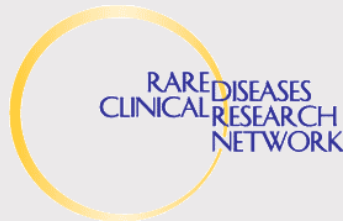


# Rare Diseases Clinical Research Center in Urea Cycle Disorders

April 17, 2013

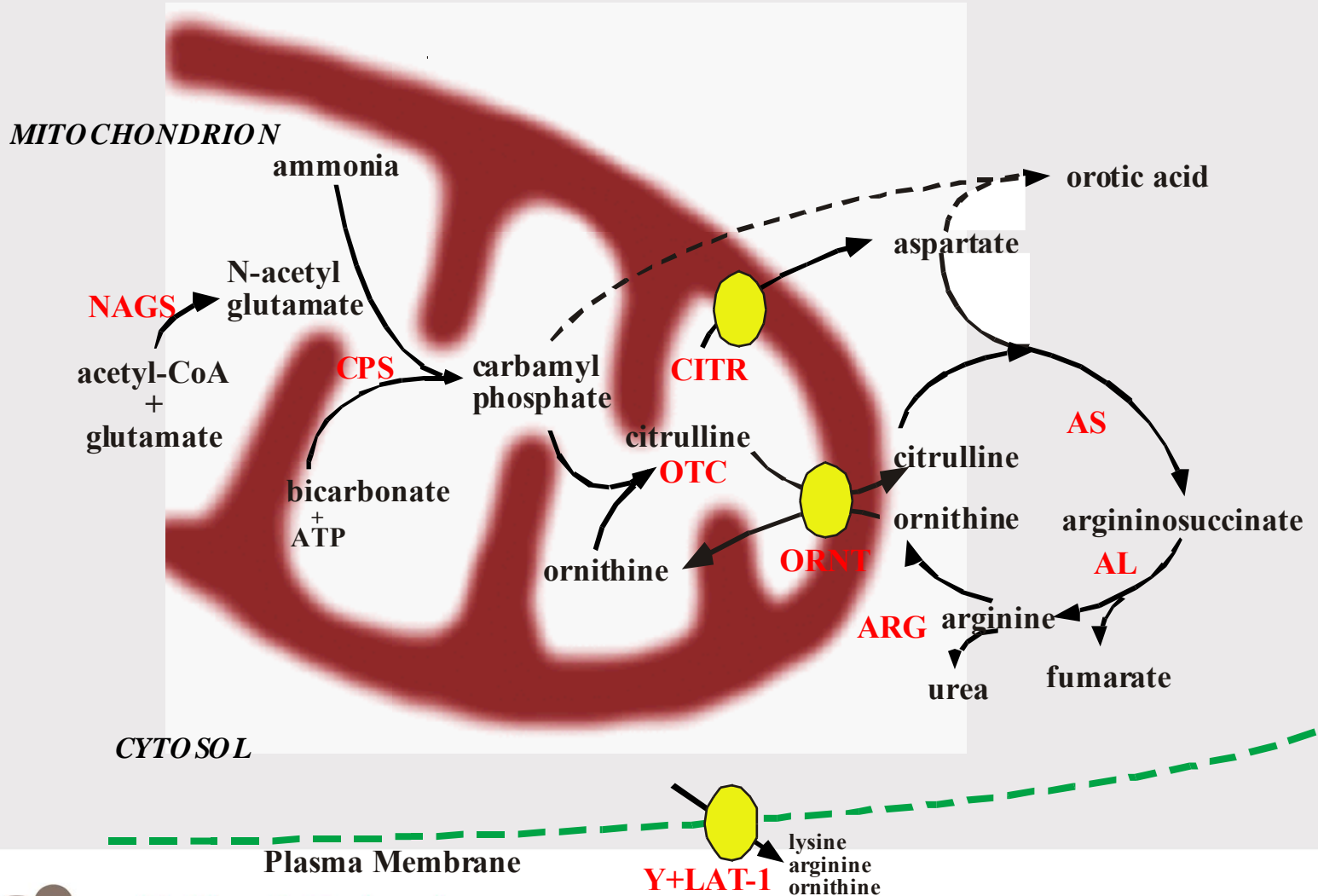
**Mark L. Batshaw, M.D.**

**Physician-in-Chief and  
Chief Academic Officer, CNMC  
Chairman of Pediatrics and  
Associate Dean for Academic Affairs,  
GW**



