

State of the State of Sickle Cell Disease

Ted W. Love, M.D.

President and CEO Global Blood Therapeutics, Inc. March 30, 2022 **GBT** Hope + Science + Community

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OUR AGENDA TOGETHER

- Sickle Cell Disease Overview
- GBT's Commitment to the Community
- Needs & Momentum at Federal Level
- SCD in Georgia
- A Call to Action

LIVING OUR MISSION

To truly make sickle cell disease a well-managed disease, we must continue to advance innovations in care and address longstanding gaps in health equity.

Muyiwa Age 36 Durham, NC Actual Patient

AN URGENT UNMET NEED

Millions of patients worldwide¹

Historically limited treatment options; most focused on pain

30-year reduced life expectancy²



Varying Clinical Manifestations

Patient A, age 12

Cognitive issues

 Major impact on performance in school

Patient B, age 16

10 surgeries, one stroke, but no VOCs

 Undergoes regular blood transfusions Patient C, age 17

Sustained fatigue and VOCs

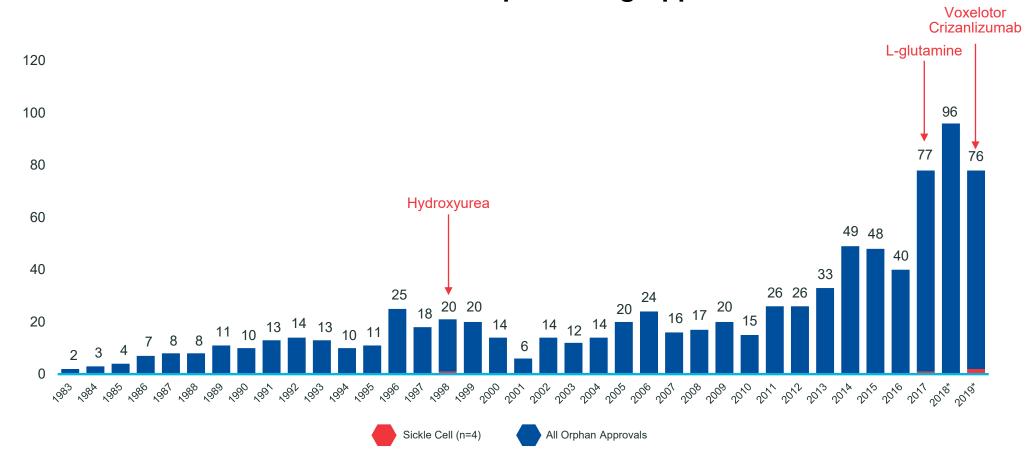
 Pain impacts ability to go to school and do activities

VOC, vaso-occlusive crisis.

1. Population data: <u>Centers for Disease Control and Prevention website</u>. Sickle Cell Disease (SCD). Accessed February 23, 2022; <u>European Medicines Agency</u>. Accessed February 23, 2022. Data on file. 2. Piel FB, Steinberg MH, Rees DC. Sickle cell disease. New Engl J Med. 2017;376;16:1561-1574.



Number of FDA Orphan Drug Approvals



Adapted from Miller, KL. Investigating the landscape of US orphan product approvals. Orphanet J Rare Dis. 2018; 13: 183.

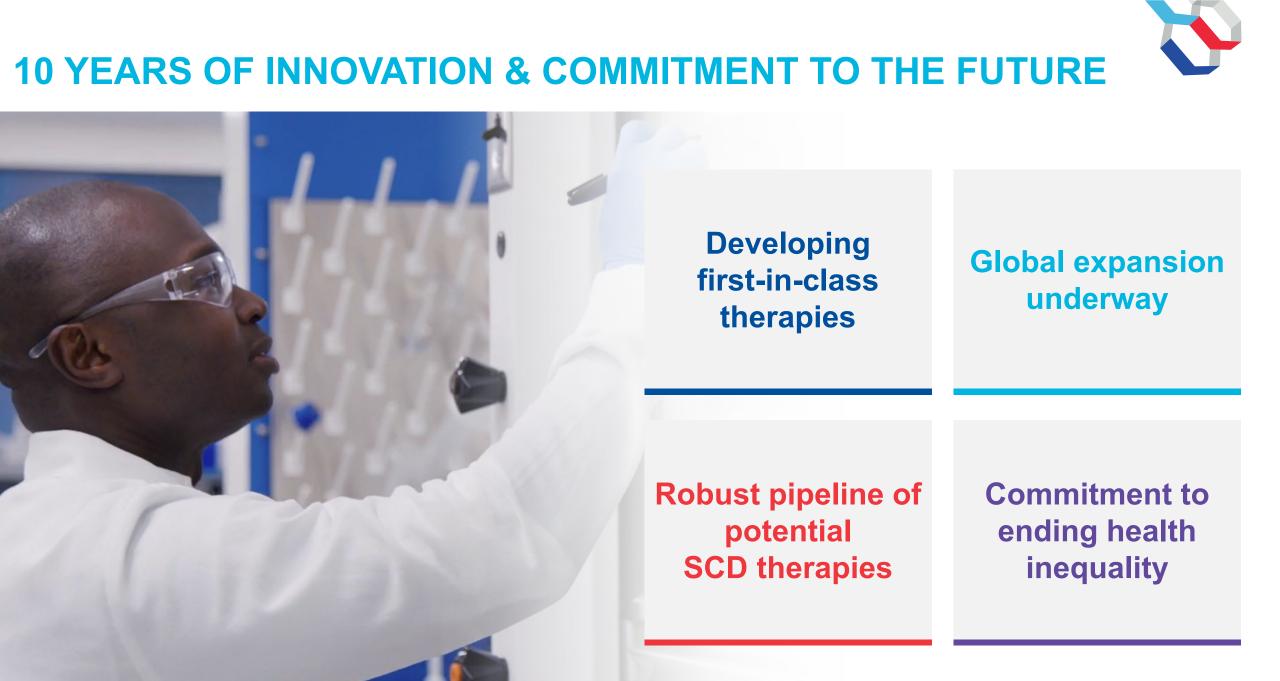
*Food and Drug Administration (FDA). Search orphan drug designations and approvals. http://www.accessdata.fda.gov/scripts/opdlisting/oopd/index.cfm. Accessed October 2020.

