

BURDEN OF ILLNESS STUDY



A Burden of Illness (BOI) study provides you with insights to help better understand the impact of a disease from the perspective of patients, their caregivers and healthcare practitioners (HCPs) – and to identify gaps or unmet needs in care and treatment.

A BOI study gives patients a voice in their own journey of living with a disease.



WHY SHOULD I CONDUCT A BOI STUDY?

A BOI study helps you...

- **understand** the experience of living with the disease and its impact on patients and caregivers, and the experience of managing the disease
- **explore** patients' interactions and experiences with HCPs from diagnosis to disease management
- **identify** any questions and concerns patients and their caregivers have about their disease throughout the various stages of their journey
- **uncover** unmet needs and what is expected from new treatments



WHO IS SURVEYED IN A BOI STUDY?

A BOI study is conducted with:

- **patients** – those living with the disease
- **caregivers** – those who are intimately involved in helping patients manage their disease, including gaining access to treatment
- **healthcare practitioners** – those managing the patient and their disease



HOW WILL A BOI STUDY HELP ME?

A BOI study will:

- **increase awareness** of what living with the disease means to patients, their families and caregivers
- **give patients a voice** in managing their disease, leading to greater knowledge and participation in decision making
- raise the profile of a patient group and **help to connect them** with their communities
- help identify and **develop potential patient/caregiver/HCP advocates**
- **better inform** Regulatory, Health Technology Assessment (HTA) and Reimbursement processes



WHEN SHOULD I CONDUCT A BOI STUDY?

A BOI study is best conducted:

- **prior** to submitting a new drug for **regulatory review**
- **prior** to submitting to **HTA processes**
- to **address market access/reimbursement** challenges



HOW IS A BOI STUDY CONDUCTED?

We offer the following options:

- **Option 1:** Survey with patients and caregivers to hear what they have to say and learn the impact of the disease on their quality of life
- **Option 2:** Survey with physicians treating the disease
- **Options 1 & 2:** These options together provide a 360-degree perspective and a robust understanding of the burden of illness from both the patient/caregiver and the HCP perspective



HOW MANY PEOPLE ARE INTERVIEWED?

Examples of suggested sample sizes for patients/caregivers (larger for more common conditions and smaller for rare diseases):

- **Diabetes:** 300 patients + 50 caregivers
- **Rheumatoid arthritis:** 200 patients + 50 caregivers
- **Multiple sclerosis:** 100 patients + 30 caregivers
- **HIV:** 100 patients + 30 caregivers
- **Rare diseases:** 100 patients + 30 caregivers

Examples of suggested sample sizes for physicians (specific to each disease area):

- **Diabetes:** 60 GPs
- **Rheumatoid arthritis:** 30 Rheumatologists
- **Multiple sclerosis:** 30 Neurologists
- **HIV:** 30 GPs & Infectious Disease Specialists
- **Rare diseases:** 30 rare disease specialists (e.g. Hematologist-Oncologists)

Leger

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