The Humanistic and Economic Impact of Fibrodysplasia Ossificans Progressiva on Primary Caregivers: Results from an International Burden of Illness Survey

Mona Al Mukaddam,¹ Katherine S. Toder,¹ Michelle Davis,² Kim Croskery,³ Anne-Sophie Grandoulier,⁴ Elaine A. Böing,⁵ Frederick S. Kaplan¹

¹Departments of Orthopaedic Surgery and Medicine, The Center for Research in FOP and Related Disorders, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, U.S.; ²International FOP Association, Kansas City, MO, U.S.; ³Ipsen, Wrexham, U.K.; ⁴Ipsen, Paris, France; ⁵Ipsen, Cambridge, MA, U.S.

Background

- Fibrodysplasia ossificans progressiva (FOP; OMIM #135100) is an ultra-rare, genetic disorder characterised by heterotopic ossification in soft and connective tissues causing severe, irreversible disability.^{1,2}
- Disability in FOP is cumulative; most people with the disorder use a wheelchair by their third decade of life and require lifelong assistance in performing activities of daily living.^{3,4}
- While recent research has enhanced understanding of the clinical aspects of FOP, less is known about the humanistic and economic impact of FOP on primary caregivers.

Objective

To determine the social, emotional, health/psychological, and employment impact of supporting a family member with FOP on primary caregivers

Methods

- An international, cross-sectional burden of illness survey (NCT04665323) was co-created with advisors from the FOP community.
- The survey was available online between 18th January and 30th April 2021 across 15 countries and in 11 languages.
- Participants were recruited through the International FOP Association (IFOPA) and national/regional FOP organisations.
- People with FOP of any age, as well as their immediate family members (parents/legal guardians and siblings aged ≥18 years), were eligible to participate;
 - Family members who identified as the primary caregiver for the person with FOP answered additional survey questions.
- All family members completed a bespoke, FOP-specific questionnaire that assessed the social and emotional impact of caring for a family member with FOP.
- Primary caregivers completed the Zarit Burden Interview (ZBI) that assessed the impact of caring for a family member with FOP on health and/or psychological wellbeing:
 - ZBI total scores range from 0–88 and impact was assessed as the following: <21, little/absent; 21–40, mild to moderate; 41–60, moderate to severe; 61–88, severe.
- All family members answered questions related to the impact of FOP on their careers.

