



Results dashboard for the GARDIAN registry

GARDIAN: <u>Gaucher Registry for Development</u> <u>Innovation and Analysis of Neuronopathic</u>

GARDIAN is a global, longitudinal, prospective, observational registry specific for all patients with Gaucher Disease Type 2 and 3 (GD2 and 3). The purpose of this registry is to better understand Neuronopathic Gaucher Disease (nGD) – its impact on both patients and caregivers and the natural history of the disease, to improve disease management, and support patients and their families. GARDIAN is owned by the International Gaucher Alliance (IGA).



OBJECTIVES

- Improve our understanding of the **demographic, and disease-related characteristics** of patients with GD2 and GD3
- Improve our understanding of the **burden** over time, including changes in symptoms and quality of life for patients
- Develop and validate disease-specific outcome measures for assessing quality of life over the natural course of GD2 and GD3.



METHODOLOGY

- Patients with GD2 and GD3 and caregivers are recruited through the IGA network.
- Patients complete a baseline questionnaire and then complete follow-up questionnaires every 6 months.
- Data are self-reported by patients/caregivers online

LANGUAGES

Worldwide (7 languages) English, French, Spanish, German, Arabic, Japanese and Chinese

Overview of the recruitment and data collection process

5 As part of the eligibility process of GD2 or GD3. By giving consent, they agree to Patients/caregivers Patients/caregivers are Patients older than 18 patients/caregivers are asked to complete an eligibility then required to read the who wish to join the years or parents and upload a proof of diagnosis in questionnaire that will take registry click on the Patient Information caregivers of patients a secured online platform. between 5 and 10 minutes to Letter and provide weblink with confirmed Proof of diagnosis could be a complete. agreement through an to register in their diagnosis of GD2 or genetic result or a clinic preferred language electronic consent form GD3 are able to summary note confirming the Its purpose is to confirm eligibility to participate in the registry. (email address participate diagnosis. Proof can be in any to take part in the GARDIAN required) language and from any time, if Registry. available. Older or recent proof is accepted.

Finally,
patients/caregivers are
invited, every 6 months,
to complete further
questionnaires (called
follow-up questionnaires)
that will take around 10
to 15 minutes to
complete.

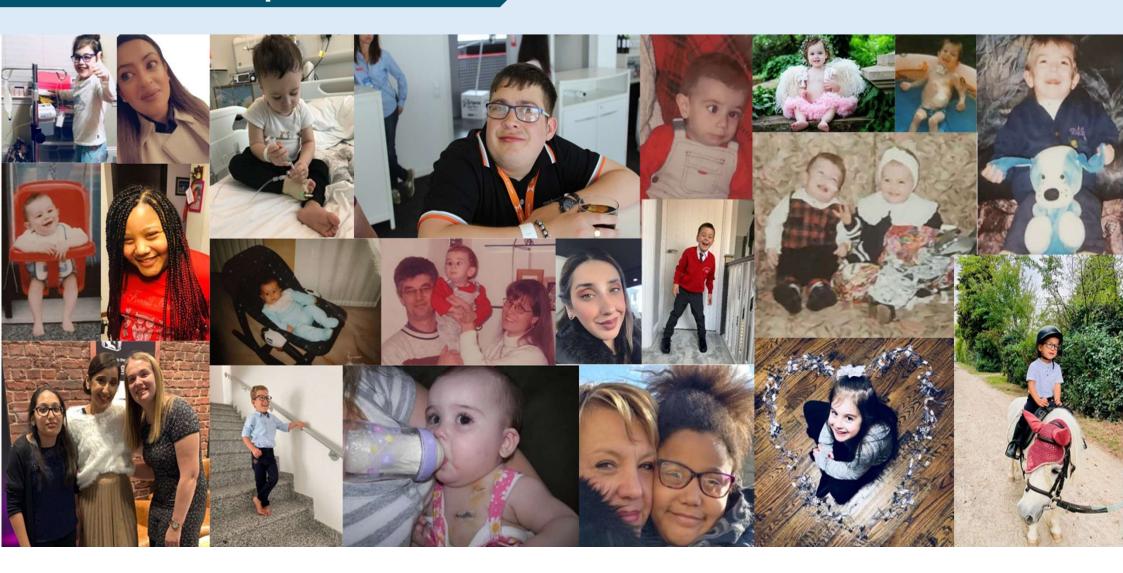
Patients/caregivers then receive an invitation about 10 to 18 days after they have completed the baseline questionnaires to complete 2 specific questionnaires of about 8 minutes in length.

Once eligibility is confirmed, patients/caregivers receive an invitation by e-mail with instructions to access and complete the first questionnaires (referred to as "baseline"). The baseline questionnaires takes between 20 and 25 minutes to complete.

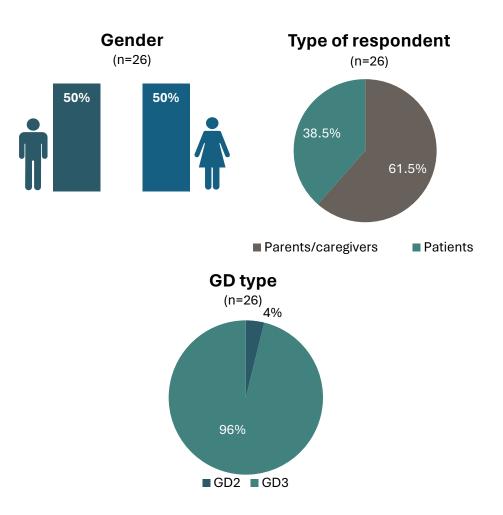
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The proof of diagnosis is read and evaluated by an authorized clinicians' teams. Those documents will never be disclosed, downloaded, or transferred to a third party. The documents will be automatically destroyed once eligibility has been determined.

