

Reaching the Right Specialists At the Moment of Clinical Curiosity

A structured digital education program for WHIM Syndrome that moved target immunologists and hematologists from awareness to active clinical engagement.

Rare Medical Network · Rare Immunology News · Rare Hematology News

84%

of target
HCPs reached

13,261

curriculum
page views

3,090

knowledge
assessments taken

**“Seeing WHIM
everywhere”**

target hematologist
post-program

THE CLINICAL CHALLENGE · A CONDITION HIDING IN PLAIN SIGHT

WHIM Syndrome is a treatable primary immunodeficiency — yet most physicians who see these patients have never considered the diagnosis.

WHY EDUCATION MATTERED



Patients wait years for diagnosis — WHIM mimics more common conditions including cyclic neutropenia and common variable immunodeficiency



The diagnosing specialists — immunologists and hematologists — lack formal disease education pathways for ultra-rare conditions



Lab findings (leukopenia, neutropenia) are present but rarely attributed to WHIM without targeted clinical education



Pediatric onset means the diagnostic window is early — but awareness among both adult and pediatric immunologists is low

“All of a sudden, it seems like I am seeing WHIM Syndrome everywhere.”

— Target hematologist, post-program

THE EDUCATIONAL RESPONSE

Cross-specialty targeting

Immunologists + hematologists + infectious disease specialists — each specialty's diagnostic lens on the same condition

Structured content curriculum

8 sequential formats across two phases — from disease overview through case-based application — designed as a learning arc, not an ad campaign

Knowledge assessment (RareIQ)

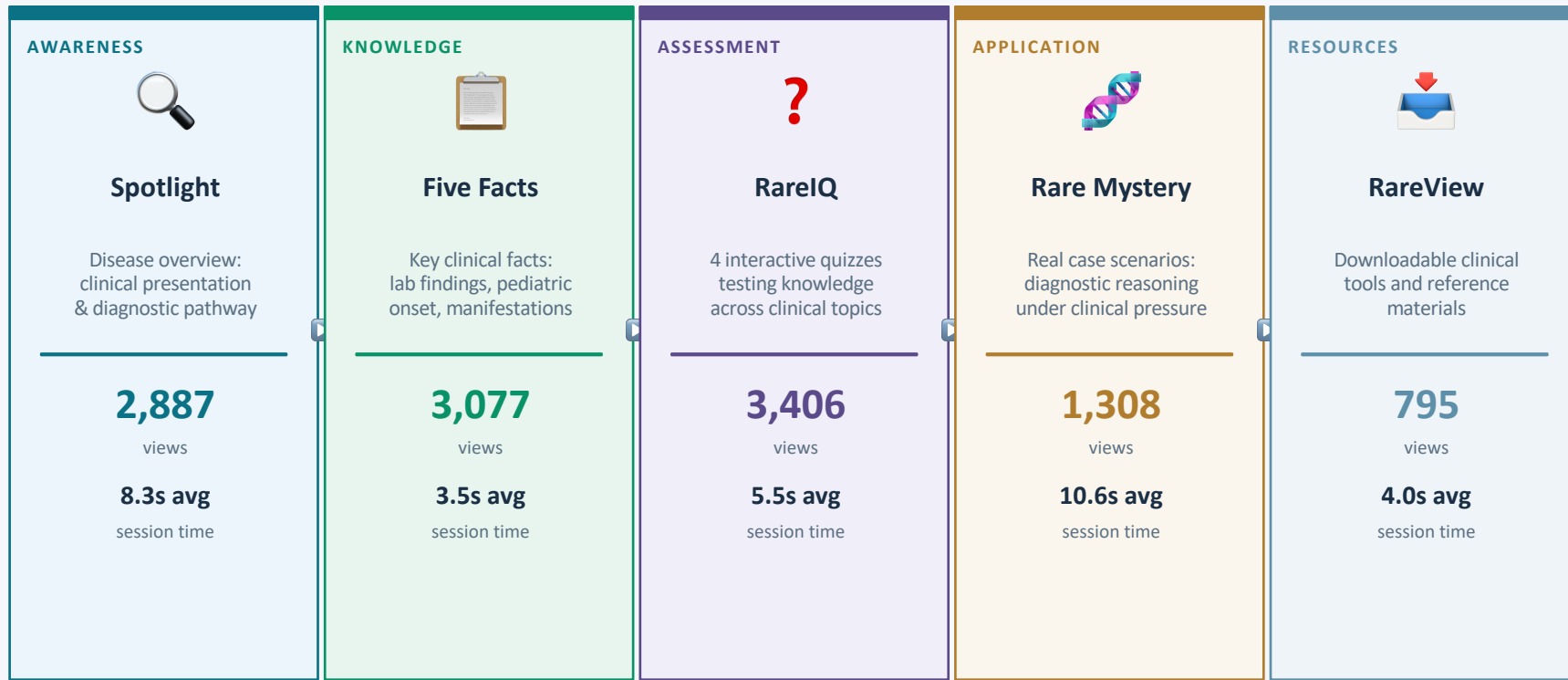
4 interactive quiz modules testing clinical recognition, lab findings, pediatric onset, and cancer risk — 3,090 total engagements