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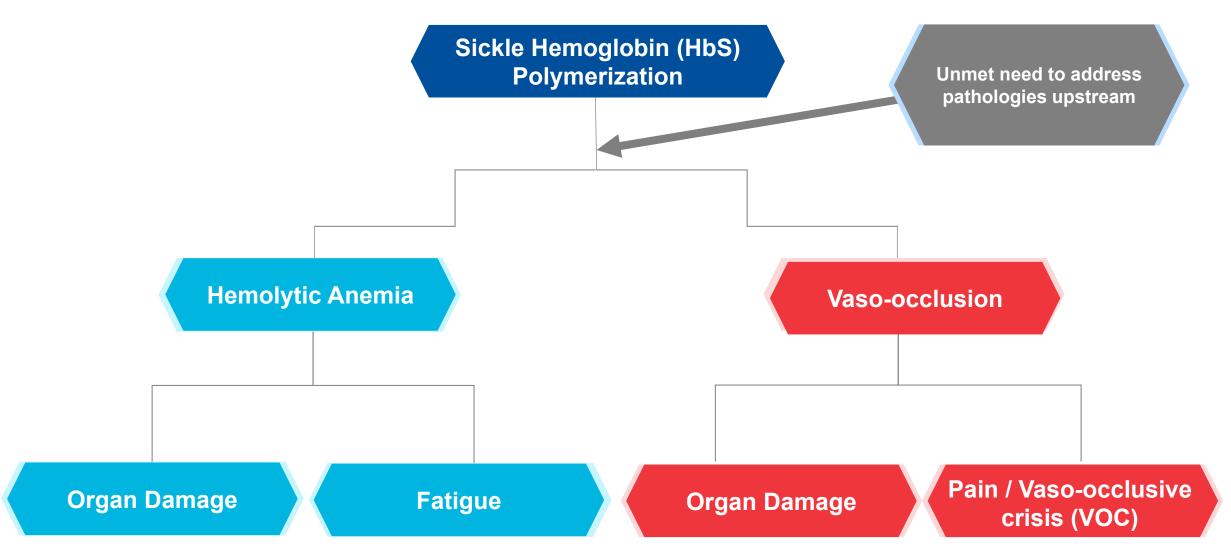
FOUNDED TO ADDRESS SICKLE CELL DISEASE





SCD, sickle cell disease. © Global Blood Therapeutics, Inc. 2022

ADDRESSING THE UNDERLYING PATHOLOGIES





RACE AND DISEASE DISCRIMINATION IMPACT CARE

Provider misconceptions can lead to undertreatment¹

- + Fear that the patient is a drug abuser
- + Disbelief in the patient's pain severity
- + Reluctance to prescribe opioids

Interactions with healthcare system can be challenging

- + Negative attitudes about patients with SCD²
- + Longer wait times in the ER³
- Poor communication, spending less time, less respect⁴

ED = emergency department; HCP = healthcare provider;

^{1.} Adams-Graves P and Bronte-Jordan L. Expert Rev Hematol. 2016;9:541-552; 2. Glassberg J et al. Am J Hematol. 2013;88:532-533; 3. Haywood C Jr et al. Am J Emerg Med. 2013;31:651-656; 4. Haywood C Jr et al. Patient Educ Couns. 2014;96:159-164.