1.1 Profile of respondents

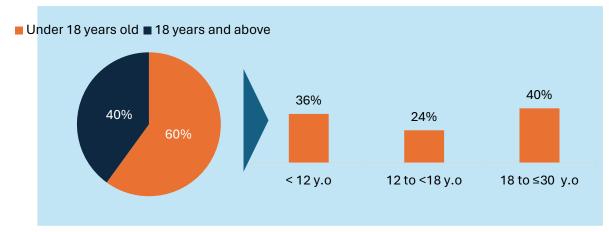


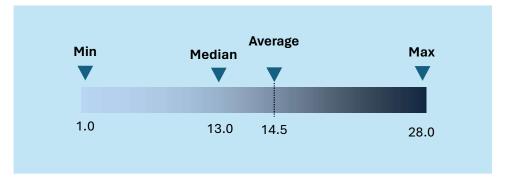
Profile of respondents - Overall



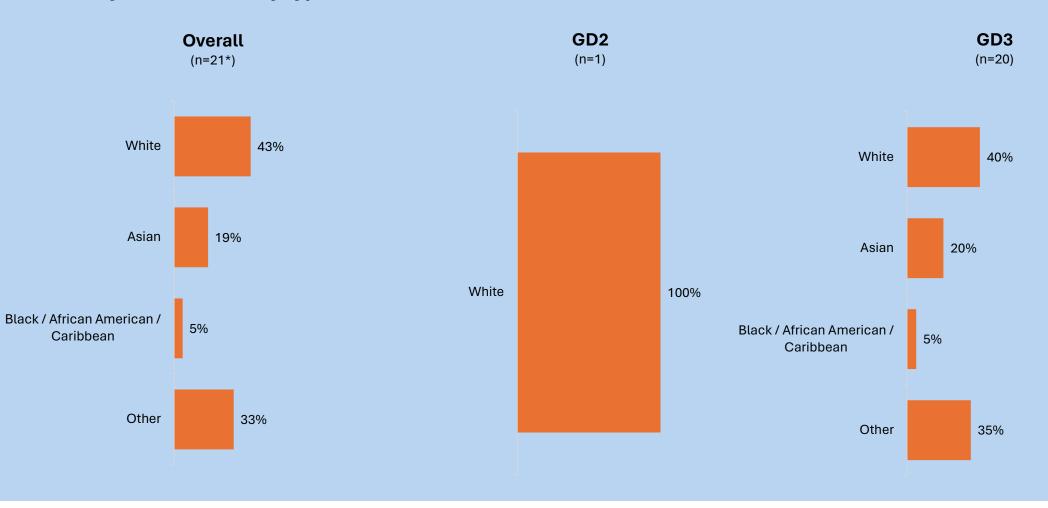
Age of patient at registry entry

(n=25*)



