

COSEB EB-Clinet meeting October 17, 2024 Vienna



Marieke Bolling, MD PhD

Dermatologist, EB Expertise Center

University Medical Center Groningen, the Netherlands

EB-Clinet October 17th 2024

COSEB presentation

- What is COSEB?
- Why & objectives
- Roadmap
- Current status
- Future plans

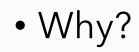


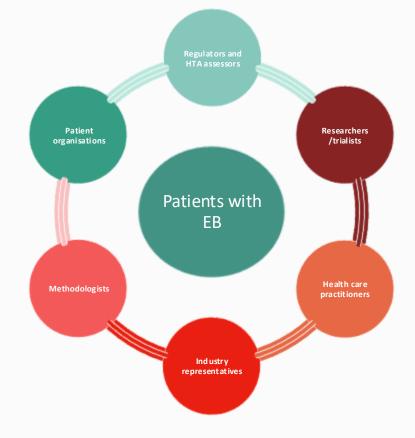


October 17th 2024

What is COSEB?

- Consortium, multi-stakeholder
- Aim: harmonizing and optimizing outcome measurement in clinical trials in EB





COSEB: why?

E Increasing number of potential **novel therapies for EB** in development

Increasing number **interventional studies in EB**



The COSEB initiative



Scoping review Korte *et al* BJD 2023

Steering Committee







Tobias Welponer

Dimitra Kiritsi

Eva Korte









Verena Wally

Peter van den Akker Marieke Bolling

Marjon Pasmooij

C3 methodologists

Jan Kottner





Phyllis Spuls

Sanna Prinsen



Scoping review outcome measurement in EB

Increasing number of potential **novel therapies for EB** in development

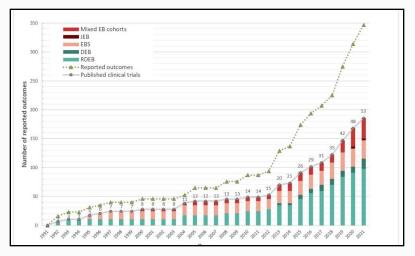
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Increasing number interventional studies in EB



Variety of outcomes and definitions,

many different **instruments, heterogenous** disease



Scoping review Korte *et al* BJD 2023





Needs

- 1. Uniform **definitions** of outcome domains
- 2. Uniform **use** of **outcome domains** (where possible)
- 3. Uniform **use** of the best **instruments** we have (fit for purpose)
- 4. Identify where we **lack** well-functioning instruments
- improve trial/study protocol development and meaningful outcome measurement, comparability of studies and pooling of data in future (much needed in rare disease)
 faster translation of novel therapeutic strategies into the clinic



COSEB: how?

Development of a core outcome set (COS) for EB trials

'A (multi-stakeholder) consensus-based agreed **minimum set** of: **1. outcome domains and 2. measurement instruments** that should be measured and reported in all clinical trials of a specific disease or trial population'

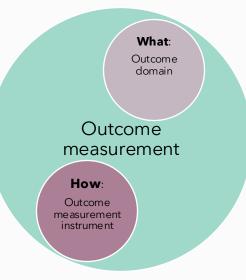


What (outcome) versus how (instrument)!

Main achievements, main tasks

1. Outcome domains (the *what*):

- uniform definitions
- consensus on core outcome domains > core outcome domain set



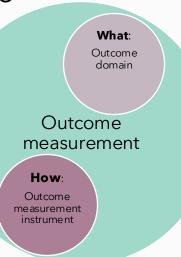
Main achievements, main steps/tasks

1. Outcome domains (the what):

- uniform definitions
- consensus on core outcome domains > core outcome domain set

2. Instruments, fit for purpose (the how):

- What do we have, how do they perform? > core measurement set
- If needed, development of novel instruments and/or optimize the existing



Main achievements, main steps/tasks

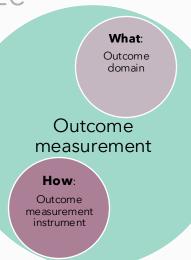
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- uniform definitions
- consensus on core outcome domains > core outcome domain set

