



# Definition & Challenges in Rare Disease Management

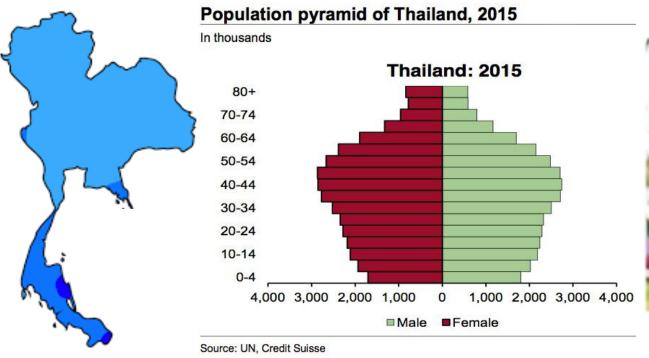
#### Duangrurdee Wattanasirichaigoon, MD

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**THAILAND** 

## 67 M people (2015) Aging society: 10% of ≥65y

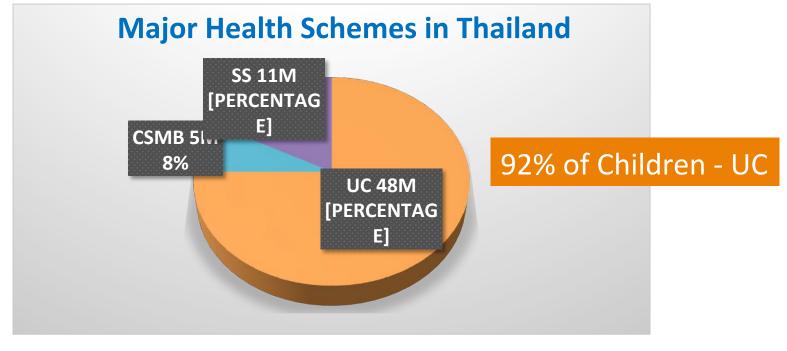
# Needs of Healthy elderly & Health children











UC, Universal Health Coverage SS, Social Security (only working adults) CSMB, Civil Servant Medical Benefit





#### Thailand: Definition of Rare Disease

by health authority "No"



- by Office of The Royal Society "Yes"
  - incidence 1 in 2,500 or less
  - serious condition
  - hard to find medicine
  - difficult to treat -







#### Medical Challenges in Managing Rare Diseases

- 1. Delayed Diagnosis
- 2. Limited Resources human, lab, orphan drugs
- 3. Reimbursement issue

#### 1. Delayed Diagnosis

- Lack of Awareness
- Lack for initial lab for inborn metabolic disorder: ammonia level
- No national NBS to aid early diagnosis for emergency IEM

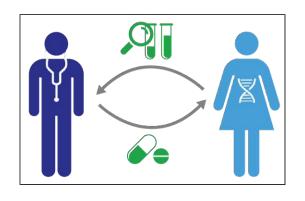


#### 2. Limited Resources (A)

Geneticists & Confirmatory Tests

– University in Bangkok

Patients – Public Hospitals (MOPH)







1 for 3.7M

#### 2. Limited Resources (B)

- Most orphan drugs for RD not supplied (except for Hemophilia & Gaucher)

Substitute medicine
Food grade NOT medical grade
No IV form available for critical patients





#### 3. Reimbursement issue

- Most specific test (chromosome & gene) not covered by UC & SS
- Amino acid & organic acid are covered, but only with the presence of the patients at the referral center
- Most specific treatment & orphan drugs for RD not listed in NLEM,
   therefore not covered by UC & SS (except for Hemophilia & Gaucher)
- Prevention of reoccurrence: genetic test is not covered by UC & SS

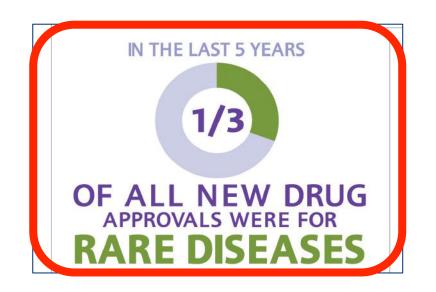
# movement? Dx. BH4







BH4 - 66,000 Bahts/y 5-HTP 2,000 Bahts/y



- More of rare disease become treatable
- We are now paying a lot already for supportive care in RD, why not diagnose them earlier,

treat them more specifically and effectively to achieve better outcome with less morbidity & mortality and to prevent reoccurrence