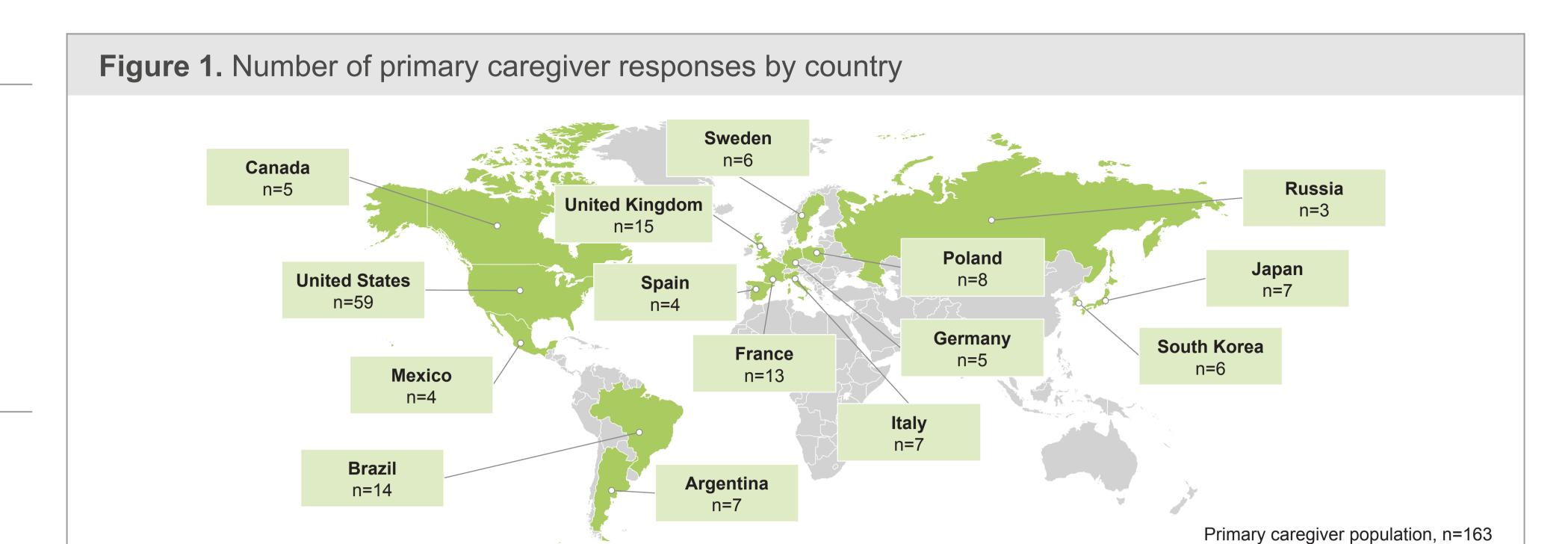
Results

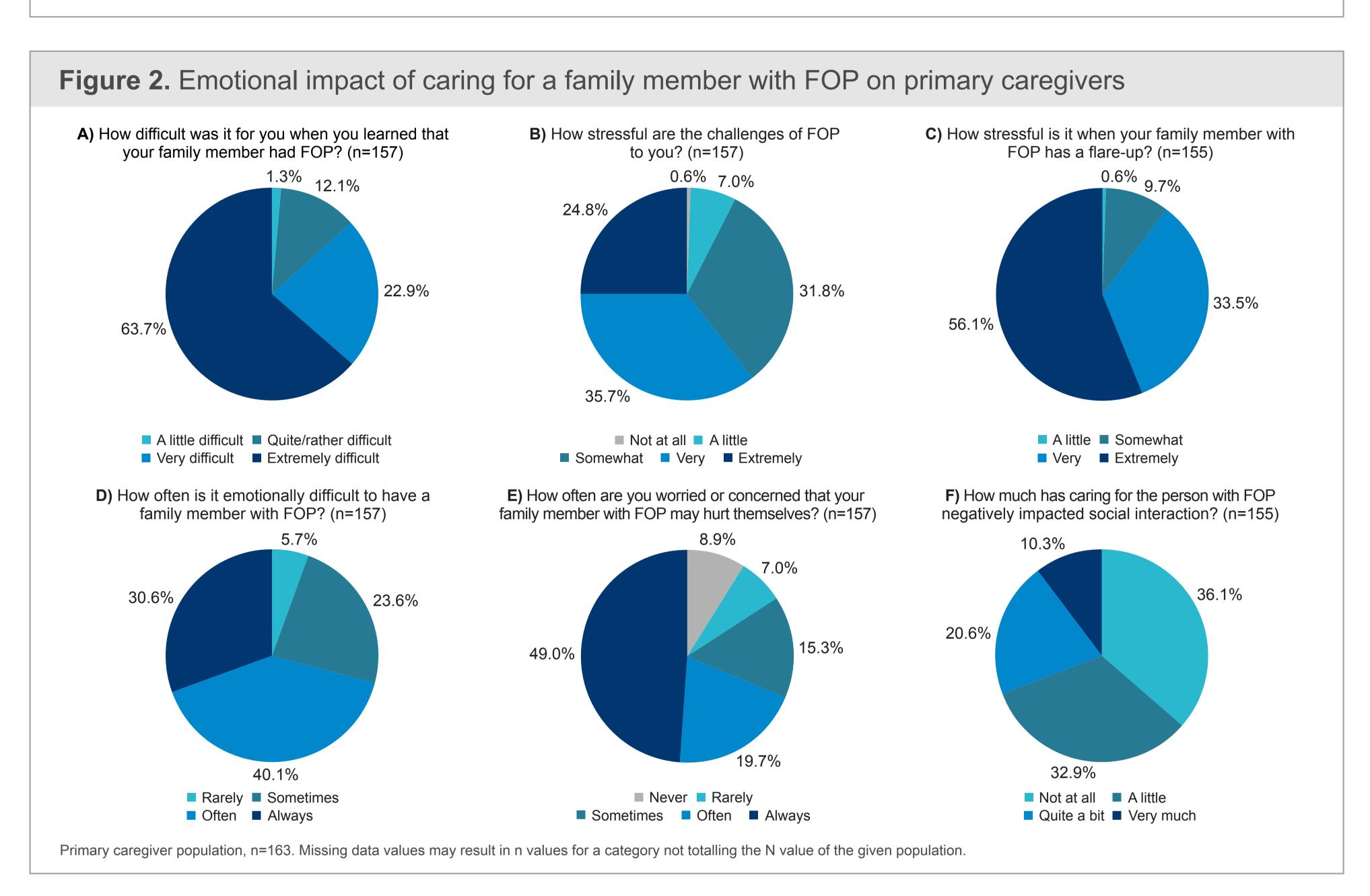
- 163 primary caregivers responded to the survey:
 - Mean (standard deviation [SD]) age of primary caregivers was 49.2
 (12.0) years and 85.4% identified as female;
 - The number of primary caregiver responses by country is presented in Figure 1.
- Primary caregivers reported a large emotional impact of supporting their family member with FOP (Figures 2A, 2B, 2C):
 - Additionally, most primary caregivers often or always found it emotionally difficult to have a family member with FOP and worried about their family member with FOP hurting themselves (Figures 2D, 2E);
 - Over two-thirds of primary caregivers reported that caring for their family member with FOP had little or no impact on their social interactions (Figure 2F).
- The activities for which primary caregivers most often assisted their family member with FOP are presented in **Figure 3**:
 - Primary caregivers spent a mean (SD) of 10.6 (8.6) hours per day looking after their family member with FOP.
- Close to half (45.1%) of primary caregivers reported a ZBI total score indicating that supporting their family member with FOP had a mild to moderate impact on their health and/or psychological wellbeing:
 - Fewer primary caregivers reported a ZBI total score indicating little/absent (39.9%), moderate to severe (13.7%) or severe (1.3%) impact.
- Primary caregivers supporting younger people with FOP (<8 years)
 reported a greater impact of caregiving on their health and/or
 psychological wellbeing compared with those supporting older people
 with FOP (≥25 years; Figure 4).
- Over half of primary caregivers (51.3%) felt they needed to adapt their career to support their family member with FOP.