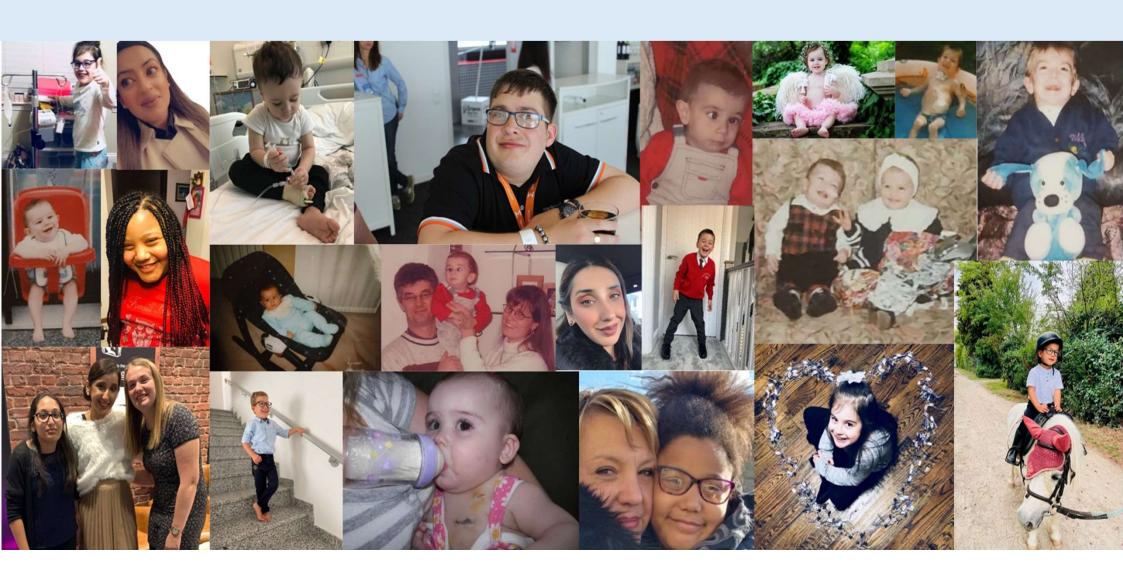


Ethnicity – Overall and by type of Gaucher

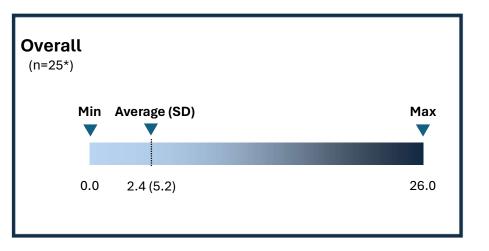


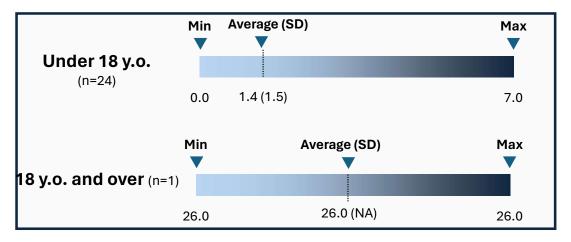
^{**}Results based on 21 patients (due to local regulations, the question on ethnicity was not asked in all countries).

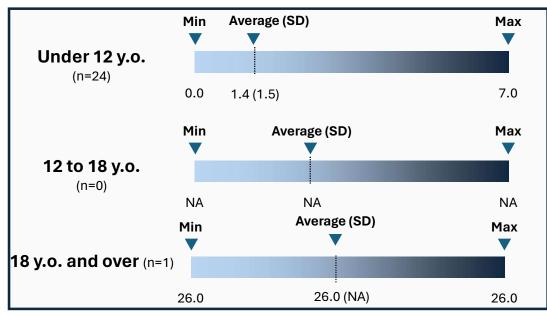
2.1 Age at diagnosis



Age at diagnosis – Overall and by age category

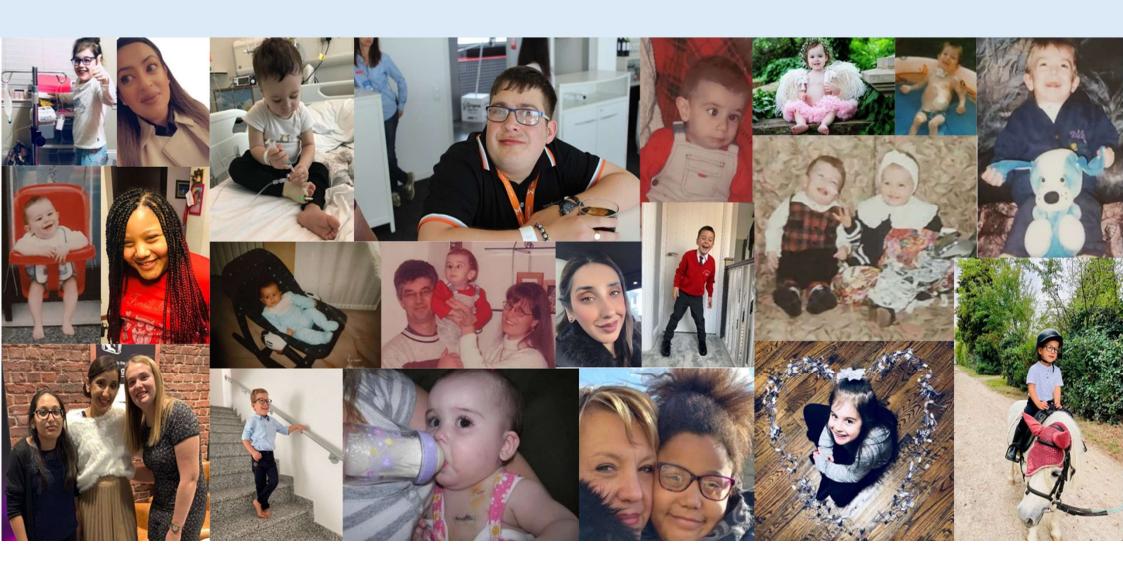




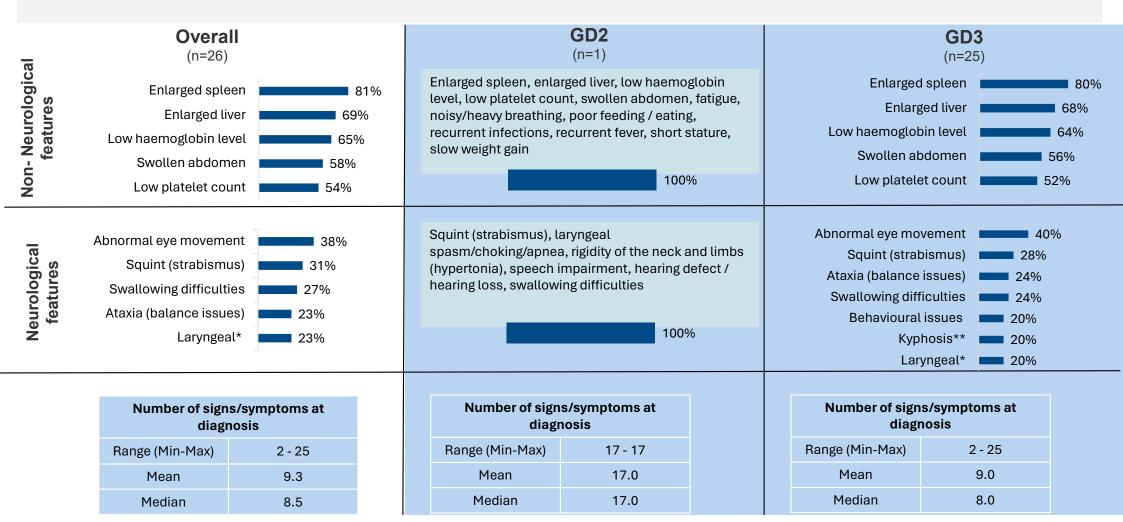


^{*}Results based on 25 patients due to missing data for one patient.