Community engagement

Closing the knowledge gap





Access to Excellent Care for Sickle Cell Patients

ACCELERATING HIGHER QUALITY CARE IN SCD





Access to Excellent Care for Sickle Cell Patients (ACCEL) Grant Program 2021 Grantees



Improving the Transition from Pediatric to Adult Care for SCD Patients in Rural Areas of California



Increasing COVID-19 Vaccine Awareness in the SCD Community across the U.S.



Empowering SCD Patients to Educate Healthcare Providers about the Impact of Race and Healthcare Disparities



Connecting SCD Patients and Families with Health and Social Service Resources



Building a Collaborative Community Network to Mitigate Social Determinants of Health





Improving Communication with Patients and Families

Offering Disease Education and

Improving Transitions from Pediatric to Adult Care



Helping SCD Patients Better Manage Pain with Palliative Care



Increasing Nurses' Theoretical and Clinical Expertise in the Care of SCD Patients

SCD IN THE US & GEORGIA

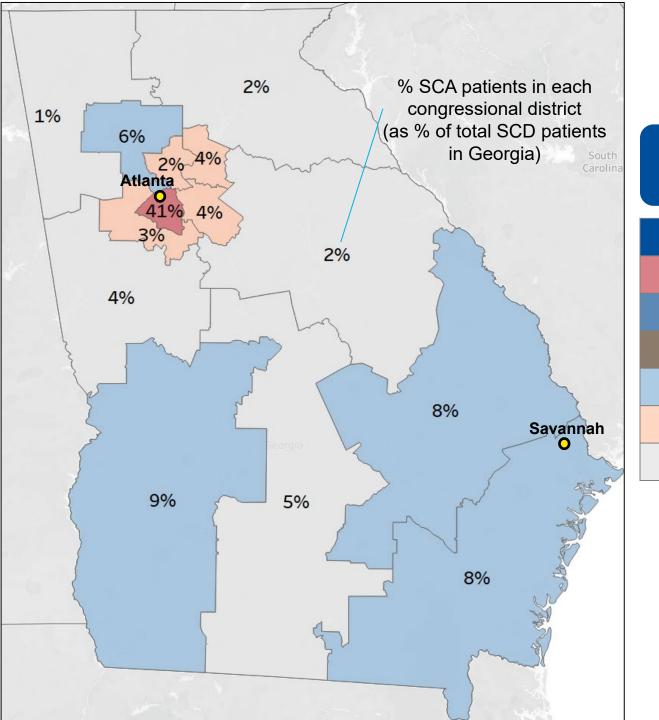
MEETING SCD PATIENTS WHERE THEY ARE



~84% of SCD Patients (age 12+) Live in 17 States

Top 20 Metro Areas with SCD Patients

- 1. New York-Northern New Jersey-Long Island, NY-NJ-PA MSA
- 2. Miami-Fort Lauderdale-Pompano Beach, FL MSA
- 3. Atlanta-Sandy Springs-Marietta, GA MSA
- 4. Washington-Arlington-Alexandria, DC-VA-MD-WV MSA
- 5. Philadelphia-Camden-Wilmington, PA-NJ-DE-MD MSA
- 6. Chicago-Naperville-Joliet, IL-IN-WI MSA
- 7. Houston-Sugar Land-Baytown, TX MSA
- 8. Dallas-Fort Worth-Arlington, TX MSA
- 9. Baltimore-Towson, MD MSA
- 10. Los Angeles-Long Beach-Santa Ana, CA MSA
- 11. Detroit-Warren-Livonia, MI MSA
- 12. Memphis, TN-AR-MS MSA
- 13. Orlando-Kissimmee, FL MSA
- 14. Tampa-St. Petersburg-Clearwater, FL
- 15. Virginia Beach-Norfolk-Newport News, VA-NC MSA
- 16. New Orleans-Metairie-Kenner, LA MSA
- 17. Phoenix-Mesa-Scottsdale, AZ MSA
- 18. Las Vegas-Paradise, NV MSA
- 19. Cleveland-Elyria-Mentor, OH MSA
- 20. Jacksonville, FL MSA



GEORGIA



Total SCD Patients in Georgia = 3,812 (6% of total SCD Patients in Nation)

Category (CDs in GA)

High Density – Urban (1 in GA)

High Density – Rural (0 in GA)

Medium Density – Urban (0 in GA)

Medium Density - Rural (4 in GA)

Low Density – Urban (4 in GA)

Low Density – Rural (5 in GA)

NATIONAL AND STATE SICKLE CELL DISEASE MOMENTUM

The National Academies of SCIENCES • ENGINEERING • MEDICINE

CONSENSUS STUDY REPORT

ADDRESSING SICKLE CELL DISEASE

A STRATEGIC PLAN AND BLUEPRINT FOR ACTION Increased investment in innovative medicines

Growing focus on health equity Policy initiatives to improve SCD patient care

SCD now receives more attention, but more is needed to ensure lasting and impactful change.

