Regulatory writing for rare disease: An interview with Kelley Hill

Sarah Milner
Director of Medical Writing
Eliquent Life Sciences
Manchester, UK

doi: 10.56012/gfym3039

Correspondence
Sarah Milner
sarah_milner1983@hotmail.co.uk

Abstract

Over her 40-year career, Kelley Hill has become regarded as an industry expert in strategic, high-quality, and impactful regulatory writing, especially in the rare disease space. Now enjoying a slower pace of life having retired in 2023, she has led highly successful writing departments in pharma, including at Shire, Certara, and, most recently, Alexion, and contract research organisations (CROs). *Medical Writing* guest editor Sarah Milner asked her about her experience as a writer in rare disease over the years.

***Medical Writing* (MW):** So, Kelley, maybe you could introduce yourself and talk a little bit about your career over the years in this field?

Kelley Hill (KH): For me, like many other writers, medical writing was not my first career, but it became the best job of my life! All my prior work and education experiences across academia, pharmacology, research, drug development, and management contributed to my start as an editor in a wonderful medical writing group. With time, mentoring, and peer support, I expanded my skill set and developed clinical regulatory, clinical trial transparency, and scientific writing experience across complex therapeutic areas. It was diverse! My experience spanned work at big pharma, small pharma, and rare disease companies, and included a few great years in a contract writing organisation. The rare disease space is where I am most fulfilled, though! I have had terrific opportunities to build, lead, and collaborate on medical writing and cross-functional teams supporting regulatory submissions. The most important aspect, though, was working in partnership with other medical writers, and knowing we had talents and skills that together made great teams.

MW: What is it about working in rare disease that you enjoy?

KH: There are many reasons that make working in the rare disease space rewarding! I have been fortunate to be able to meet with patients and their families, and to hear how difficult their journeys are (they average 7 years before diagnosis). It is enormously rewarding to know that the medical writer's work on key regulatory documents can help clear the approval pathway for drugs to treat their diseases and hopefully improve their and their families' quality of life.

> The review of the submission varies between the FDA and EMA.

In my experience, medical writers who work in the rare disease space are extra inquisitive and need to be terrific communicators. It is not uncommon to have a medical lead who comes from academia and is somewhat unfamiliar with regulatory documents. I love working with these writers who really work hard to develop pleasant and efficient rapport with teams, all while maintaining calm professionalism and respect for all.

In addition, the research and science supporting drug development for rare diseases is fascinating. It requires innovative approaches to identifying the biology that underlies the condition. It also requires thoughtful, intelligent approaches to identify clinical endpoints that accurately reflect the effect of the investigational agent on the disease markers. This science drives everything from the bench to the intended patient population. Amazing.

And finally, it is my honour to be able to collaborate with some of the brightest minds in research, medicine, regulatory, statistics, safety, medical writing, and clinical operations to develop a well-planned and cogent portfolio of documents – documents that support regulatory evaluation and, hopefully, approval.

MW: Are there any areas you find frustrating about working in rare disease?

KH: Well, as EVERY medical writer knows, it is a challenge when key reviewers do not, or are not, able to provide their input in early stages of document development. Major revisions at the supposed "last draft" causes a lot of anxiety, because the timelines generally are not designed to accommodate extra work time.

Also, because rare diseases have little or no clinical or regulatory precedent, I try to anticipate potential impact of late changes when the full data is finally in a format that allows reviewers to make sure their hypotheses fit with the intended label language.

One area that is a challenge is seeing how information is extrapolated and interpreted for the public. Patient summaries, a required element of transparency and disclosure, need time and extensive discussions in order to accurately describe complex clinical endpoints and disease mechanism of action in plain language.

MW: Do you see key differences between writing for rare diseases for the FDA and EMA? If so, could you expand on those?

KH: The European Union (EU) nations have nationalised healthcare that varies by country with regard to reimbursement. It can be challenging to try to ensure that the benefit:risk ratio is clear and inclusive of the intended population with an eye to the country where the population is located.

Another big difference is the regulatory requirements for disclosure of clinical information. The implementations of Policy 0070 and the Clinical Trial Information System (CTIS) in the EU are extremely challenging in the rare disease space. Anonymising individual data can still pose a risk of disclosing that patient's personal data (PPD), given the limited number of patients with the disease. In addition, protecting commercially confidential information (CCI) also presents a challenge, as disclosure of unique processes used to develop and manufacture drugs for rare diseases can provide competitors with valuable insight and information.

In addition, the review of the submission varies between the FDA and EMA. The FDA evaluation begins in Common Technical Document (CTD) Module 5 with the raw data, and works up the CTD ladder with the Clinical Overview as its penultimate summary. The EMA begins its evaluation with the Clinical Overview, then moves to additional details in the Summaries (M2.7.x), finishing with the data in Module 5. So it is important for both organisations that the entire suite of documents present consistent and accurate representations of every measure, and provide clear summaries that focus on those measures.

MW: Writing about rare diseases, in the context of things like paediatric investigation plans (PIP), orphan drug designations (ODD), even summary modules, is hard and emphasises the need for a writer to write concisely and strategically for the agencies. What challenges have you experienced with writing documents in this area and how can we negate them?

KH: Success comes with planning, and any time there were challenges, it was because there was insufficient thought and strategy dedicated to the project or projects before the writing began. Often, teams want to jump in and start documents before there is a fully fleshed-out strategy. One frequent deficiency is a lack of a robust risk assessment to balance out the potential outcome intended. For example, if the disease only occurs in children aged 2 and older, the PIP must include a clear rationale for excluding children under age 2.

Over-writing, also known as waxing rhapsodic, is a common pitfall when the strategy is not complete or clear. It is a real challenge to gain a team's trust to be allowed, as a writer, to transform a wordy document into one that is concise, non-repetitive, and clear.

Negating the challenges is, I believe, a collaborative effort with many cross-functional stakeholders in order to ensure smart, efficient document development.

MW: One of the greatest challenges can be actually finding the data, things like prevalence/incidence. What sources can help with this?

KH: In my experience, my colleagues in epidemiology have been fantastic resources. They have access to literature, databases, metadata reviews, etc., and have skill sets suited for what can be a real investigational challenge.

If that resource is not available, then the writer can search the literature for early research on the disease or family of diseases. Experts in the field may also be able to provide insight, and colleagues in medical affairs have proved to be invaluable in connecting with those individuals for their knowledge.

Kelley Hill

MW: Clinical trial diversity is a hot topic, this includes for rare disease, which can be really challenging! Maybe you could give us some tips on what to consider when authoring generally and, specifically, for a rare disease indication?

KH: While I am not anywhere near an expert on this topic, I have worked with colleagues in patient advocacy and other groups who keep a close eye on ensuring inclusivity and identifying challenges for the subjects to be included in rare disease clinical trials. Here is where the prevalence or incidence information can be key, although representation in some areas of the world is incomplete at best. Input from other global sites, health organisations, and patient groups should help flesh out a best effort.

Authoring a diversity action plan is a new arena! It requires input from many sources and will require informed regulatory and legal leadership to ensure compliance.

MW: Kelley, we would like to thank you for your time. It is so appreciated, and we hope you enjoy your retirement!

Disclaimer

The views and opinions expressed in this article are the interviewees' own and are not necessarily shared by any former employer or by EMWA.

Author information

Sarah Milner is currently the Director of Medical Writing at Eliquent Life Sciences, where she specialises in serious and life-threatening rare diseases in children. She joined the medical writing industry in 2009 and has held positions in both the pharmaceutical and consultancy sectors. She holds a degree in Biomedical Sciences and a PhD in Cell and Molecular Biosciences.