2.2 Symptoms at diagnosis



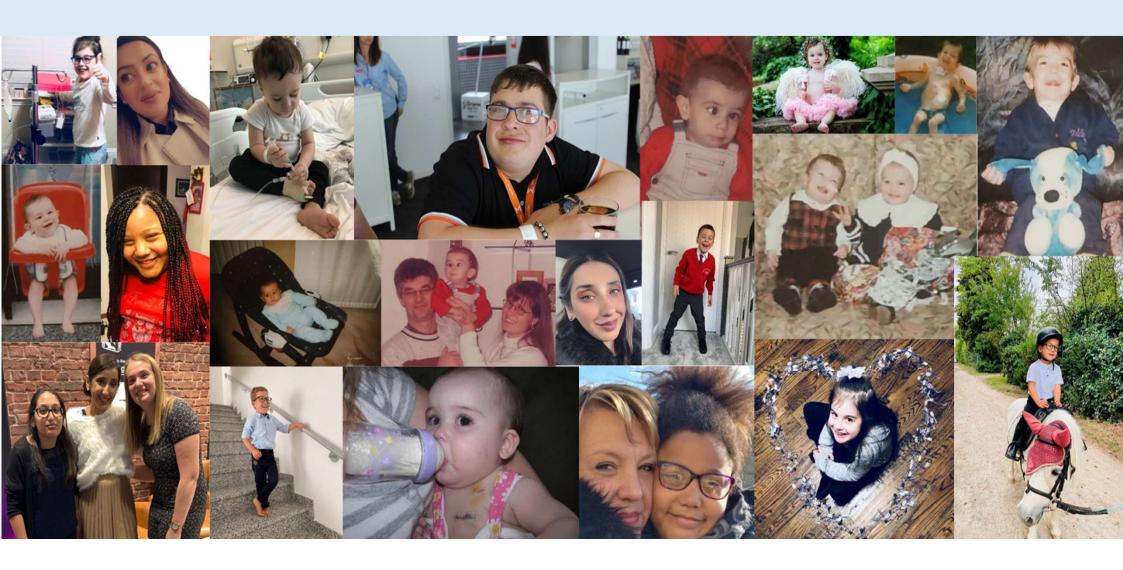
Signs/symptoms at diagnosis (5 most frequently reported) – Overall and by type of Gaucher



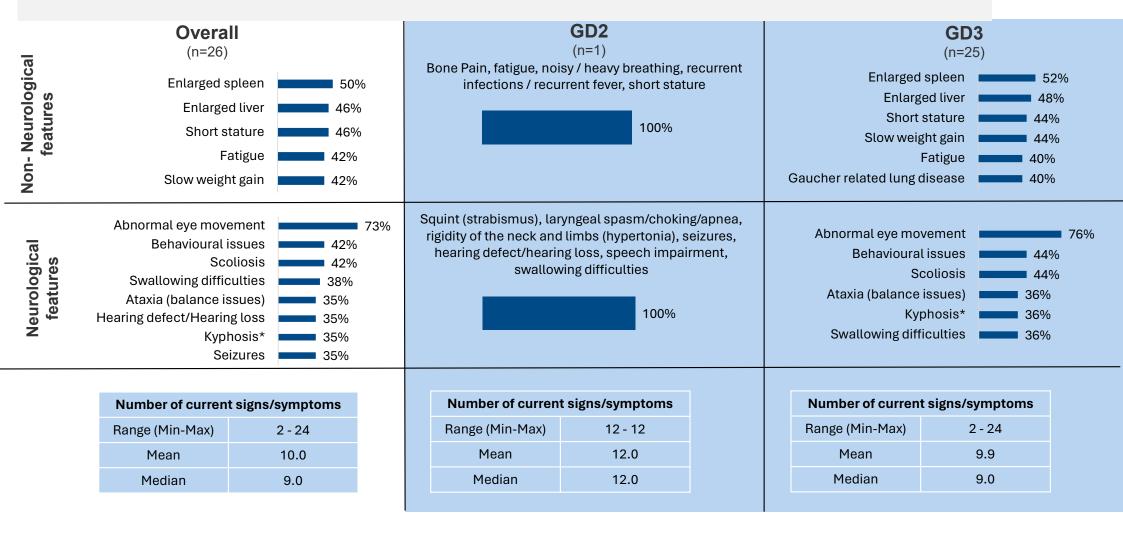
^{*}Laryngeal = Laryngeal spasm/choking/apnea

^{**}Kyphosis = Kyphosis (abnormal spine alignment)

