

# Identifying APDS Patients Through Prelaunch HCP Education

A multi-specialty digital education program for Activated PI3K Delta Syndrome (APDS) — a primary immunodeficiency first characterized in 2013, unknown to most clinicians.

**39,650**

physicians  
reached

**67%**

of target  
audience reached

**12,121**

HCPs engaged  
with content

**76**

genetic tests  
ordered

**1,694**

KOL video  
plays

**5**

APDS patients  
identified (out of a universe  
of ~1,000)

## THE EDUCATIONAL CHALLENGE

APDS was first characterized in 2013 — one of the most recently identified primary immunodeficiencies. With overlapping symptoms across four specialties and no established diagnostic pathway, most clinicians had never encountered or considered the diagnosis.

### WHY EDUCATION WAS CRITICAL

#### Newly characterized disease

APDS was identified just over a decade ago — awareness among even specialist clinicians remained very low at the time of program launch

#### Symptoms span four specialties

Frequent respiratory infections, lymphadenopathy, bronchiectasis, and GI issues mean patients may present to immunologists, hematologists, pulmonologists, or gastroenterologists

#### No established diagnostic pathway

Without widely available genetic testing awareness and no clear referral route, patients with APDS were routinely misclassified or diagnosed with common primary immunodeficiency

#### Hard-to-reach specialists

Across four specialties totaling 59,043 HCPs, traditional outreach was insufficient to establish baseline awareness before launch

## THE EDUCATIONAL APPROACH

### Specialty-tailored content strategy

Disease education was designed to match the specific symptoms and tests each specialty was most likely to encounter — not a single one-size-fits-all message

### Sequential education funnel

A five-stage program moved HCPs from initial awareness through disease facts, polling, KOL video, and ultimately genetic testing — each stage building on the last

### Interactive knowledge assessment

Polling questions served a dual purpose: engaging HCPs with clinically relevant questions while providing real-time needs assessment data across specialties

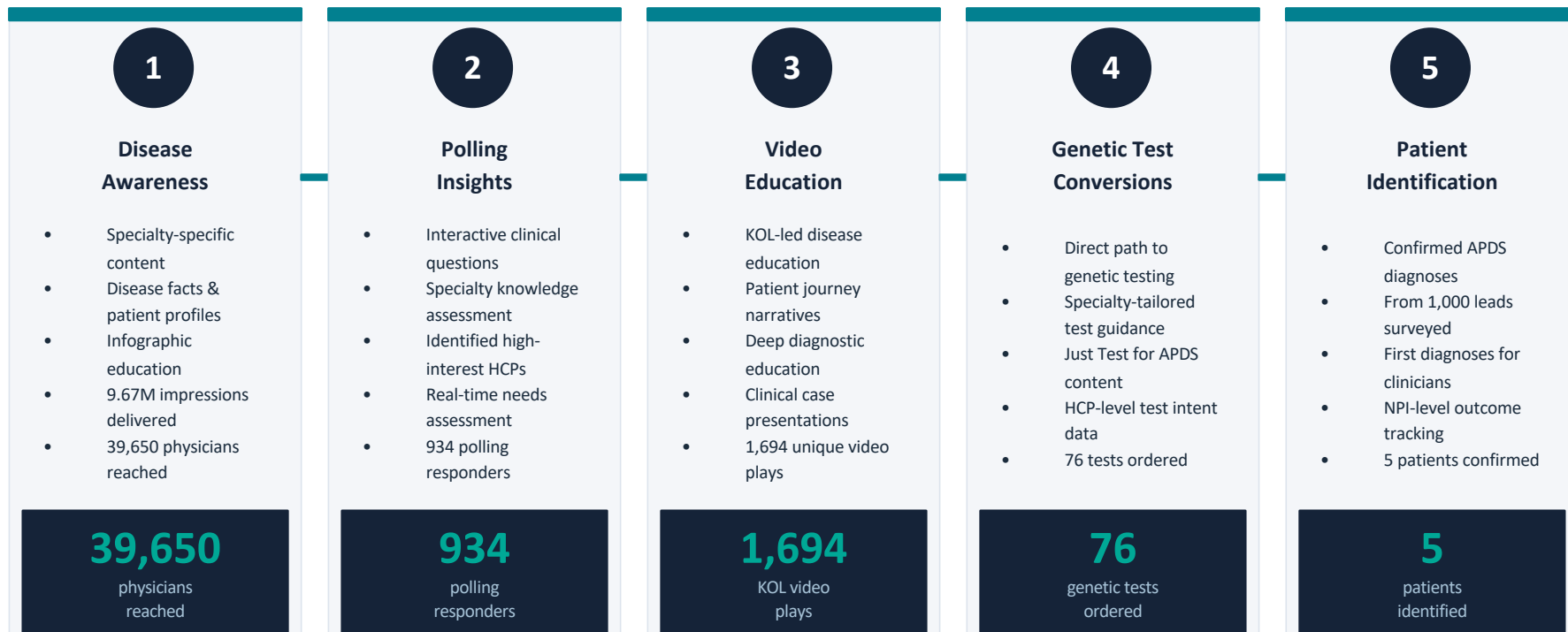
### NPI-verified reach and reporting

Every touchpoint was matched to individual NPI numbers across all four specialties, enabling physician-level engagement data and prioritized follow-up

**With only ~5 patients per 1,000 specialists identified, the educational goal was not just awareness — it was to equip clinicians with enough knowledge to recognize and act on a diagnosis they had likely never made before.**