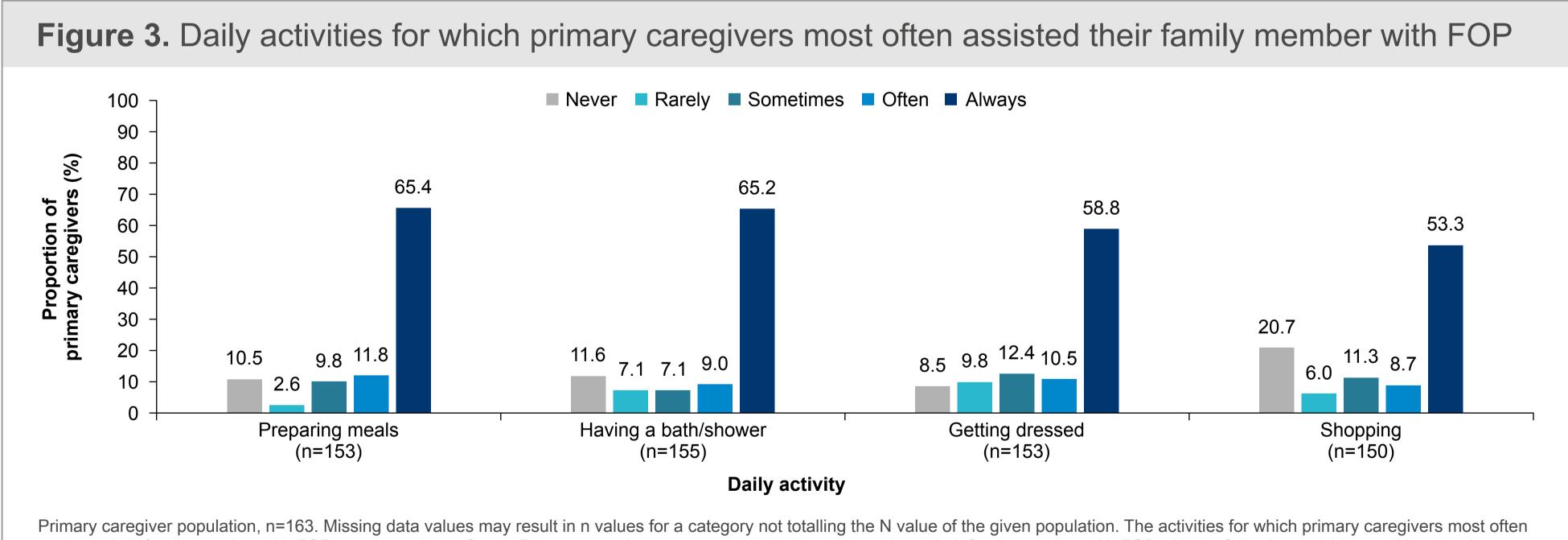
CONCLUSIONS

- Primary caregivers of people with FOP reported experiencing a wide range of humanistic impacts.
- Experiences such as learning of their family member's FOP diagnosis and supporting their family member through flare-up symptoms were reported to be emotionally challenging by the majority of primary caregivers.
- Most primary caregivers reported needing to adapt their careers to support their family member with FOP.
- These data highlight the personal and societal impacts of caring for an individual with FOP and may help to identify areas of unmet need and inform additional support strategies for the FOP community.

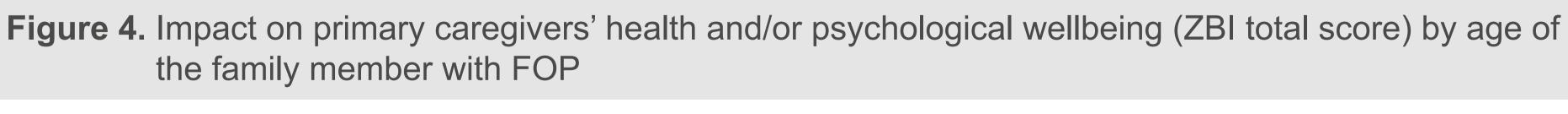
Abbreviations FOP: fibrodysplasia ossificans progressiva; IFOPA: International FOP Association; SD: standard deviation; U.K.: United Kingdom; U.S.: United States; ZBI: Zarit Burden Interview. **References 1.** OMIM #135100 FOP. Volume 2020; **2.** Kaplan FS et al. J Bone Joint Surg Am 1993;75:220–30; **3.** Connor JM & Evans DA. J Bone Joint Surg Br 1982;64:76–83; **4.** Pignolo RJ et al. Bone 2020;134:115274.