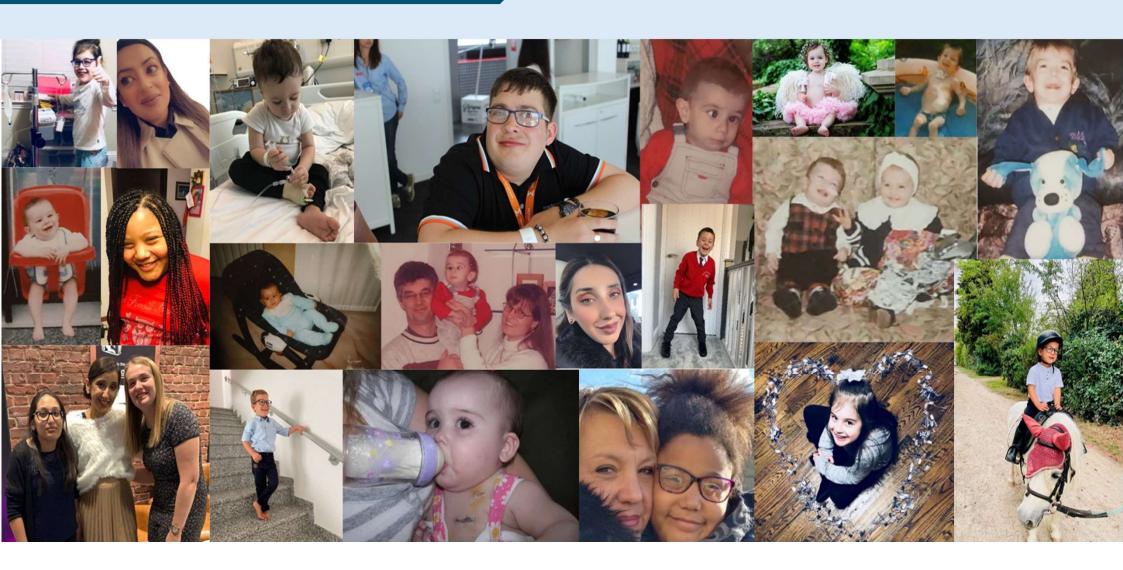
2.3 Current symptoms



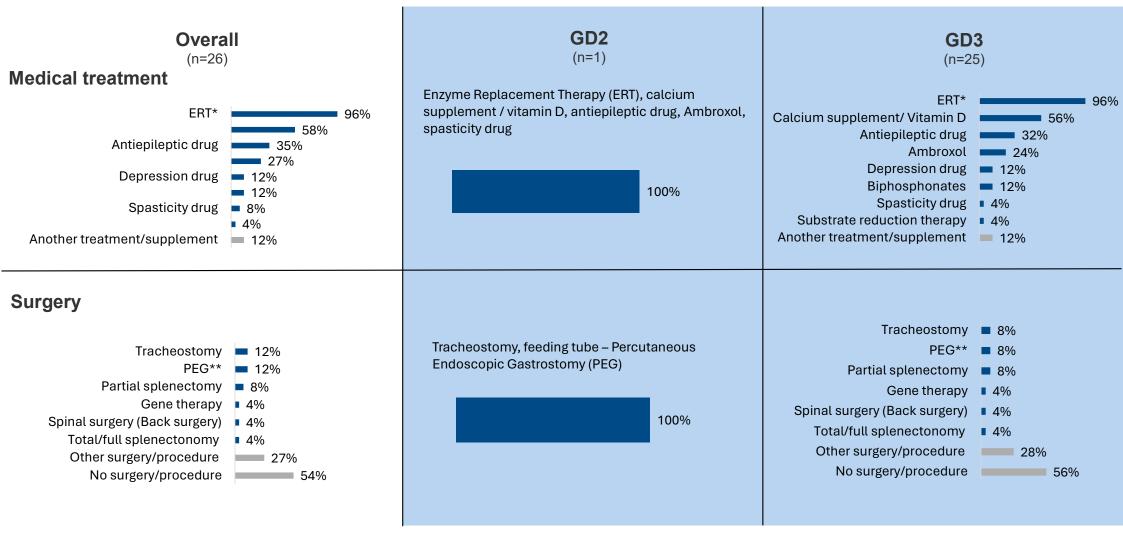
Current signs/symptoms (5 most frequently reported) – Overall and by type of Gaucher



2.4 Treatment and surgeries



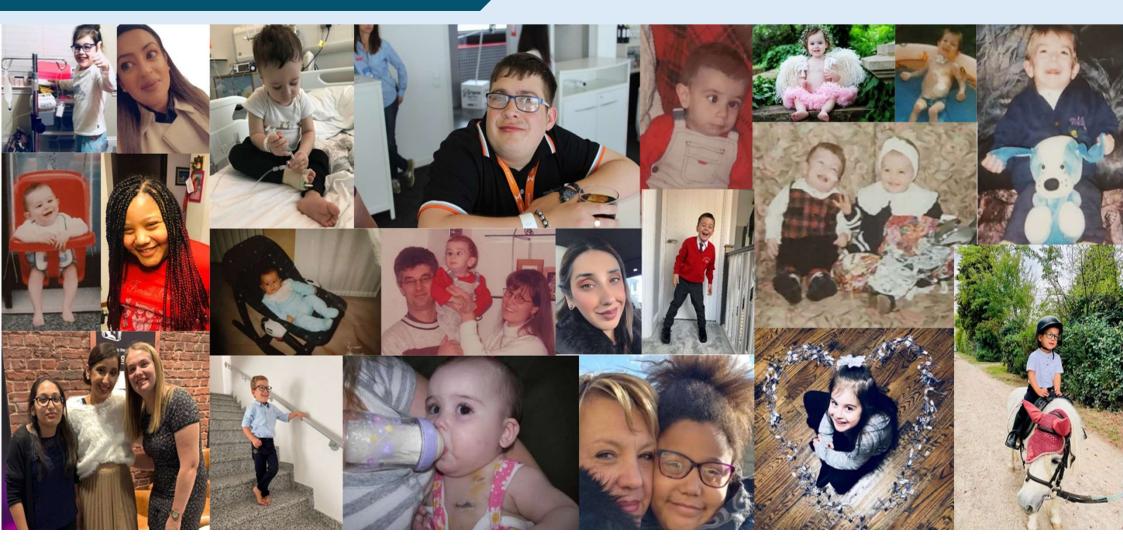
Medical treatment and surgery - Overall and by type of Gaucher