## THE PROGRAM ARCHITECTURE · A SEQUENTIAL FIVE-STAGE EDUCATION FUNNEL

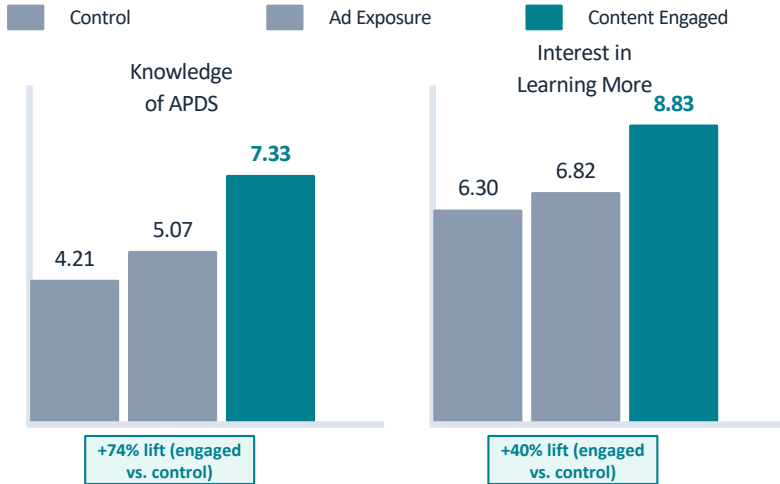
Rather than a single-channel awareness push, the program was designed as a structured educational journey — each stage building clinical depth and moving HCPs closer to diagnostic action.



RESEARCH OUTCOMES · PRIMARY STUDY CONFIRMS KNOWLEDGE AND SYMPTOM AWARENESS GAINS

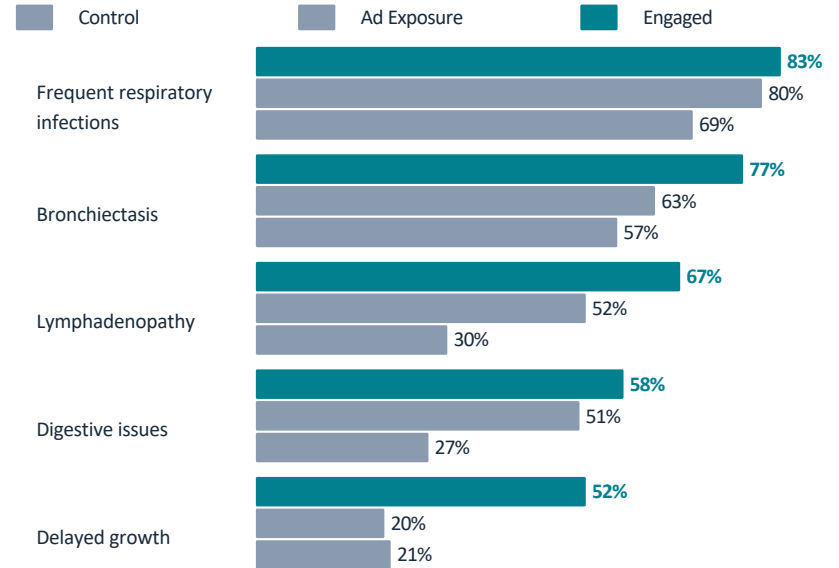
A post-program primary research study among immunologists measured the differential impact of content engagement on knowledge of APDS and intent to learn more — against both an impressions group and an unexposed control.

KNOWLEDGE AND INTEREST LIFTS (Scale 1–10)



Engaged HCPs showed statistically significant higher knowledge (+74%) and interest in learning more (+40%) about APDS vs. the unexposed control group.

APDS SYMPTOM AWARENESS (% aware)



Engaged HCPs had significantly higher awareness across all 5 key APDS symptoms vs. control — most notably for lymphadenopathy (+123%) and digestive issues (+115%).

**PROGRAM OUTCOMES · FROM ZERO AWARENESS TO CONFIRMED PATIENT IDENTIFICATION**

Across a 12-month prelaunch program, a structured five-stage education campaign reached 67% of a defined four-specialty target audience — and produced the rarest of outcomes: confirmed new patient diagnoses.

**39,650**

physicians reached  
across 4 specialties

**12,121**

HCPs engaged  
with content

**76**

genetic tests  
ordered

**5**

new APDS patients  
identified

**WHAT THIS MEANS FOR MEDICAL AFFAIRS****Education can precede a treatment — not just support it**

The program launched before a treatment was available, demonstrating that disease education in the prelaunch window directly builds the diagnostic readiness that launch depends on.

**Polling as clinical needs assessment**

Interactive polling questions generated 934 verified specialist responses, providing real-time insight into baseline knowledge gaps across four specialties — equivalent to a formal medical affairs survey at scale.

**Sequential content design mirrors MSL educational strategy**

The five-stage funnel (awareness → polling → video → testing → patient ID) mirrors how MSL teams advance knowledge: broad awareness first, then progressively deeper clinical engagement leading to action.

**Behavioral outcomes, not just awareness metrics**

76 genetic tests ordered and 5 confirmed patient identifications represent measurable clinical behavior change — the clearest possible evidence that educational engagement translated into diagnostic action.

**For ultra-rare diseases with low baseline HCP awareness, the RMN platform provides a proven pathway from clinical education to diagnosis — measurable at the individual physician level.**