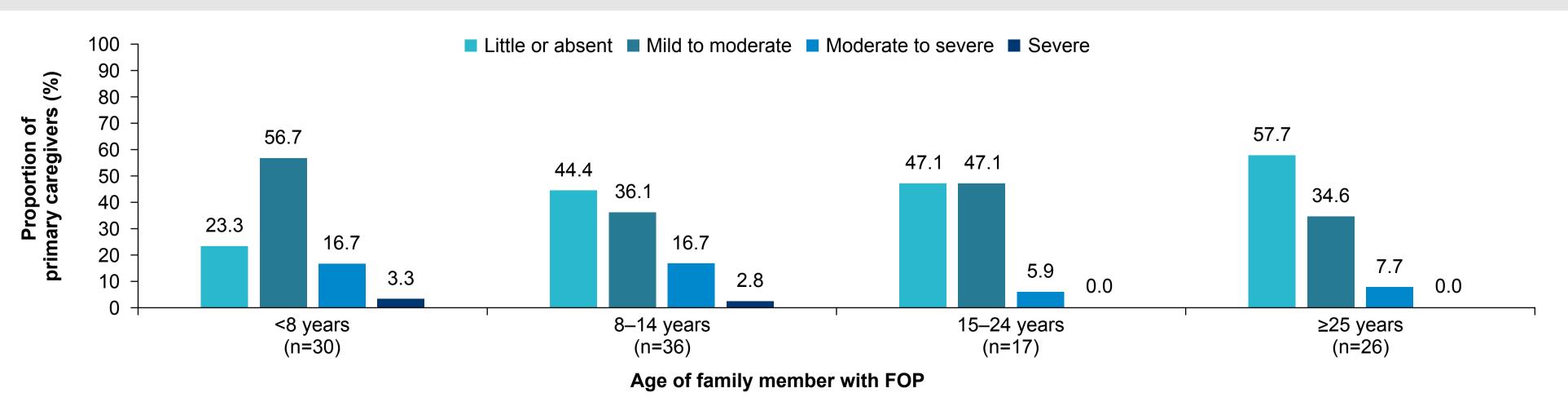






Primary caregiver population, n=163. Missing data values may result in n values for a category not totalling the N value of the given population. The activities for which primary caregivers most ofter assisted their family member with FOP are shown in the figure. Primary caregivers were asked whether they assisted their family member with FOP with the following activities: walking, leaving the house, shopping, administration/bills, getting dressed, having a bath/shower, preparing and cooking meals, eating, and drinking. Only activities for which ≥50% of primary caregivers reported "always" assisting their family member with FOP are shown.





Primary caregiver population, n=163. Missing data values may result in n values for a category not totalling the N value of the given population. A higher ZBI score indicates a greater impact of caring for a family member with FOP on the health and/or psychological wellbeing of the primary caregiver.

Author contributions Substantial contributions to study conception/design, or acquisition/analysis/interpretation of data: **MAM**, **KST**, **MD**, **KC**, **ASG**, **EAB**, **FSK**; Drafting of the publication, or revising it critically for important intellectual content: **MAM**, **KST**, **MD**, **KC**, **ASG**, **EAB**, **FSK**; Final approval of the publication: **MAM**, **KST**, **MD**, **KC**, **ASG**, **EAB**, **FSK**.

Disclosures MAM: Research investigator: Clementia/Ipsen, Regeneron; Non-paid consultant: BioCryst, Blueprint Medicines, Daiichi Sankyo, Incyte, Keros; Advisory board (all voluntary): IFOPA Registry Medical Advisory Board, Incyte, International Clinical Council on FOP; non-restricted educational fund from Excel and Catalyst sponsored by Ipsen; **KST:** Research funding from Clementia/Ipsen and Regeneron; **MD:** Member of the Rare Bone Disease Alliance Steering Committee and the Rare Bone Disease Summit Steering Committee; **KC, EAB:** Employees and shareholders of Ipsen; **ASG:** Employee of Atlanstat, contractor for Ipsen; **FSK:** Research investigator: Clementia/Ipsen, Regeneron; Advisory Board: IFOPA Registry Medical Advisory Board; Founder and Past-President of the International Clinical Council on FOP.

Acknowledgements The authors thank all participants involved in the study and the FOP study team which includes Michelle Davis, Executive Director of the IFOPA, Adam Sherman, former Research Director of the IFOPA, and the following FOP community advisors, who all contributed to the design of this study: Christopher Bedford-Gay, U.K.; Anna Belyaeva, Russia; Amanda Cali, U.S.; Julie Collins, Australia; Suzanne Hollywood, U.S.; Antoine Lagoutte, France; Moira Liljesthröm, Argentina; Karen Munro, Canada; Nancy Sando, U.S. We thank Marin Wallace, Canada and Roger zum Felde, Germany for their contributions to this project prior to their passing. The survey was carried out by Engage Health (Eagan, Minnesota, U.S.). Translation of the survey was managed by the specialist vendor TransPerfect Life Sciences and validated by local affiliates of Ipsen.

Medical writing support The authors thank Jamie Doorbar, MSc, and Ellie Zachariades, MSc, of Costello Medical, U.K. for providing medical writing support, and Emma White of Costello Medical, U.K. for design support, which was sponsored by Ipsen in accordance with Good Publication Practice guidelines.