

A GLOBAL PROSPECTIVE OBSERVATIONAL REGISTRY OF PATIENTS WITH POMPE DISEASE

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Study

Planned

Administrative details

EU PAS number

EUPAS107299

Study ID

107300

DARWIN EU® study

No

Study countries

☐ Argentina

☐ Australia

☐ Austria

☐ Belgium

☐ Bosnia and Herzegovina

☐ Brazil

☐ Canada

☐ Chile

☐ Czechia

☐ Denmark

☐ Estonia

☐ France

☐ Germany

☐ Greece

☐ Hungary

☐ Israel

☐ Italy

☐ Japan

☐ Korea, Republic of

☐ Netherlands

☐ New Zealand

☐ Poland

☐ Portugal

☐ Serbia

☐ Slovakia

☐ Slovenia

☐ Spain

☐ Sweden

☐ Taiwan

☐ Thailand

☐ United Kingdom

☐ United States

Study description

The goal of this registry is to assess clinical outcomes in patients with Pompe disease, including patients with late-onset Pompe disease (LOPD) or infantile-onset Pompe disease (IOPD), regardless of current or previous therapy.

Study status

Planned

Research institutions and networks

Institutions

Amicus Therapeutics

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Institution

Contact details

Study institution contact

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Study contact

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Primary lead investigator

Roberts Mark

Study timelines

Date when funding contract was signed

Planned: 01/10/2023

Study start date

Planned: 01/10/2023

Date of final study report

Planned: 30/12/2033

Sources of funding

- Pharmaceutical company and other private sector

More details on funding

Amicus Therapeutics Inc

Regulatory

Was the study required by a regulatory body?

Yes

Is the study required by a Risk Management Plan (RMP)?

EU RMP category 3 (required)

Other study registration identification numbers and links

POM-005

Methodological aspects

Study type

Study type list

Study type:

Non-interventional study

Main study objective:

- To evaluate the long-term safety of Pompe disease treatments through collection of data that describe the frequency of AEs/SAEs occurring in Pompe disease patients - To evaluate the long-term real-world effectiveness - To evaluate the long-term real-world impact of Pompe disease treatments on QOL and PROs - To describe the natural history of untreated Pompe disease

Study Design

Non-interventional study design

Cohort

Study drug and medical condition

Name of medicine

POMBILITI

OPFOLDA

Population studied

Age groups

Preterm newborn infants (0 – 27 days)

Term newborn infants (0 – 27 days)

Infants and toddlers (28 days – 23 months)

Children (2 to < 12 years)

Adolescents (12 to < 18 years)

Adults (18 to < 46 years)

Adults (46 to < 65 years)

Adults (65 to < 75 years)

Adults (75 to < 85 years)

Adults (85 years and over)

Estimated number of subjects

500

Study design details

Data analysis plan

No formal hypotheses will be tested in this registry. Demographics and medical history (including but not limited to disease stage, time since diagnosis, prior and concomitant medication use, prior treatment with ERTs, and co-morbidities) will be summarized using descriptive statistics, with number and percent for categorical variables, and n, mean, SD, SE of the mean, median, minimum, and

maximum for continuous variables. Quantitative analyses may include incidence rates of events, reasons for dropout and discontinuation, time-to-event profiles, and descriptions of clinical outcomes such as impact on physical function, HRQOL, and the occurrence of AEs, including but not limited to IARs, hypersensitivity reactions (including anaphylaxis), immune complex related reactions, and medication errors in the home infusion setting. Demographics and medical history will also be summarized using descriptive statistics on different subgroups.

Data management

ENCePP Seal

The use of the ENCePP Seal has been discontinued since February 2025. The ENCePP Seal fields are retained in the display mode for transparency but are no longer maintained.

Data sources

Data sources (types)

[Disease registry](#)

[Electronic healthcare records \(EHR\)](#)

Use of a Common Data Model (CDM)

CDM mapping

No

Data quality specifications

Check conformance

Unknown

Check completeness

Unknown

Check stability

Unknown

Check logical consistency

Unknown

Data characterisation

Data characterisation conducted

No