NPI-level engagement tracking

Every HCP interaction tracked by NPI number — generating a qualified pipeline for Rare Disease Specialist follow-up

THE LEARNING ARCHITECTURE · A STRUCTURED CLINICAL CURRICULUM

Five content formats, two phases, one progression — designed to move physicians from initial awareness through case-based clinical application.



Case-based Rare Mystery content (5.6s avg) and RareIQ assessments (4.5s avg) drove the deepest dwell time — clinicians engage longest with formats that require active reasoning.

KNOWLEDGE ENGAGEMENT DEPTH · HOW HCPs MOVED THROUGH THE CURRICULUM

3,090 quiz completions across 4 sequential RareIQ modules demonstrate structured, persistent knowledge-building — not passive content consumption.

RAREIQ KNOWLEDGE ASSESSMENT SERIES

4 sequential modules · WHIM Syndrome

Module 1

Foundation knowledge

Gene Mutation & Pathophysiology



975 views

4s avg

Module 2

Highest enrollment — clinical stakes

Cancer Risk in WHIM



1178 views

4s avg

Module 3

Highest interactivity (4.69 EPV)

Syndrome Manifestations



436 views

6s avg

Module 4

Deepest dwell time — 9s avg

Diagnostic & Management



501 views

9s avg

Module 4 (9s avg dwell) = deepest cognitive engagement of the entire curriculum — persistent learners completing the full series.

CONTENT ENGAGEMENT BY FORMAT

Knowledge Assessment (RareIQ)

Active testing — not passive reading

3,406

5.5s · 3.83 EPV

Case-Based Learning (Rare Mystery)

Highest dwell — narrative clinical reasoning

1,308

10.6s · 3.64 EPV

Disease Spotlight

Entry point — awareness and orientation

2,887

8.3s · 3.52 EPV

Clinical Facts (Five Facts)

Rapid knowledge reinforcement

3,077

3.5s · 3.31 EPV

Diagnostic Guidelines (Article)

4.40 EPV — action-oriented, tool-seeking

1,793

4.0s · 4.40 EPV

PROGRAM OUTCOMES · REACH, ENGAGEMENT & CLINICAL PIPELINE

Six months of NPI-verified education reached 84% of a defined specialist target list and generated 169 highly qualified HCP leads that were identified as possibly having patients – targeted for Rare Disease Specialist follow-up.

84%

of target HCPs reached

NPI-verified · Immunology + Hematology

13,261

curriculum page views

across 5 educational formats

3,090

knowledge assessments

across 4 sequential RareIQ modules

169

qualified HCP leads

multi-touch engagement · NPI-verified

WHAT THIS MEANS FOR MEDICAL AFFAIRS



NPI-verified reach means every engagement is traceable to a real practicing specialist — no consumer noise, no inflated counts.



The curriculum architecture mirrors continuing medical education — sequential modules building from awareness through case application.



169 qualified leads represent HCPs who demonstrated multi-touch engagement — suitable for Rare Disease Specialist follow-up prioritization.



232 additional HCPs showed persistent interest over multiple months — a durable pipeline beyond the program period.

CLINICAL BEHAVIOR SIGNALS

Diagnostic guidelines (4.40 EPV)

APDS diagnostic guidelines drove the most events per view of any page — physicians actively using clinical decision tools, not just reading.

Module 4 completion (9s dwell)

Physicians who reached RareIQ Module 4 spent the longest time on any content page — the persistence pattern of a clinician integrating new knowledge.

Case-based reasoning (10.6s avg)

The Rare Mystery case format held attention longer than any other format type — suggesting HCPs are actively reasoning through the differential, not scanning.