### FROM INTAKE TO EVIDENCE:

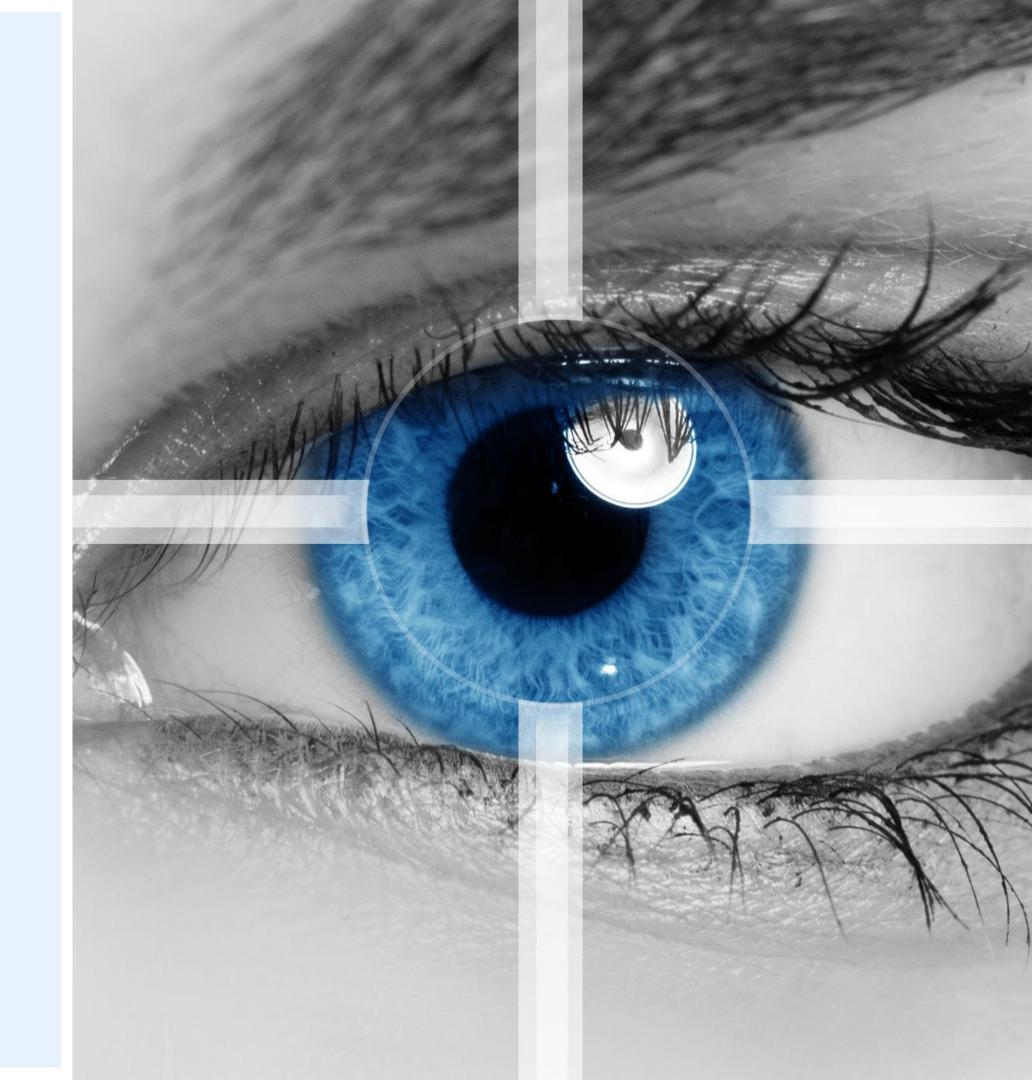
# Elmiron Eye Injury Litigation

How forward-thinking technology can help firms build stronger case inventories

**Presented by:** 







# **Today's Presenters**



JUDGE ANN CALLIS (RETIRED)



**SINDHU DANIEL** 



**MATT FRANCIS** 



**JESSIE HOERMAN** 







# SimplyConvert and Pattern Data: working together to build stronger case inventories



# Today's Agenda

- Elmiron Litigation Update
- Elmiron, the Injuries, and Case Criteria
- Using AI to Analyze Medical Data & Identify Case
   Trends Sooner
- •Al-Powered Client Intake & Evidence-Driven Refinements to Case Selection Criteria

•Q & A

# Elmiron Litigation Update

# Status of Elmiron Litigation Ann Callis, Holland Law Firm

### **SMDL Court and Judge:**

 District of New Jersey before Judge Brian R. Martinotti and Magistrate Judge Edward S. Kiel