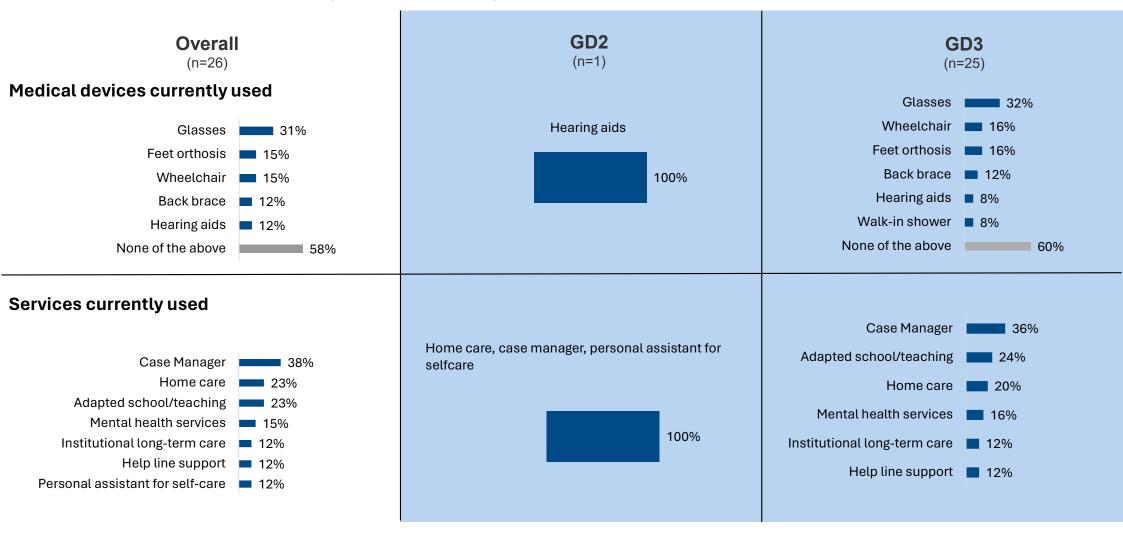
^{*}ERT = Enzyme Replacement Therapy

^{**}PEG = Feeding tube - Percutaneous Endoscopic Gastrostomy

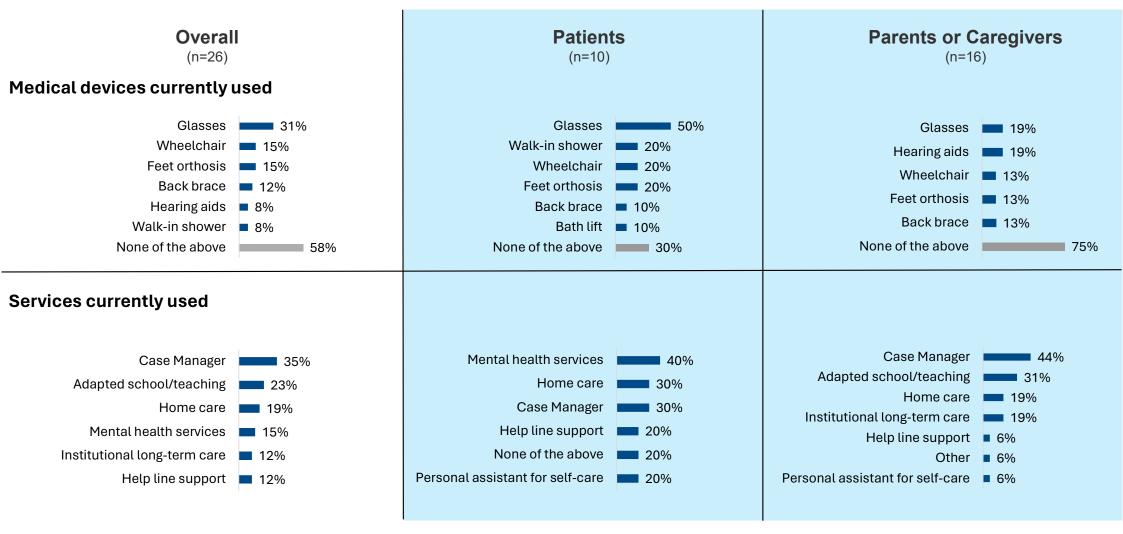
2.5 Medical devices and care services



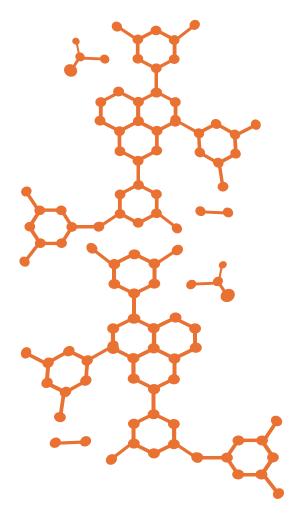
Medical devices and services (5 most reported) – Overall and by type of Gaucher



