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Lessons Learned: The Evolution of CF Care



Disclosures

Albert Faro has no personal disclosures relevant to today's presentation.

However, to advance drug development and a search for a cure, his employer the Cystic Fibrosis Foundation (CFF) has contracts with several companies to help fund the development of potential treatments and/or cures for cystic fibrosis. Pursuant to these contracts, CFF may receive milestone-based payments, equity interests, royalties on the net sales of therapies, and/or other forms of consideration. Resulting revenue received by CFF is used in support of our mission. See "How Drugs Get on the Pipeline" on the CFF website for more information.

Additionally, CFF may license CFF Patient Registry data to some companies to monitor drug safety as part of the U.S. Food and Drug Administration's required Phase 4 clinical trials process and to encourage research aimed at improving the care of people with CF, while maintaining our obligation and commitment to protect the privacy of Registry participants. In connection with these licenses, and upon request, CFF may also assist company researchers in interpreting CFF Patient Registry data to aid in designing, analyzing, and interpreting real world studies in CF.



The National Cystic Fibrosis Research Foundation - 1955

Mission:

To assure the development of the means to cure and control CF







Cornerstones Set in Place: 1960's



- CF Care Center Network Benefits:
 - 1) Interdisciplinary care
 - 2) Descriptive research
 - 3) Exposure to faculty and trainees



Patient Registry

Benefits:

- 1) Natural history of the disease
- 2) Track the impact of interventions



CF Foundation Care Center Network

132 Pediatric Programs Adult Programs Affiliate Programs 35 Brunswick Unitea Rhode Island States Delaware Mississippi Alabama Georgia Sonora Chihuahua Coahuila



Care Centers Staffed by Interdisciplinary Teams

Practice informed by CF Foundation Clinical Care Guidelines

US Cystic Fibrosis Foundation and European Cystic Fibrosis Society consensus recommendations for the management of non-tuberculous mycobacteria in individuals with cystic fibrosis

Cystic Fibrosis Foundation Pulmonary Guidelines

Use of Cystic Fibrosis Transmembrane Conductance Regulator Modulator Therapy in Patients with Cystic Fibrosis

International Committee on Mental Health in Cystic Fibrosis: Cystic Fibrosis Foundation and European Cystic Fibrosis Society consensus statements for screening and treating depression and anxiety

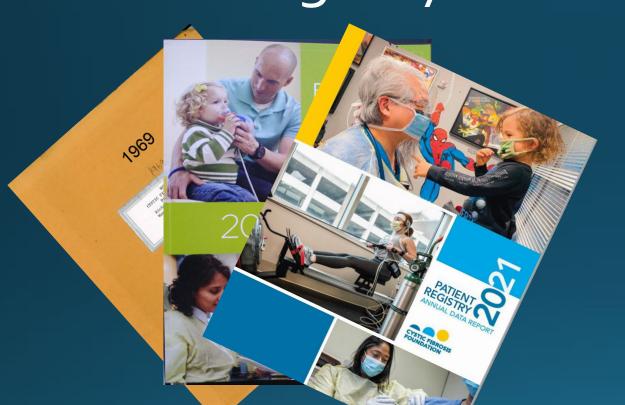
Models of Palliative Care Delivery for Individuals with Cystic Fibrosis: Cystic Fibrosis Foundation Evidence-Informed Consensus Guidelines

Cystic Fibrosis Foundation consensus guidelines for the care of individuals with advanced cystic fibrosis lung disease





High-Quality Specialized Care: Patient Registry



From 1986 through the end of 2014:

- 48,463 unique patients
- 632,022 person-years of data,
- 2,497,178 clinic visits, and
- 241,984 hospitalizations and/or home IV episodes

Knapp EA, et al. Ann Am Thorac Soc 2016;13(7):1173-1179





Uses of the Cystic Fibrosis Foundation Patient Registry

POST-MARKETING

SURVEILLANCE

STUDIES

DISEASE SURVEILLANCE



Track progress

in curing CF and

the impact of

treatments

Test promising new therapies

FRAMEWORK FOR CLINICAL TRIALS



Ensure safety and effectiveness of approved products QUALITY IMPROVEMENT



Provide all patients with high-quality care COMPARATIVE EFFECTIVENESS RESEARCH



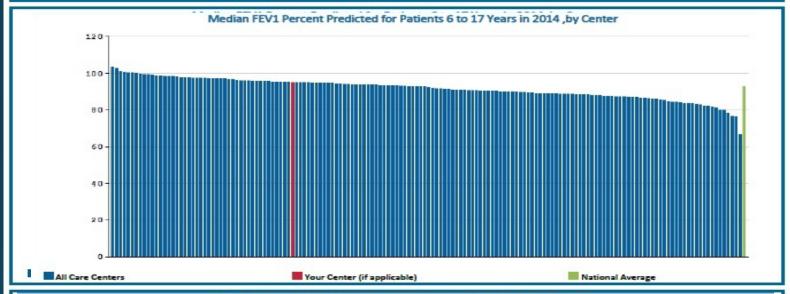
Promote evidence-based clinical decision making

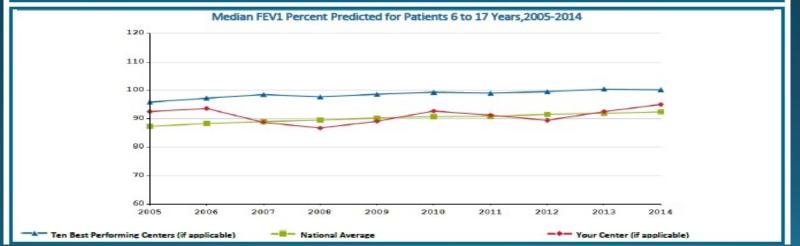




Annual Center-specific reports

Median FEV1 Percent Predicted for Patients 6 to 17 Years Center Name , 2014 95.1 Care Center Network - Median of All Center Values, 2014 92.5 Care Center Network - Average of Top 10 Center Values, 2014 100.3 National Average of All Patients, 2014 92.5