#### **Solutions**

- 1. Increase Awareness
- 2. Resource Sharing
- 3. Capacity Building



#### 1. Increase Awareness







# Campaign events Rare Dis Day Thailand 2011-2016

- Health professional/Student
- PH policy maker
- Population
- Patients



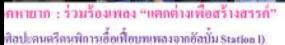






พิธีกรจิตอาสา: นพ.กฤษฎา ศิรามพูช และคุณติก กลิ่นสี







(ผู้ป่วยโรคกล้ามเนื้อช่อนแรง: SMA)







Ramathibodi Hospital, Mahidol University

Medical Genetics Network, Genetic Society of Thailand

Present

**Round Table Meeting on** 

## **Rare Disease**

**Learning from France** 



Date Friday 11th September 2015

Venue Rm 907, Medical Learning Resource Center
and Ramathibodi School of Nursing Building
Ramathibodi Hospital, Bangkok

Program 13.30 Opening

Assoc. Prof. Thanya Subhadrabandhu
Deputy Dean for Service, Faculty of medicine Ramathibodi Hospital

13.35 Health care policy and strategy for rare disease, The experience of setting up

French National Rare disease Plan, Overview of Orphanet Prof. Odile Kremp

General Directorate for Health, Ministry of Health, France
Professor of Paediatrics, Faculty of Medicine, Catholic University, Lille, France

15.00 Sharing Thai experiences on rare disease policy: part l

Dr. Chuchai Sornchamni
Deputy Secretary General National Health Security Office (Thai UC)

15.30 Sharing Thai experiences on rare disease policy: part II

Dr. Chulaluck Kuptanon

Pediatrician, Queen Sirikit National Institute of Child Health, Department of Medical Service, Ministry of Public Health

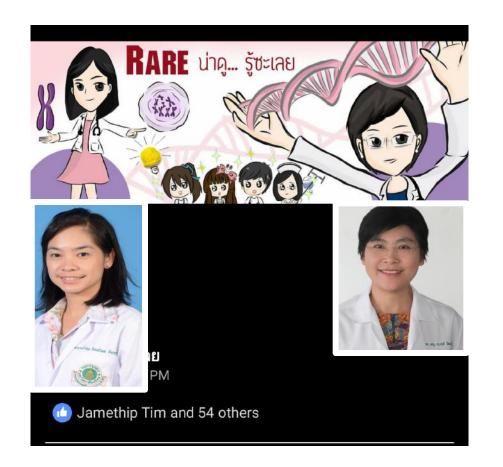
16.00 Open discussion

16.30 Closing

Modulator
Prof. Duangrurdee Wattanasirichaigoon

2015

## FB@rarenadoo





### Discussion with Policy Maker is Mandatory



#### Help from country friends: Prof. Tarun Weeramanthri Special Seminar on Rare Disease Policy, November 14<sup>th</sup>, 2016

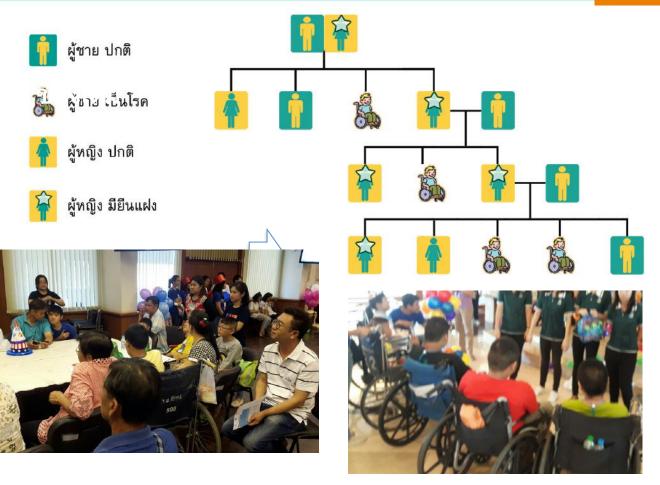
- Thai MOPH, NHSO, Clinical geneticists, Patient groups
- Pediatricians from public hospitals, MOPH "Proposal for Thailand RD Network"