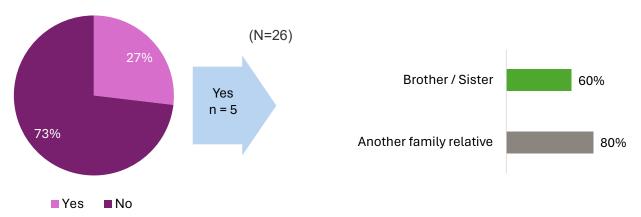
Medical devices and services (5 most reported) – Overall and by type of respondent



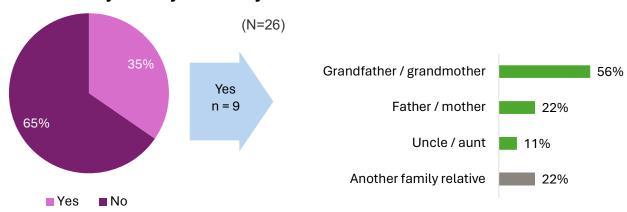
Family history of GD and Parkinson disease - Overall



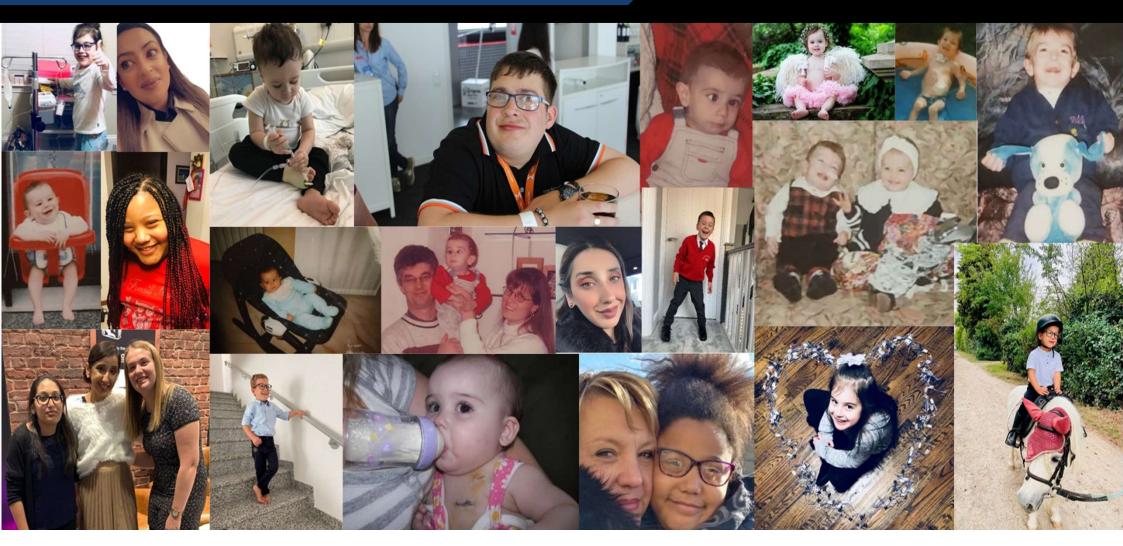
Has anyone else in your family been diagnosed with GD2 or GD3?



Does anyone in your family have Parkinson's disease?