### **Important Orders**

- Steering committee appointed
- MDL CMO 1
- CMO 5 and Bayer
- 4/9/2021 Direct Filing Order: provides for direct filing in the MDL

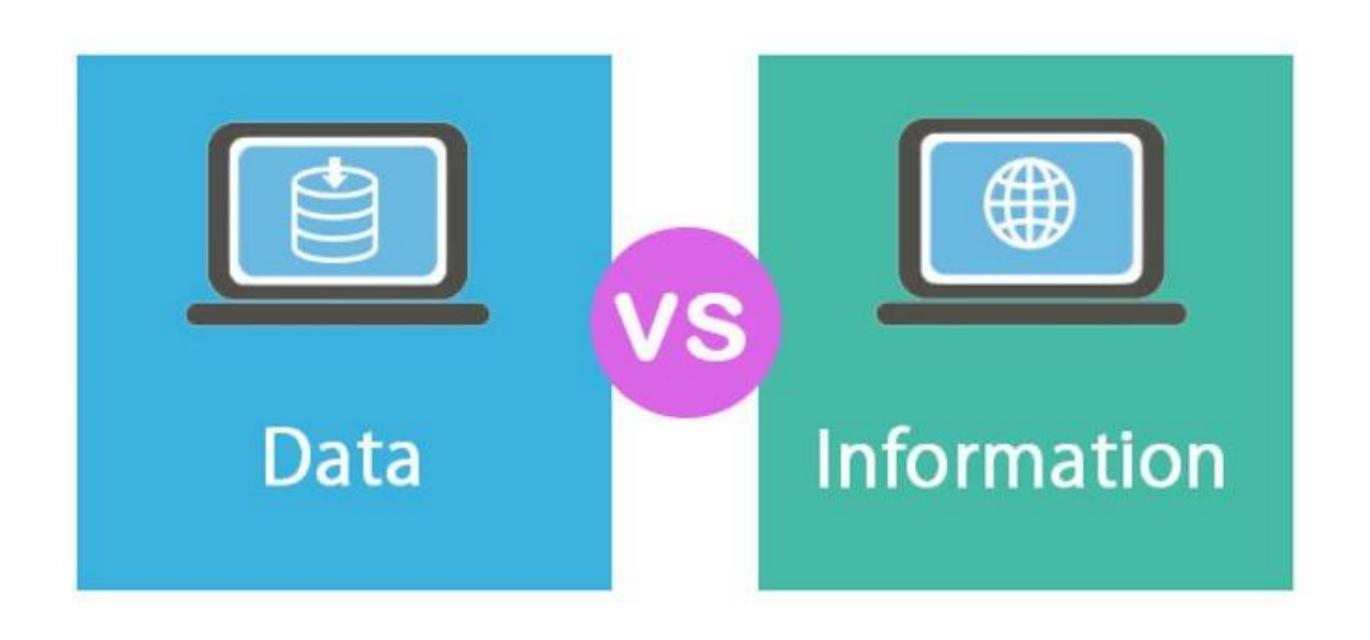
# Status of Elmiron Litigation Ann Callis, Holland Law Firm

- Status of Discovery
- State court consolidations and other considerations
- Plaintiff Fact Sheets/Defendant Fact Sheets
- Statute of Limitations
- Next status conference scheduled for 5/12/2021
- What's on the horizon?

# Drug, Injuries, and Intake Criteria

## Elmiron

- Treatment for interstitial cystitis (painful bladder syndrome).
- Patients are mostly women (70%+) 50+ yrs old.
- Typical rx calls for 100 mg three times a day. Patients will build a tolerance over time and require the dosage to be increased. IC cannot be cured, only treated, so long term use is common.



## **Quality vs. Quantity**







Capture Basic Data		Capture B	Capture Basic Da	
□Last Name □First Name □DOB □Age	☐Death☐Gender☐Hypertension☐Diabetes	□Smoking history □Weight at time of injury □Height at time of injury □Illegal Drug use	□Liens □Bankı □Medi □Medi	
Elmiron Data				
	□Age □Gender □Reason for taking Elmiron □Date of first use	□Date of last use □Gaps in use □Number of Pills □Were they taking Elmiron at diagnosis?		