**Children's National**  
*Medical Center*

# The Urea Cycle



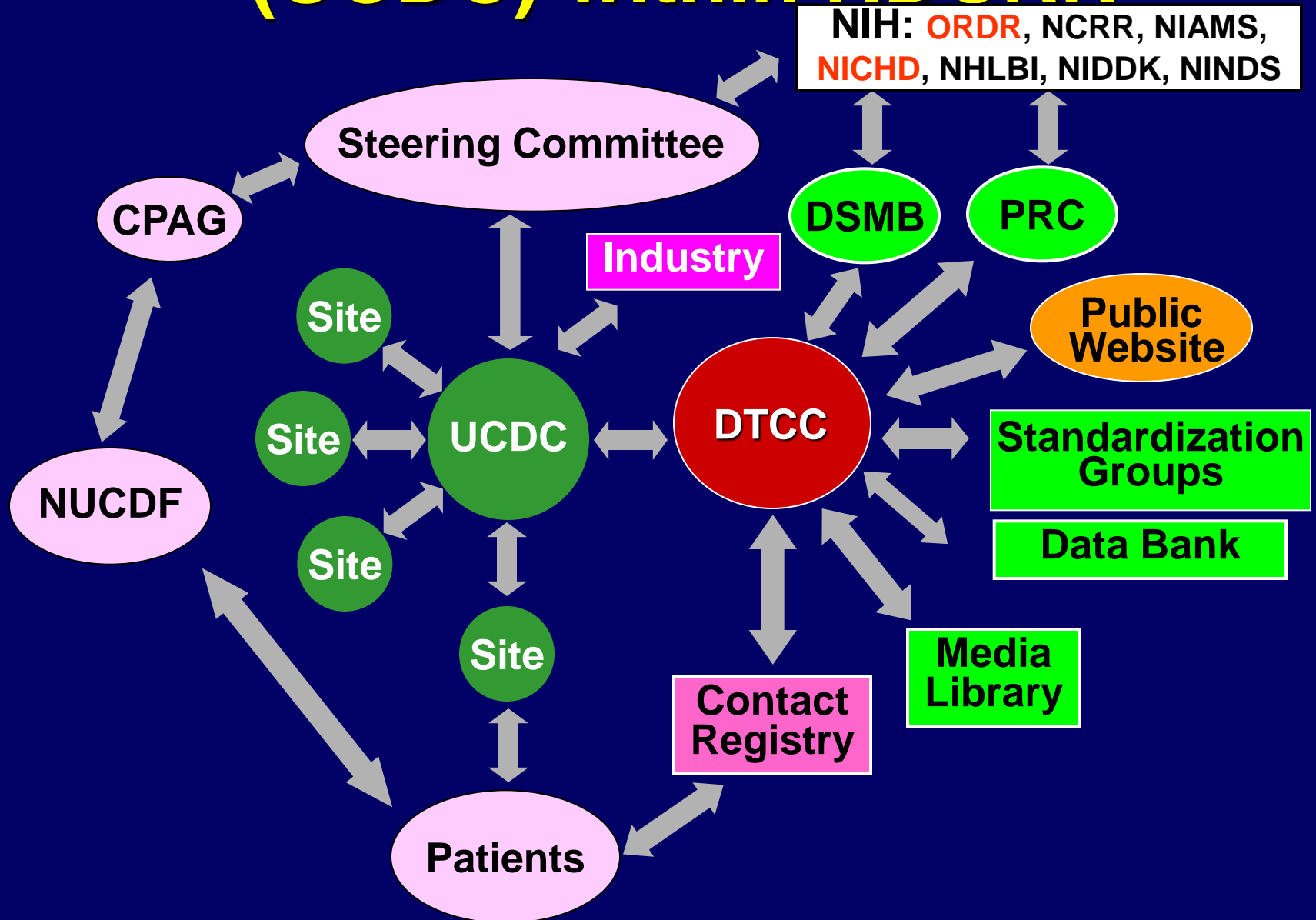
# 8 UCD Studied by the UCDC

- **N-acetylglutamate synthase (unknown)**
- **Carbamyl phosphate synthetase I (1:62,000)**
- **Ornithine transcarbamylase (1:14,000)**
- **Argininosuccinate synthetase (citrullinemia, 1:57,000)**
- **Argininosuccinate lyase (argininosuccinic aciduria, 1:70,000)**
- **Arginase (hyperargininemia, 1:350,000)**
- **Ornithine carrier (HHH, unknown)**
- **Aspartate/glutamate carrier (citrullinemia type II, unknown)**