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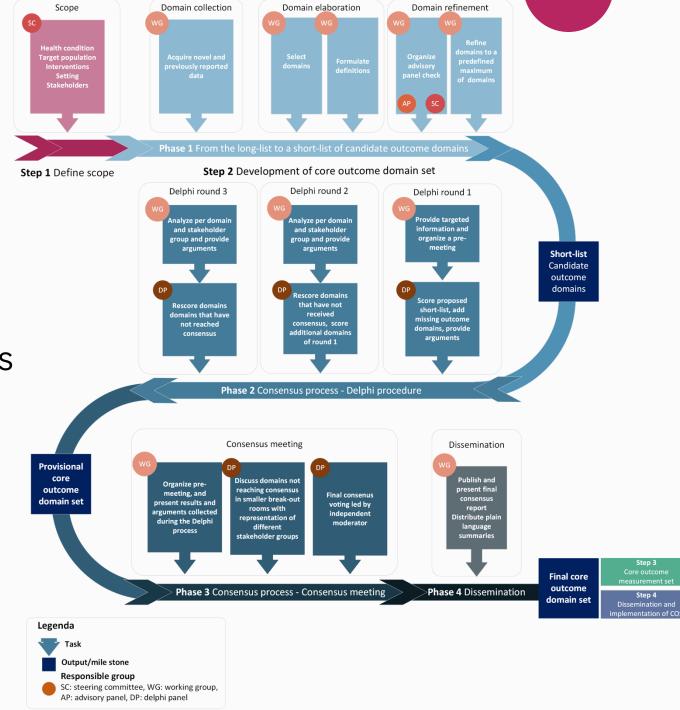
- What do we have, how do they perform? > core measurement set
- If needed, development of novel instruments and/or optimize the existing

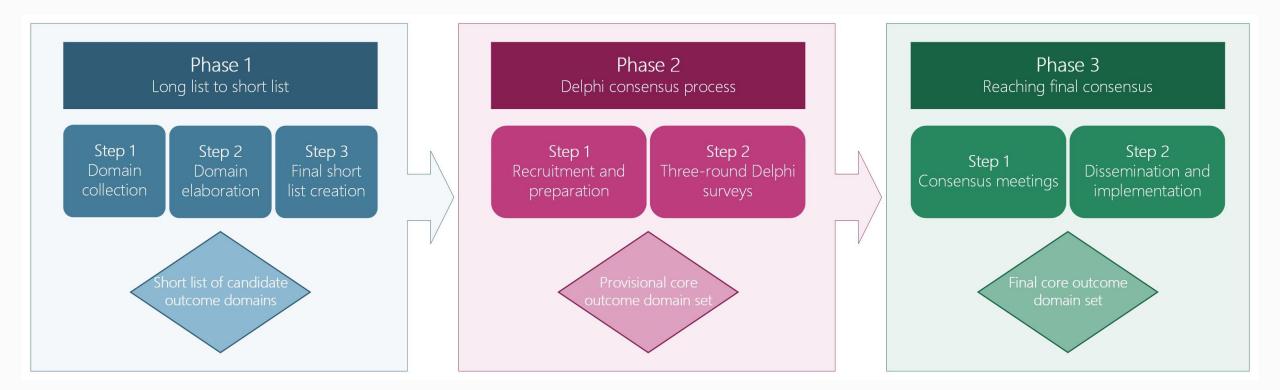
\rightarrow Core outcome set (COS)



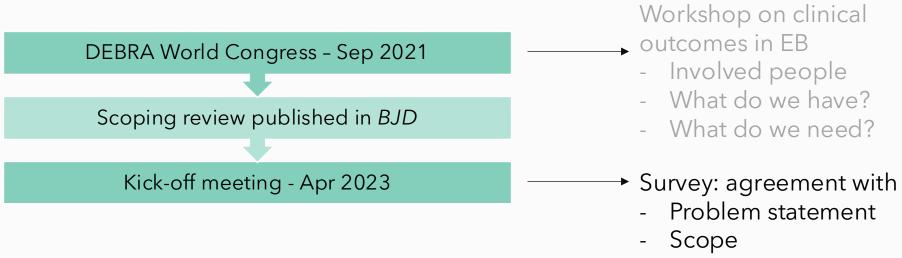
COSEB: how?

- Scope: clinical trials in EB
- COS per main type of EB, WG for each type
- Worldwide, all stakeholders
- Patient voice