## โรคกล้ามเนื้อเสื่อมดูเชน

ตัวอย่าง แพนภูมิครอบครัวโรคกล้ามเนื้อเสื่อมพันธุกรรมในเด็ก (ดูเชน)

**Patient Group** 



#### 6<sup>th</sup> Rare Disease Day Thailand 2016 → Thai Rare Disease Foundation (ThaiRDF)





#### 2. Resource Sharing

- Create service platform for resource sharing "Network"
  - To use limited & expensive resources Wisely, Effectively, Fairly
  - Specialist, Lab test, Orphan drugs
- Tools
  - Patient registry and benefits
  - Expert panel
  - Effective management & coordination supported by Policy
  - Pool and share data → national experience → better guideline
- Orphan drugs registration system and marketing incentive
- Mustistakeholders
  - Doctors, Scientist, Patient group, Policy, Pharma, etc.



#### Birth Defect Prevention and Treatment led by Prof.Pornswan Wasant







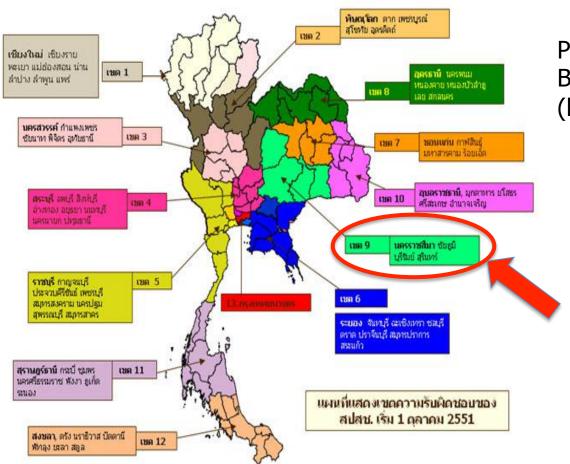








#### แผนที่แสดงการแบ่งเขตพื้นที่ของ สปสช. เริ่ม 1 ตุลาคม 2551

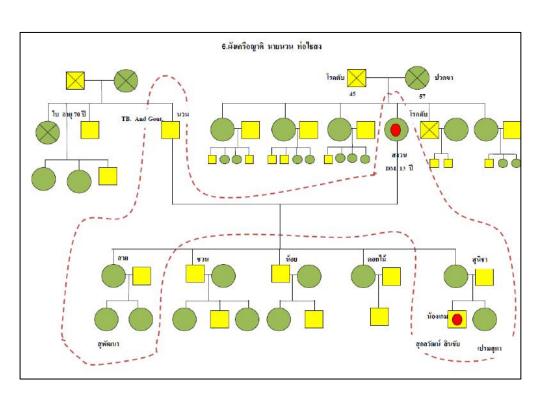


Pilot Project
Birth Defect Prevention Program
(led by Prof.Wasant)

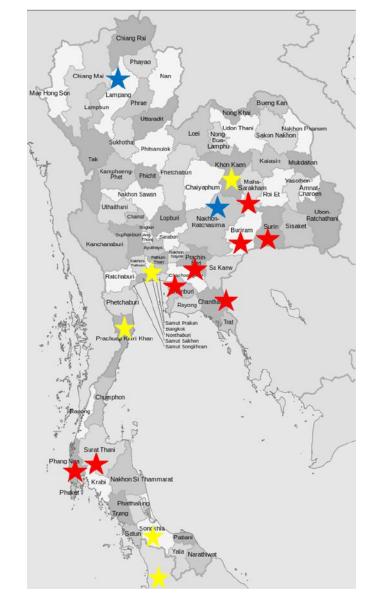
Ramathibodi Hospital

## Integration into any MOPH Existing Program Quality Family Visit: ROF (Relation On Family Tree)

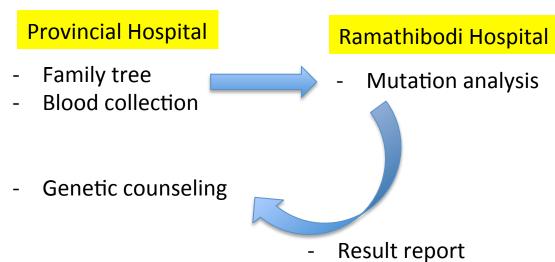
for Noncommunicating Diseases (DM, Hypertension, Stroke)



- Multiple birth defects
- Mental retardation
- Muscle weakness
   (Duchenne muscular dystrophy)
- Recurrent problems in multiple family members
- Serious illness of unknown cause in children



#### Duchenne muscular dystrophy model



#### 3. Capacity Building

Training:

Specialty: Clinical genetics subboard: 2-yr program
approved by Royal College of Pediatricians 2016
Genetic counsellor??
Laboratory specialist??