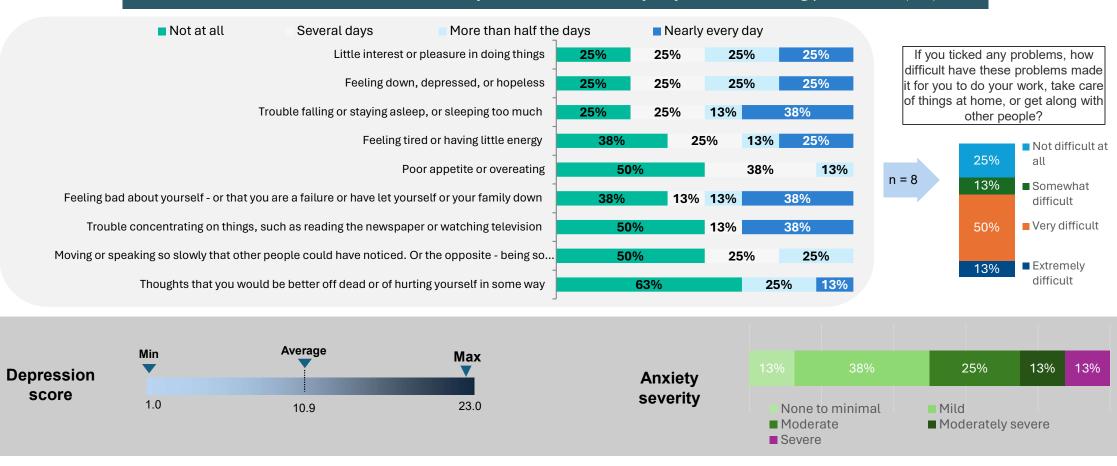


4- Humanistic burden of the disease / Measure of disease severity

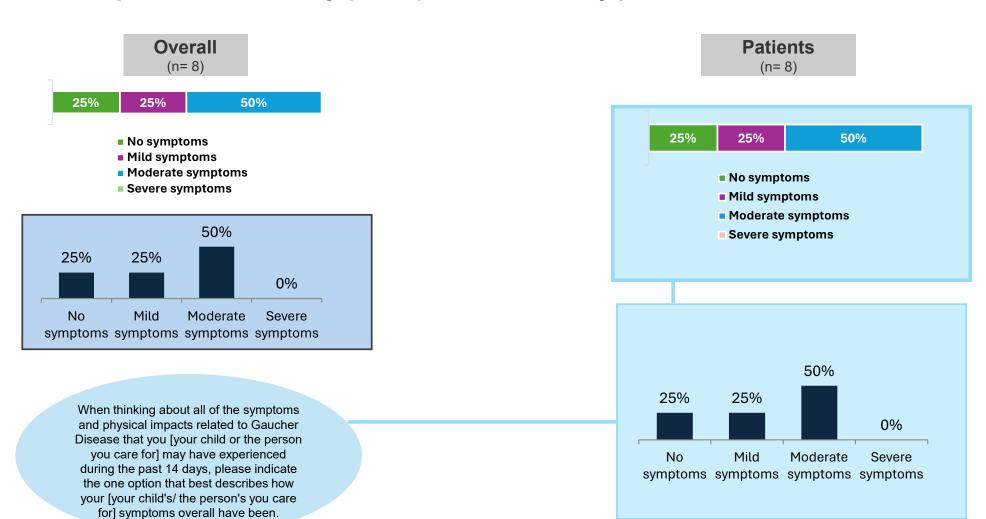


PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9) – Self-reported by patients

Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems? (n=8)



Patient Global Impression of Severity (PGI-S) – Overall and by patients

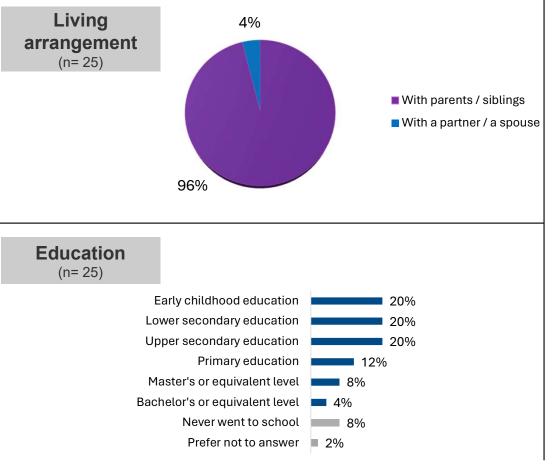


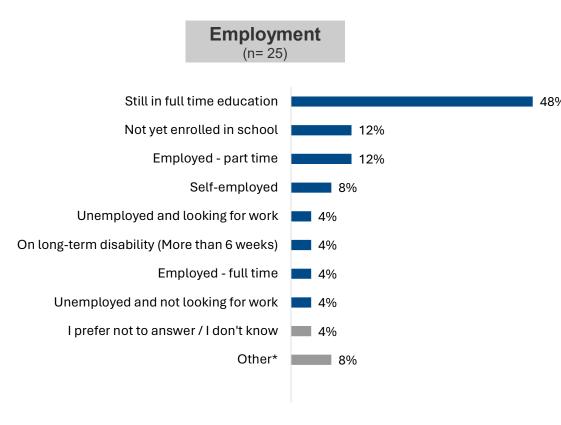
Other patients' characteristics:

- Education
- Employment
- Living arrangement



Living situation, education and employment - GD3 overall





Summary of key results

- GARDIAN has data on 26 patients (96% GD3 and 4% GD2).
- Data were provided by patients (38.5%) and parents/caregivers (61.5%).
- There were equal proportions of female (50%) and male (50%) patients.
- Patients had a mean age of 2.4 years at diagnosis and 14.5 years at registry entry.
- The mean number of signs/symptoms at diagnosis was 9.3.
- Neurological symptoms at diagnosis included abnormal eye movements (38%), squint (31%) and swallowing difficulties (27%).
- Non-neurological symptoms most frequently experienced at diagnosis included an enlarged spleen (81%), enlarged liver (69%) and low haemoglobin levels (65%).
- Between diagnosis and registry entry, the prevalence of most non-neurological symptoms and signs decreased.
- Conversely, neurological signs and symptoms increased between diagnosis and registry entry.
- The most common medical treatments involved enzyme replacement therapy (ERT) (96%), calcium/vitamin D supplementation (58%), and antiepileptic drugs (35%).
- Surgeries included tracheostomy (12%), percutaneous endoscopic gastrostomy (feeding tube) (12%), and partial splenectomy (8%).
- Patients frequently used medical devices such as glasses (31%), feet orthoses (15%), or a wheelchair (15%).
- Patients or their caregivers used services such as case managers (38%), home care (23%) or adapted school/teaching (23%).
- Overall, 27% of patients had at least one family member diagnosed with GD2 or GD3, and 35% had a family member diagnosed with Parkinson's Disease.
- According to the Patient Health Questionnaire (PHQ-9), 38% of patients reported that nearly every day over the past 2 weeks, they felt bad about themselves or that they were a failure and had let themselves or their family down.
- A total of 96% of patients lived with their parents/siblings and 4% with a partner/spouse.
- Patients had achieved a secondary (40%) or university level education (Bachelor's or Master's equivalent) (12%).
- Overall, 24% of patients were employed (either full-time, part-time, or as self-employed).



For more information, visit www.gardianregistry.org

or email info@gardianregistry.org