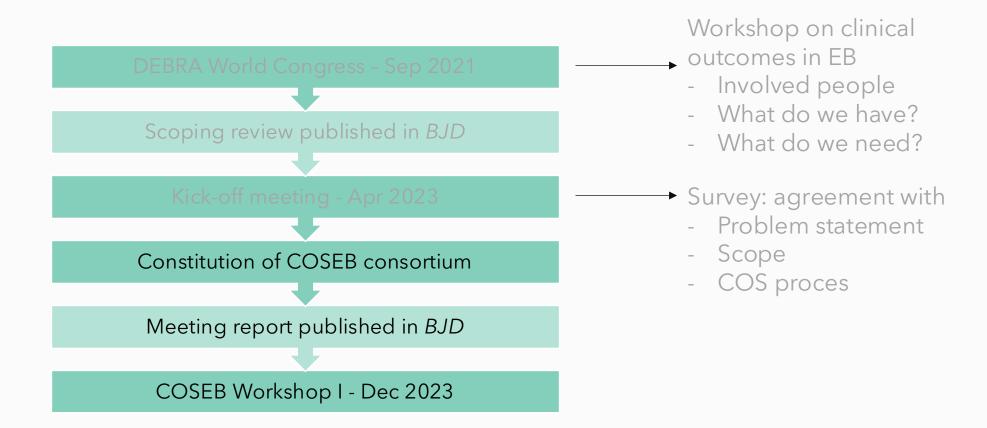


Then \rightarrow Core outcome measurement (the 'how') set



- COS proces





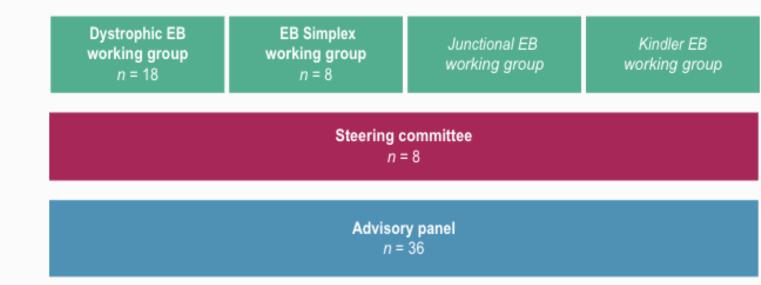


COSEB: where are we?

- Consortium installed (72 members)
- WGs EBS & DEB running

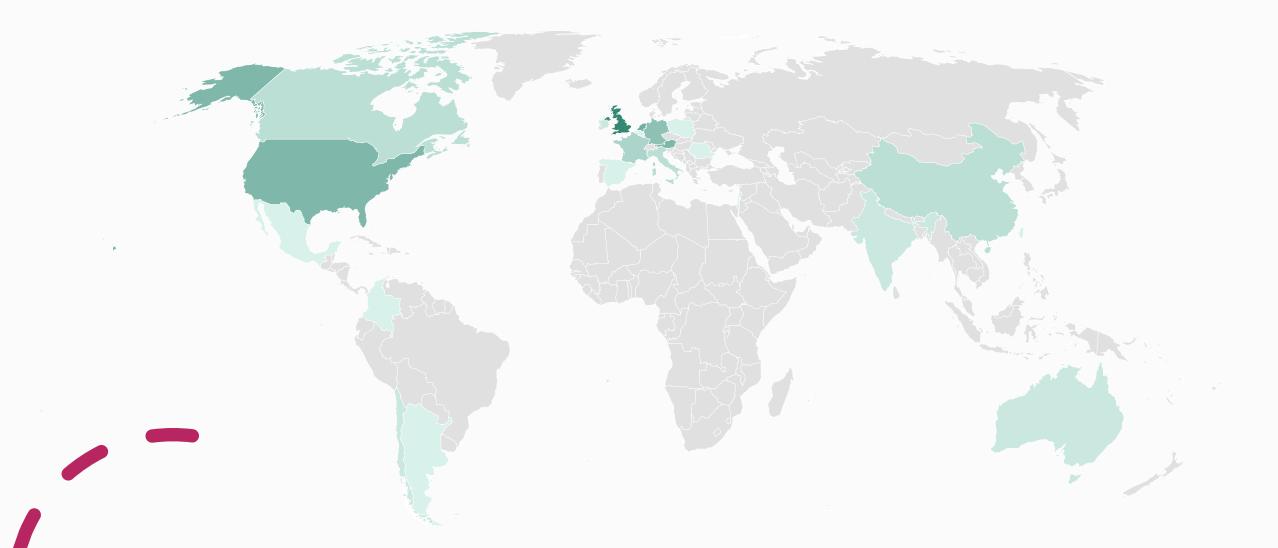
(leads: EBS Ajoy Bardhan; DEB Amy Paller/Irene Lara-Corrales)

• JEB will start (lead: Anne Lucky)





Multi-stakeholder, worldwide



COSEB: where are we?

