vosoritide demonstrate meaningful benefits for children with achondroplasia,^{5,6} real-world data on management and treatment outcomes are limited
- The **Virtual STudy in Achondroplasia (VISTA)** is using a participant-centred, virtual, and decentralised approach to **collect high-quality healthcare data from children with ACH in the US** and **assess the real-world effectiveness of vosoritide**

Objectives

- The objective of this pilot study was to ascertain availability of key data in real-world medical records to
 - Evaluate the long-term impact of vosoritide treatment** on height and health outcomes in people with ACH
 - Describe the natural history of people with ACH** in the US

Methods

The PicnicHealth digital platform enables retrospective and prospective collation of electronic health records from multiple healthcare providers and systems in the US



ACH, achondroplasia; eCOA, electronic clinical outcome assessment; PedsQL, Pediatric Quality of Life Inventory; PROMIS, Patient-Reported Outcomes Measurement Information System.

Pilot results

- Twenty participants have enrolled in VISTA as of 22 January 2024
 - Half (50%) were female, mainly White (70%), and 55% received vosoritide
- Participants were young when diagnosed (mean [SD] age, 1.6 [3.0] months) and at enrolment (median [IQR] age, 4.2 [1.5–7.0] years)
- The median (IQR) total duration of available clinical documentation was 4.3 (1.7–7.5) years

Resource intensive and multidisciplinary healthcare

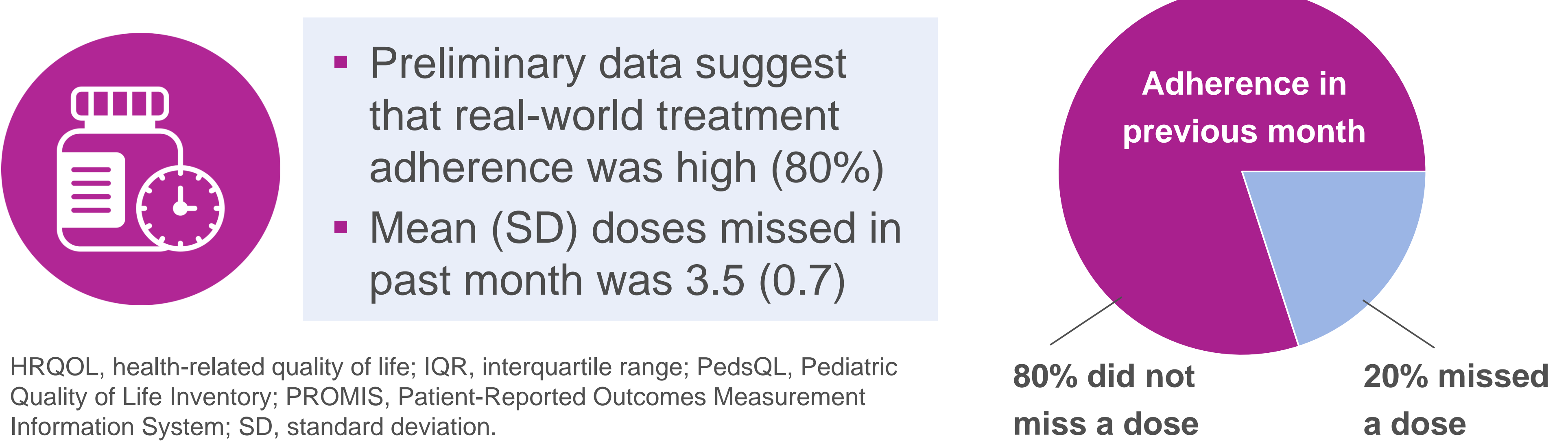
- Median (IQR) number of healthcare settings attended was 8 (6–10), with 22 (17–30) different providers seen within settings
- Primary care physicians saw participants the most; median (IQR) annual visits was 5.8 (2.6–7.7)
 - Multiple specialists were common: 19 (95%), 18 (90%), and 15 (75%) of 20 participants had at least one visit with a geneticist, paediatric orthopedist, and otolaryngologist, respectively

