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| cid:image001.png@01CE8EB0.21494000    Meeting Notes | | | | | | | |
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| Meeting Date | 10/07/2015 | | | | | | |
| Meeting Time | 9 AM (Kick-off) and 11 AM (Post Kick-off) | | | | | | |
| Project Name | Shire Rare Disease HAE Targeting | | | | | | |
| Meeting Purpose | Kick-off | | | | | | |
| Attendees | Dai, Dong (Plymouth Meeting 2); Cai, Yong (Plymouth Meeting 2); Nguyen, John (Plymouth Meeting 2); Daniel, Anu K.(Plymouth Meeting 2); Leavitt, Nadea (Plymouth Meeting) Rigg, John (London); Pitcher, Ashley (London); Schulz, Brian (Plymouth Meeting); Corrigan, Larry (Boston); Bush, Justin (Boston) | | | | | | |
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| |  | | --- | | Agenda |  |  | | --- | | * Kick-off |  |  | | --- | |  | | | | | | | | |
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| Brief Meeting  Summary | | | | | | | |
| * Shire’s list may be a little skewed: (1) the disease is autosomal, so we would normally expect to have 50:50 male:female ratio, however in Shire’s list there are slightly more females (60-75%) (2) they also have more adult population, as Firazyr is indicated for 18+ years old patients and cinryze is indicated for 12-13+ years old patients * Shire’s list that was sent to Experian included all patients who applied for a start form, so Shire will re-run this list and send a list of actual HAE patients to Experian * IMS will increase the number of HAE patients on Shire’s list by using 2 additional approaches suggested in the kick-off deck (Patients with 277.6 ICD-9 and at least one HAE Treatment Rx/procedure); Shire suggested to also look at 995.1 ICD-9 with HAE treatment – we will include these patients, but flag them separately and only use them if HAE sample size gets too small * Shire suggested looking at some additional HAE treatments; clinical is comfortable with these additions, and it making necessary changes to the sql codes * Shire sees a lot of value in each proposed method of reporting the physicians to target (slide 14 of the kick-off), they would perhaps be interested in a combination of these methods (e.g. most recent and most seen physician by HAE patient), Shire will decide later as to what method to use for physician reporting * Non-HAE patient number could be 200x greater than HAE patient number for the modeling aspect * When the final model is agreed upon, and we need to score the universe of patients, we can first subset the universe to those patients who have at least 1 instance of at least 1 relevant predictor (outside of demographics). This will help limit the number of patients who need to go through the model and the processing time | | | | | | | |
| Action items | | Person responsible | | | | | Deadline |
| Shire will send to Experian its updated list of HAE patients | | Larry | | | | | done |
| Prepare methodology for HAE cohort selection (look-back period can be determined based on IMS data of HAE patients, while waiting for Shire’s list) | | Dong | | | | | 10/09 |
| Experian de-identifies Shire’s list | | Megan | | | | | 10/16 |
| Shire will check the list of predictors given by IMS and give a feedback to IMS as to what to include/remove | | Justin/Larry | | | | | 10/16 |
| Attempt to postpone methodology walk-through to October 26 | | Nadea | | | | | Reached out to client |
| Send to the team the methodology document with the following 3 parts:   1. building the modeling dataset (cohort selection/predictors/lookback/eligibility/etc) 2. modeling techniques (high level overview) 3. model application/physician scoring/reporting   Decide how to address stability/eligibility to assure the model can be used to score all patients rather than just eligible patients using stable pharmacies | | Dong, Yong, John | | | | | 10/19 |
| Propose a suggested final deliverable date to December 21 | | Nadea | | | | | 10/08 |
| Set up weekly meetings for November | | Nadea | | | | | 10/08 |
| Ask Paul if we can have a developer onshore rather than offshore | | Nadea | | | | | done |