COUNCIL FOR SCD HEALTHCARE EQUITY





Biree Andemariam, MD Director. NF Sickle Cell Institute University of Connecticut

Betty Pace, MD Tedesco Distinguished Chair, Ped Hematology Augusta University



Diane Nugent, MD Chief. Hematology Children's Hospital of Orange County



Latasha Lee, PhD, MPH Independent



Emma Andelson Managing Director, MMS Program Manager, Sick Health Management Cells



Mattie Robinson **Micromattie Consulting**



Donnell Ivy, MD Vice-CMO SCDAA



Mary Brown President & CEO Sickle Cell Disease Foundation



Matt Powers

Associates

Charlotte Curtis Founder. Sickle Cycle



Wanda Whitten-Shurney, MD

CEO, Michigan Chapter

SCDAA

Purpose

Create a unified advocacy voice at highest level to bring forth broad programs that impactfully improve the healthcare of people with sickle cell disease

Approach

Actionable objectives anchored to vision of NASEM report

Goals

- Align with key stakeholders on high priority initiatives
- Advance priorities to fruition using collective strength

Vision

- + U.S.-focused effort initially to create traction/precedent
- Global expansion using momentum from U.S. effort

THE OUTCOME



The Sickle Cell Disease Treatment Centers Appropriations Act To amend the Public Health Service Act to authorize grants to fund sickle cell disease and other heritable hemoglobinopathy treatment centers and reauthorize a sickle cell disease prevention and treatment demonstration program – and appropriate funds to support these programs accordingly.

Key Sponsors:

- + Congresswoman Barbara Lee (D-CA)
- + Congressman Michael Burgess (R-TX)

KEY ASPECTS OF PROPOSED LEGISLATION



Funds a nationwide network of 128 sickle cell disease treatment centers based on a hub-and-spoke framework to treat patients with SCD or other hemoglobinopathies

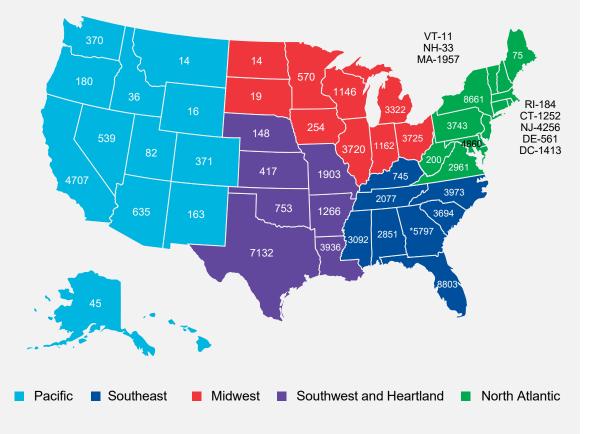
Funds 110 community-based organizations so that they can support patients, families, and communities to provide training and education to providers, patients, and families

Reauthorizes the HRSA Sickle Cell Disease Treatment Demonstration Project

Establishes a National/Regional Coordinating Center(s) that will coordinate infrastructure and submit report to Congress

Expansion of the Centers for Disease Control and Prevention (CDC) data collection and surveillance

Sickle Cell Regional Structure



STAKEHOLDER ACTIVATION AND ENGAGEMENT







SCD Advocacy Groups



Professional/Medical Associations



Policymakers

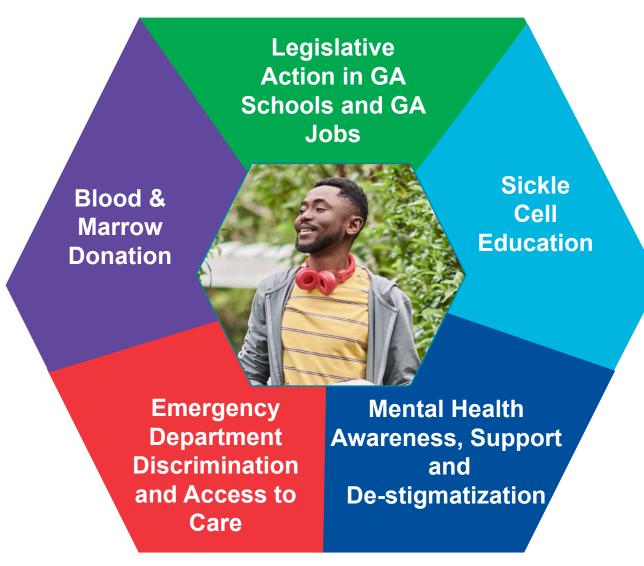


Industry Stakeholders

SCCC AGENDA FOR GEORGIA: POWER IN THE COLLECTIVE







A CALL TO ACTION







Thank You



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