Good completion rates of clinical outcome assessments

	Completion rate	PROMIS	PedsQL
	Eligible children	100%	33%
	Parents	67%	69%

HRQOL questionnaires will be streamlined to improve completion rates

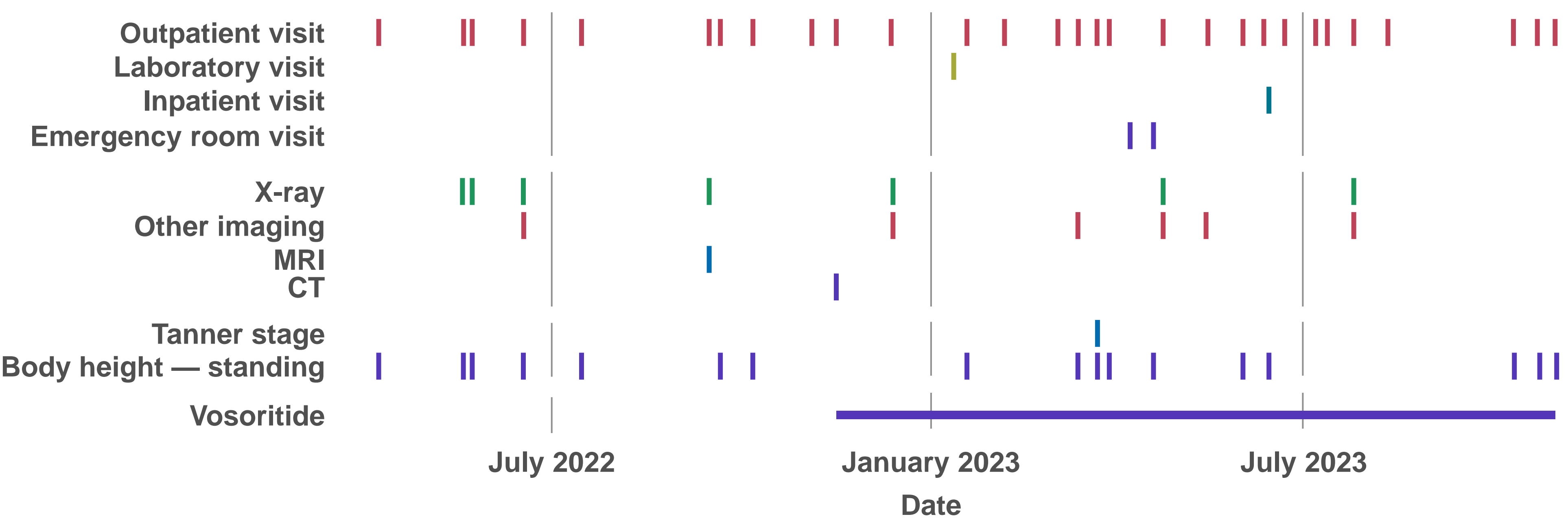
High vosoritide treatment adherence



HRQOL, health-related quality of life; IQR, interquartile range; PedsQL, Pediatric Quality of Life Inventory; PROMIS, Patient-Reported Outcomes Measurement Information System; SD, standard deviation.

A healthcare journey

VISTA enables a holistic view of individual healthcare journeys without the need for data entry by participants or investigators



Data are from a representative participant for illustrative purposes. CT, computed tomography; MRI, magnetic resonance imaging.

Conclusions

- These data from the pilot study demonstrate the feasibility and utility of the virtual study platform for tracking the real-world, long-term impact of vosoritide on health outcomes for people with ACH
- Participants visited a variety of healthcare specialists, demonstrating the complex nature of ACH and the need for multidisciplinary care
- VISTA is currently open for enrolment in the US**

References

1. Pauli RM, et al. *Orphanet J Rare Dis.* 2019;14(1):1. 2. Savarirayan R, et al. *Nat Rev Endocrinol.* 2022;18(3):173–89. 3. United States Food and Drug Administration. Voxzogo prescribing information. Accessed September 2024. 4. European Medicines Agency. Voxzogo product information. Accessed August 2024. 5. Savarirayan R, et al. *Lancet.* 2020;396(10252):684–92. 6. Savarirayan R, et al. *Genet Med.* 2021;23(12):2443–7.

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Disclosures

JMP, DC, SD, VH, and FF are current or former employees or shareholders of BioMarin Pharmaceutical Inc. SA and JC are employees of PicnicHealth, who was contracted by BioMarin Pharmaceutical Inc. to perform this research.



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