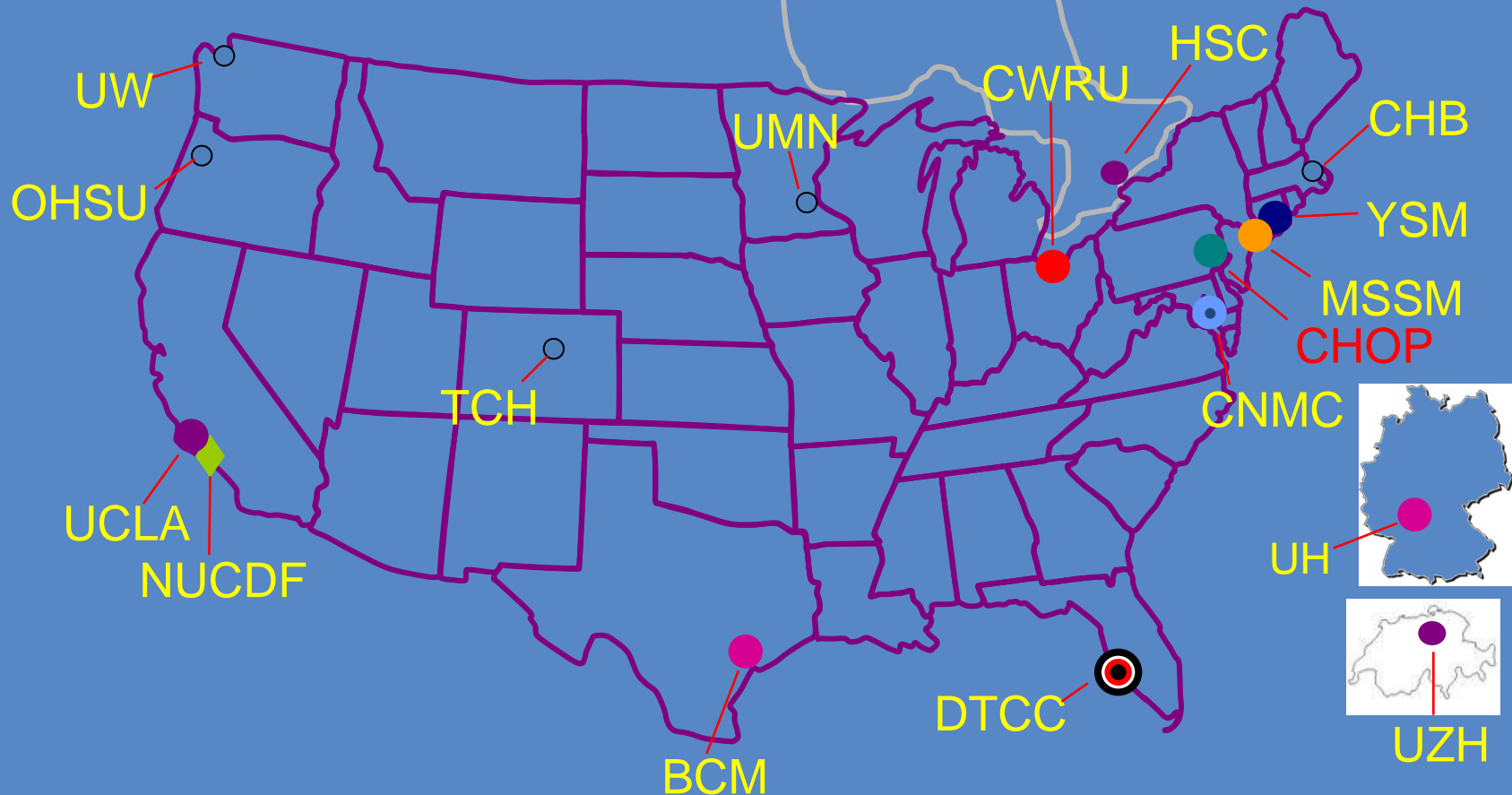
# Goals of Rare Diseases Clinical Research Network

- **Collaborative clinical research in rare diseases**
  - **longitudinal studies**
  - **clinical studies (phase 1 and 2 trials, pilot projects)**
- **Training of clinical investigators in rare disease research**
- **Centralized data repository and data sharing for rare diseases**
- **Improve quality of diagnostic and clinical practice**

# Urea Cycle Disorder Consortium (UCDC) within RDCRN



# Urea Cycle Disorders Consortium Sites



# Recruitment of UCD Patients

- **UCDC Sites**
- **National Urea Cycle Disorders Foundation (NUCDF)**
- **Contact Registry**
- **Society of Inherited Metabolic Diseases (SIMD)**
- **State Newborn Screening Programs**

# Relationships with Advocacy, Industry, NBS

- **National Urea Cycle Disorders Foundation (NUCDF)**
- **Four pharmaceutical companies developing novel interventions for UCD (drugs and biologics)**
- **Newborn Screening Programs: a study to evaluate the impact and cost/benefit of newborn screening for UCD**



# UCDC Lessons Learned

- **The more sites, the more recruitments and diversity**
- **Think through protocols carefully so they are doable**
- **Interdisciplinary collaboration with colleagues is essential**
- **Large research networks develop slowly**
- **Networks improve care by clinical pathway development and adherence**
- **National networks attract attention to rare disorders**

# Barriers to Mission

- **Insufficient funding to accommodate all interested sites**
- **Lack of centralized IRB to approve studies in all sites**
- **Difficult process of protocol amendment**
- **Inability of sites to contact patients after they have registered**
- **Lack of data standardization for rare diseases**

# Funding-Partners and Collaborators

- **NIH and FDA**
- **Collaborations with patient advocacy groups are essential**
- **Important role of major individual patient donors-philanthropy often follows NIH as gold standard**
- **Industry involvement and IP opportunities help funding**
- **Industry becomes interested when there are well characterized, relatively large enrolled populations from diverse ethnic groups**