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| logo3.gif**Independent Medical Education****Request for Education (RFE)** |
| **Date Issued:**  | June 25, 2021 |
| **RFE Requestor Information:** | Sonja Boon, CHCPManager, Medical AffairsAmicus TherapeuticsPh: 848-213-7406Email: sboon@amicusrx.com |
| **RFE Code:** | RFE-FD-22-105 |
| **Geographic Scope:** | United States |
| **Due Date:** | July 22, 2021 |
| **Amicus IME Portal:** | [https://www.cybergrants.com/amicus/IME](https://protect-us.mimecast.com/s/EeFeC0RoGKt4yrKtogs_k) |
| **Area of Interest:** | Fabry disease |
| **Educational Venue:** | 2022 ACMG Annual Clinical Genetics Meeting* Live Breakfast Satellite Symposium at 2022 ACMG Annual Clinical Genetics Meeting
* Interactive live program with an innovative enduring component will be considered

Note: 2022 ACMG will be presented as a Hybrid event with an in-person component happening in Nashville, TN as well as an online component. Due to COVID-19, there is still the chance that the meeting will need to be fully virtual. Please continue to check the ACMG website for updates. |
| **Educational Audiences:**  | The education should address the needs of clinicians who have a role in the diagnosis and treatment of Fabry disease patients including but not be limited to geneticists, genetic counselors, and other healthcare professionals |
| **Program Budget:** | Single-supported and multi-supported proposals with a request amount that does not exceed $200,000 will be considered |
| **Accreditation:**  | ACCME, NSGC and others as appropriate |

**Background and Healthcare Gap:**

Fabry disease (FD) is a progressive, inherited, X-linked disorder caused by mutations in the *GLA* gene that result in deficient or absent lysosomal α-Gal A activity. Absent or deficient activity of lysosomal α-Gal A (α-Gal A) results in progressive accumulation of globotriaosylceramide (Gb3) and related glycosphingolipids within lysosomes resulting in lysosomal dysfunction. The accumulation of Gb3 substrate in Fabry disease sets off a cascade of events that impacts not only the endosomal-autophagic-lysosomal system, but also other organelles (eg, mitochondria, ER, Golgi) and overall cell function.1-5 Ultimately, this leads to organ failure particularly impacting the heart, kidneys and central and peripheral nervous systems. Although FD is X-linked, females get the disease as well and it can be comparable in severity to males with the disease.6, 7

Due to the X-linked nature of Fabry disease, it was generally accepted that men are more severely affected and, females were initially thought to be asymptomatic carriers due the presence of functional α-gal A enzyme synthesized from the normal allele. However, several groups have reported that females develop symptoms of Fabry disease at a higher rate than can be predicted simply by skewed X-inactivation and are at a higher risk of premature death.8-11 A natural history study of untreated Fabry patients showed that females can also have clinically significant Fabry disease affecting multiple organ systems.6 Furthermore, females with Fabry disease are often underdiagnosed or experience significant diagnostic delays.12

Few studies have been explicitly performed in females with Fabry disease either in the clinical or real-world settings. Furthermore, due to the low prevalence of Fabry disease, most cohort studies are small, limiting the amount of data regarding the frequency and severity of Fabry disease manifestations in females.

 **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 Fabry disease. These include:

* The need to enhance understanding of symptom onset of Fabry Disease in females
* The need to better understand the spectrum of FD in females
* The need to better understand how to manage females with FD, when to initiate treatment (when appropriate), follow-up and/or refer
* The need to elevate females included in FD research, recognizing the differences in their needs, their pharmacology and pharmacokinetics
* The need to shorten the time to diagnosis in females with FD

**Area of Interest:**

Amicus is seeking grant applications for the development of an innovative, well designed initiative that that addresses the educational needs outlined above and provides outcomes important to healthcare providers. Presentations and content must leverage evidence-based scientific content and be fair and balanced.

**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**

1. Rozenfeld P, Feriozzi S. Mol Genet Metab. 2017;122(3):19–27.
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12. Eng CM, Fletcher J, Wilcox WR, Waldek S, Scott CR, Sillence DO, Breunig F, Charrow J, Germain DP, Nicholls K, Banikazemi M. Fabry disease: baseline medical characteristics of a cohort of 1765 males and females in the Fabry Registry. J Inherit Metab Dis. 2007 Apr;30(2):184-92. doi: 10.1007/s10545-007-0521-2. Epub 2007 Mar 8. PMID: 17347915.