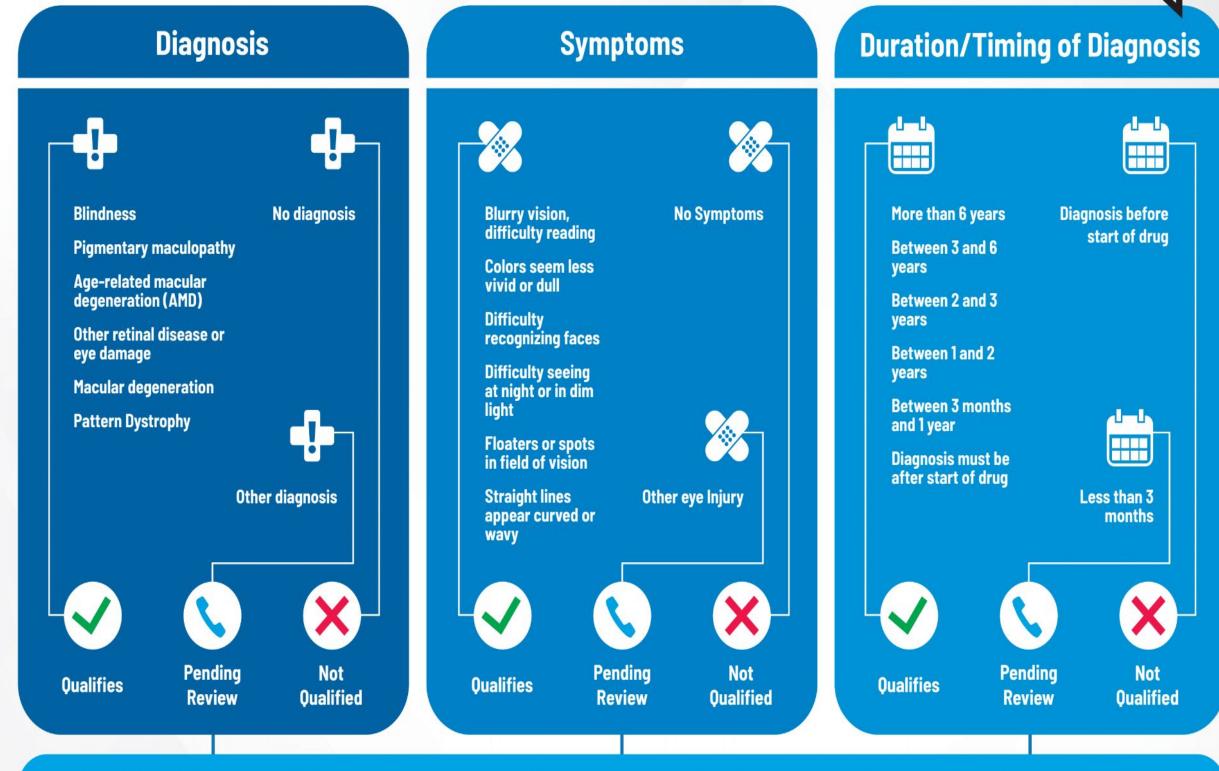
**Basic Data** 

**□**Bankruptcy

**□**Medicaid

**□**Medicare

# Default SimplyConvert Chat Criteria: The Start



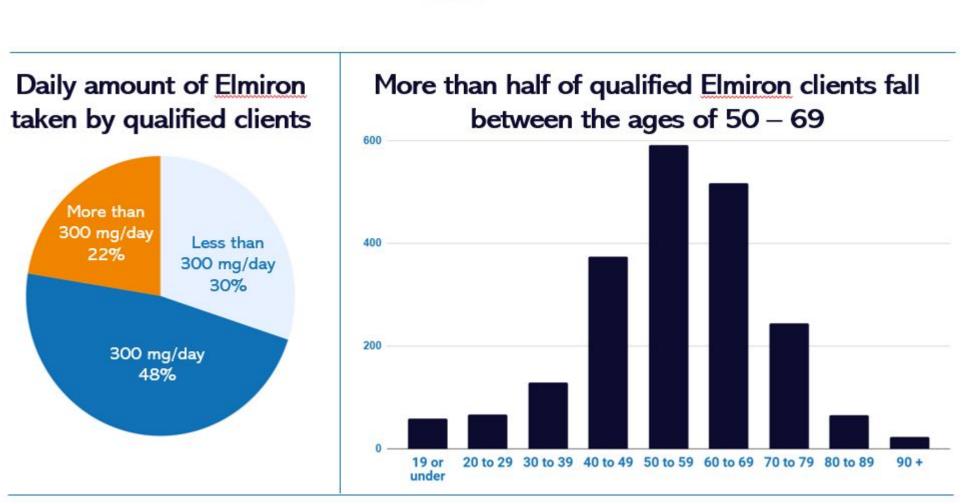
- "Qualifies" in each of the criteria groupings above results in an automatic contract provided to the client. Dashboard will reflect "Contract Pending" until the client signs contract.

  Status changes to "Signed" when client signs.
- Any single "Pending Review" selected in the criteria groupings above results in the client being told that you need additional information before you are able to assist them. Please call or email client ASAP.