- Consortium installed (72 members)
- WGs EBS & DEB running
- JEB will start)
- Protocol finalized > ethical approval > submitted
- Grant proposal, awaiting outcome
- Patient voice! > interview study protocol





Step 4 – consolidation of survey/discussion

From 14 outcome areas and 80 outcome domains, now we have 13 outcome areas and 34 outcome domains

Step 1 Define scope

	Muco	ocutaneous manifestations	<u>Qual</u>	ity of life		
	1.	Total BSA of involvement	19.	EB-specific quality of life		
		 BSA of blisters erosions BSA of wounds 	<u>Clinical assessment</u>			
		BSA of wounds BSA of prurigo lesions	20.	Global assessment	mplement	
	2.	Wound area reduction	21.	Patient/parent reported disease severity	in promone	
1	3.	Cancer formation	Reso	urce use		
	4.	Infection (treated with systemic antibiotics	22.	Cost		
	5.	Scarring	23.	Lost days of work/school		
	6.	Lesion characteristics and appearance	Treat	ment characteristics		
	7.	Mucosal involvement	24.	Treatment cost		
	Safety		Patient satisfaction			
	8.	Adverse events	25.	Patient reported satisfaction and benefit		
	Symptoms		Developmental status			
	9.	Pain	26.	Height and weight	laboration	
	10.	ltch	27.	Nutritional status	aboration	
	Physical functioning		28.	Pubertal status (for studies with adolescents)		
	11.	Hand functioning	Extra	cutaneous manifestations	WG	
	12.	Ability to chew	29.	Esophageal strictures		
	13.	Ability to swallow	Psyc	hosocial functioning		
	14.	Contractures	30.	Mental health		
	15.	Daily functionality and disability	31.	Sleep		
	16.	Ability to move	32.	Social functioning	Formulate	
	17.	Fatigue	Deat	h/survival	Formulate	
	18.	Sexual health	33.	Overall survival		
			34.	Treatment related mortality		
					01.0	
					Step 6 – 0	
					•	

Phase 1 From the long-list to

Step 2 Developm

Process:

3.

4.

5.

1. Conor drafted initial definitions

Distributed to working group

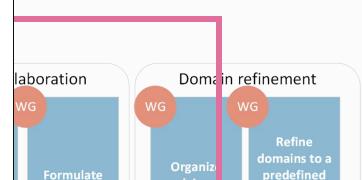
6. Final definitions approved (67)

Discussed during Sept meeting

2. Co-chairs revised

Feedback by email

nplement patient voice





Definitions

Ability to chew - ability to bite/crush/grind food and make it into small pieces that are safe for swallowing.

Ability to move - ability to walk from place to place independently with or without assistive device.

 $\ensuremath{\textbf{Ability}}$ to $\ensuremath{\textbf{swallow}}$ - $\ensuremath{\textbf{safe}}$ and $\ensuremath{\textbf{successful}}$ passage of fluids and/or solids from the mouth to the stomach.

Adverse event - Any untoward medical occurrence in a patient or clinical investigation subject administered an intervention during a research study, regardless of causation.

Blisters - raised, fluid-filled skin lesions without pus.

BSA of involvement - percentage of body surface with active skin disease.

Body surface area (BSA) - total surface of the human body.

 $\ensuremath{\textbf{Cancer}}$ - a group of diseases characterized by the uncontrolled growth of abnormal cells.



COSEB satellite symposium program yesterday

17:30 -	Opening session	Peter van den Akker	
18:00	COSEB aims and roadmap	Marieke Bolling	
	COSEB consortium standing	Martin Laimer	
	Patient voice in COSEB	Eva Korte	
18:00 -	Working group session	Irene Lara-Correles (DEB)	
18:30	Progress, hurdles, expectations	Ajoy Bardhan (EBS)	
18:30 -	Discussion session	Irene Lara-Correles (DEB)	
18:55	Discussion points raised by	Ajoy Bardhan (EBS)	
	working groups and consortium members	Steering Committee panel	
18:55- 19:00	Closing and path forwards	Marieke Bolling	



What's next?

- Awaiting financial support
- Publication COSEB protocol
- Patients' voice: protocol interview studies; international, online
- EBS and DEB WGs:
 - Ask AP about short-list > comments > finalize short-list for voting
 - > Delphi procedures



What's next?

- JEB WG: lead Anne Lucky, membership: interested?
- KEB start-up?
- AP or consortium member?
 - → <u>coseb@umcg.nl</u>



More information

- COSEB websites
 - c3outcomes.org/coseb
 - comet-initiative.org/studies/details/1033
- COSEB publications: PubMed
 - Scoping review: doi.org/10.1093/bjd/ljad077 •
 - BJD editorial: <u>hdoi.org/10.1093/bjd/ljad123</u> •
 - Kick-off meeting report: doi.org/10.1093/bjd/ljad361 •
- Contact: <u>coseb@umcg.nl</u>









Tobias Welponer

Dimitra Kiritsi









Verena Wally

Peter van den Akker Marieke Bolling

Marjon Pasmooij





Acknowledgments



• United Kingdom





COSEB

Thank you!