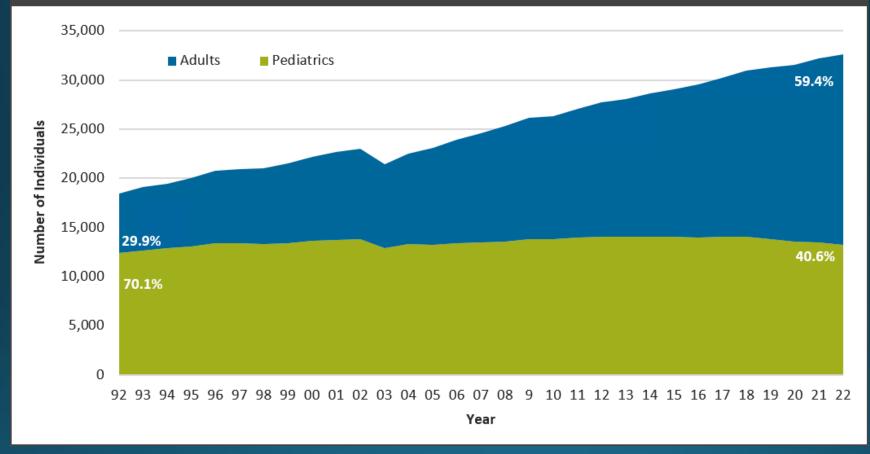




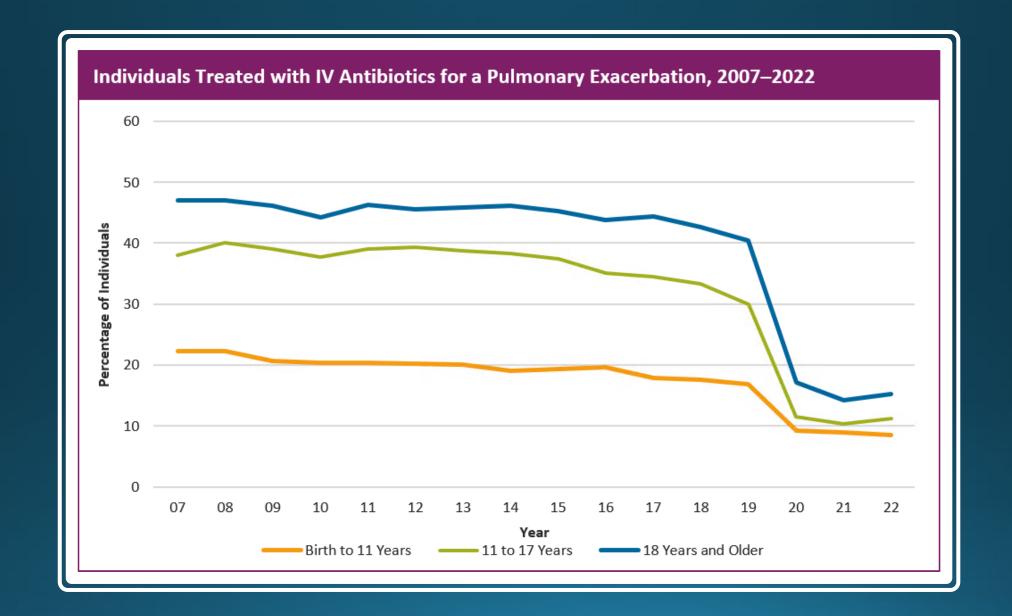








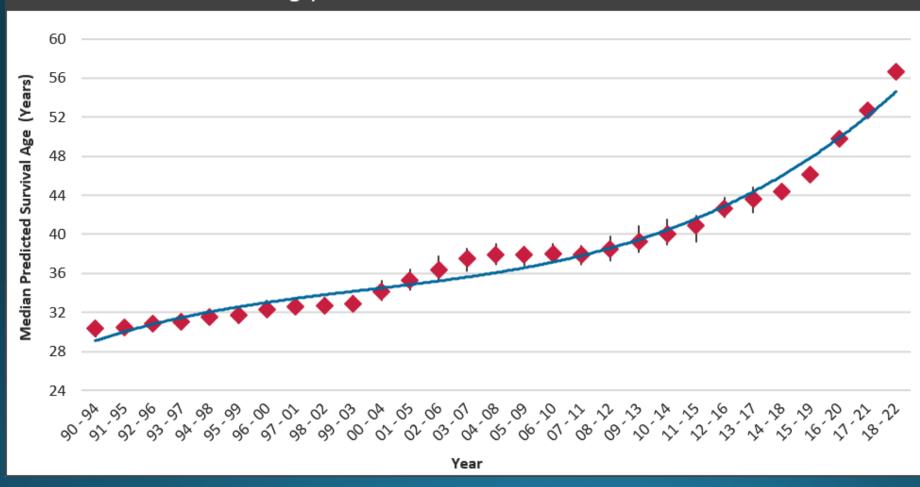




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Survival

Median Predicted Survival Age, 1990–2022 In Five Year Increments





In order to accelerate improvement in outcomes for people with ALS:

- Support the development of high-quality specialized care centers
- Establish a patient registry to define disease disease trajectory, compare outcomes, and facilitate research
- Define best practices and disseminate them
- Standardize approaches where it matters
- Train sites in QI
- Promote benchmarking visits
- Support a clinical research infrastructure within the care center network



Summary

"Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has." Margaret Mead Goalcast