Allies: General Ped-Med-OB, etc, Family physicians

- Clinical Service Center for RD, Undiagnosed Program (UDP)
   & Newborn Screening for Metabolic Disorder
- Research: Each region & country has different problems in detail
   Baseline national data
   Clinical guidelines: Treatment & Diagnosis

#### **ERT for Gaucher Disease by Thai UC: How??**

2008 2010 Donated ERT & BMT



2008 2013 Donated ERT & BMT





2011

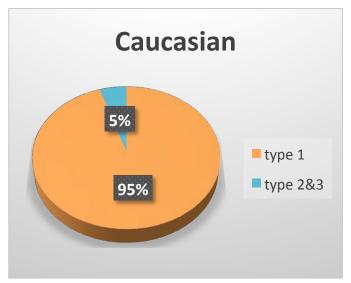
to UC

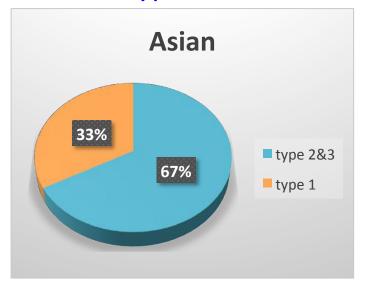
2014 2015 1st Pt ERT by Thai UC & BMT (half-matched)





#### Research is needed for each country: Gaucher disease subtype





- More of neurologic subtype 2&3
- Mutation analysis should be done to predict Gaucher subtype
- ERT cannot prevent neurologic manifestation
- Bridging therapy is proposed "ERT followed by BMT before neurologic symptoms present"





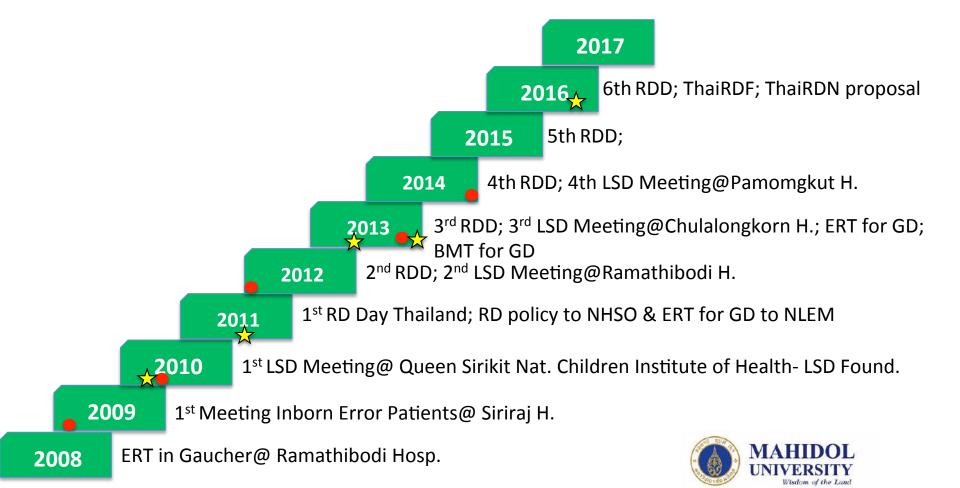
#### "Proposal for Thailand Rare Disease Network"

