

Dear friends and colleagues,

I hope everyone is keeping OK and escaping the winter bugs that are going around.

### **TREATWOLFRAM international randomised controlled trial**

I would like to give a short update on our next steps now that the TREATWOLFRAM trial has finished. The last participant finished the trial during November 2024. We are currently collecting all the outstanding data from study sites (in France, Poland, Spain, and UK). We hope to complete this by end February or beginning of March. The Clinical Trials Unit will then 'lock' the database so that our statistician Tori Homer can start the analysis of all the data. We have so much data, on most aspects of Wolfram, that it may take 6-8 weeks to complete the analysis. Tori will then send me a Clinical Study Report. I hope this will be ready by May, in time to present the results to everyone at the Wolfram International meeting in Paris in June.

If the TREATWOLFRAM trial shows that sodium valproate is safe and effective in slowing disease progression in Wolfram, then we will be able to prescribe it 'off licence' to patients in the UK. We will strictly follow the national patient safety alert advice so that it is not given to females while they are trying to conceive or while they are pregnant. We will work with medicines regulators in UK, USA and Europe (MHRA, FDA, EMA) to apply for valproate to be licensed as a treatment for Wolfram.

If the TREATWOLFRAM trial does not show that sodium valproate is safe and effective, then we will use the fantastic quality natural history data on our large international cohort of patients, to support the design of new clinical trials that are shorter and more efficient, and get results quicker. This means that we should be able to proceed to new clinical trials quickly.

### **LifeArc Centre for Rare Diseases Trials Acceleration**

I am really pleased to say that Universities of Birmingham, Newcastle and Belfast have been awarded a £12M grant to build rare disease trials capacity in the UK. The consortium's mission is to get more treatments to more people with rare diseases, faster. We are building a patient recruitment portal where people affected by rare diseases can input their own (confidential) information, and log on to find out what clinical trials are recruiting for their particular condition. We then have a work package to co-develop with patients, patient-relevant outcomes to use for clinical trials. We also have a work package to develop a dedicated team to deliver clinical trials in rare diseases, including gene- and cell-based therapies. This team will support international studies, both industry funded and investigator-led (like TREATWOLFRAM). I look forward to using this platform to support clinical trials of new treatments in Wolfram in the future.

All our study team owes a big thank you as always to Wolfram syndrome UK, Snow Foundation, Eye Hope Foundation, and French Wolfram Association for their generous support, and for bringing the Wolfram community of families, researchers and health care professionals together.

Sincerely