**Smart** 

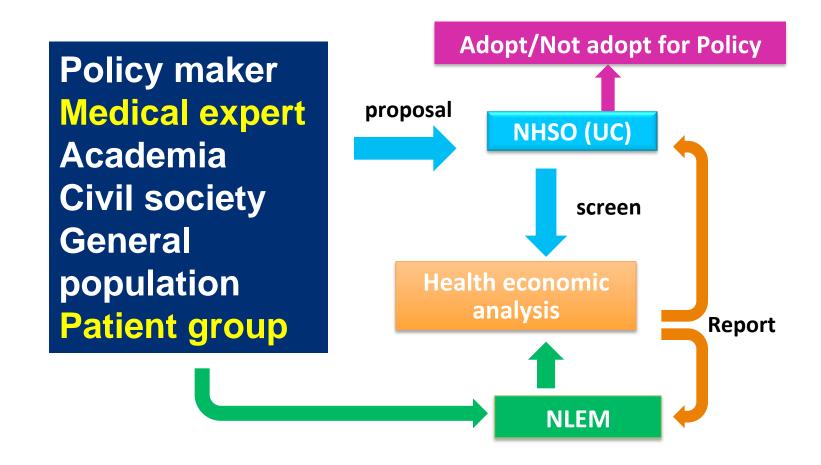
Sustainable

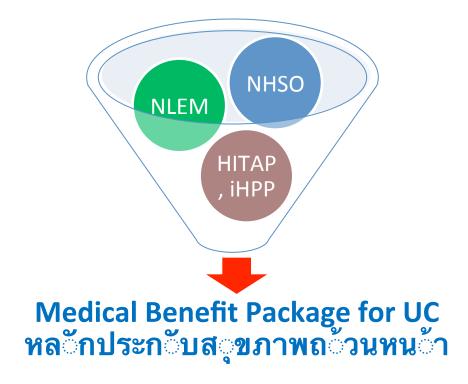
**Inclusive** 

- 1. Increase Awareness
- 2. Resource Sharing
- 3. Capacity Building



### **Development of Thai UC Benefit Package**

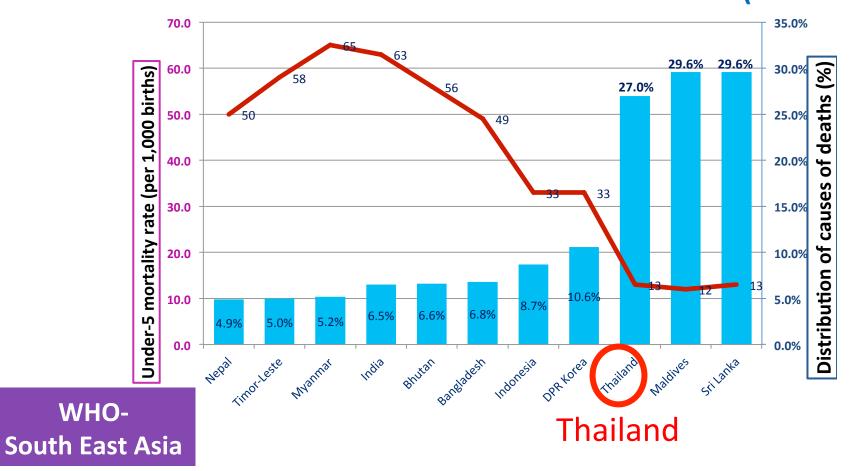




NLEM, National List of Essential medicine บ ัญช ียาหล ักแห่งชาติ NHSO, National Heath Security Office: subcommittee for development of medical benefit อนุกกรรมการพัฒนาชุดส ิทธิ ประโยชน์

HITAP, Health Intervention Technology Assessment Program iHPP, International Health Policy Planning

# Mortality rate in children under 5 yr. (red line) Distribution of the causes of death due to birth defects (blue bar)

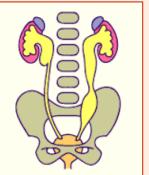


### **Birth Defects**

#### Structural defect









#### Functional defect





Environmental factors

Chromosome defect

Genetic disorder

#### Substitute medicine Food grade NOT medical grade No IV form available for critical patients



#### Donation









# การพ**ัฒนาช**ุดอน**ุส**ิทธิ ประโยชน์บัตรทอง

กลุ ่มผู้กำหนดนโย กลุ่มผู้เชื่ยวชาญตั้อเผนข กล ่มน ักว ิชาการ กลุ่มภาคประชาสังค กลฺฺ่มประชาชนท<ั่วไา กล ့ ่มผ ู ้ป ่วย กล ู มภาคอ ูตสาหกรร

ู้เล**ือก / ไม**่เล**ือกเป**็นนโยบาย ์ครงการบ**ัตรทอ**ง กลั่นกร**า**ง ขอเสนอ ฟ ายประเม**ินความค**ุ้มค่า ทางเศรษฐศาสตร**์สาธารณล**ิข รายงาน

บัญช ียาหล ัก