  Dashboard reflects status "Pending Review."
- Any single "Not Qualified" selected in the criteria groupings above results in an automatic decline. Client is told you will not be able to assist them at this time and Dashboard reflects status "Closed Auto Decline".

## SimplyConvert Findings





46%

of signed clients have been diagnosed with an eye disease other than age-related macular degeneration and wet macular degeneration

#### Top 10 symptoms experienced by qualified clients

Trouble adjusting to dim lighting

Glare

Other retinal/eye disease

Vision loss

Blurred or dimmed vision

Blind spots

Colors seem less vivid/dull

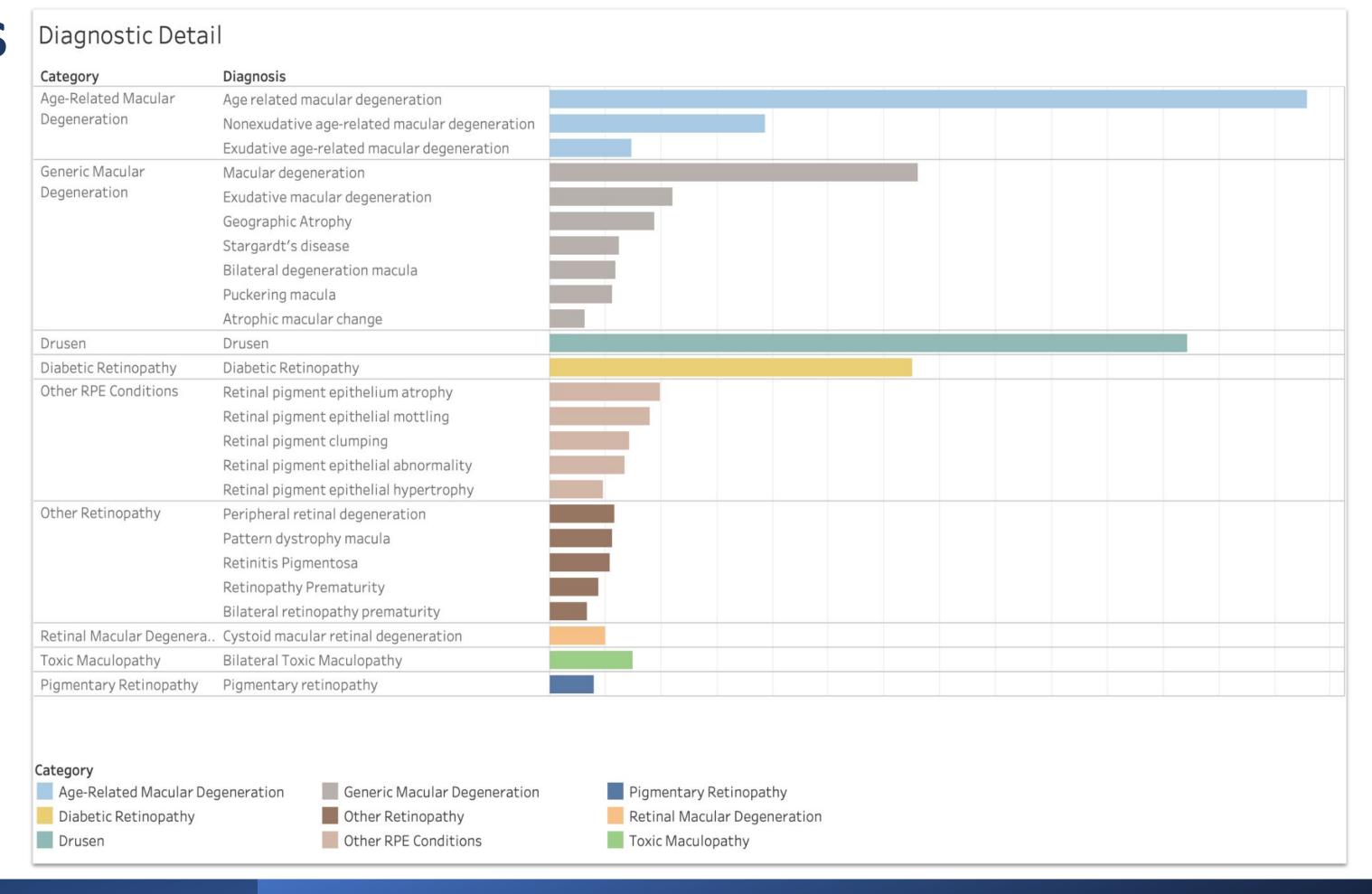
Floaters/spots in field of vision

Straight lines appear curved

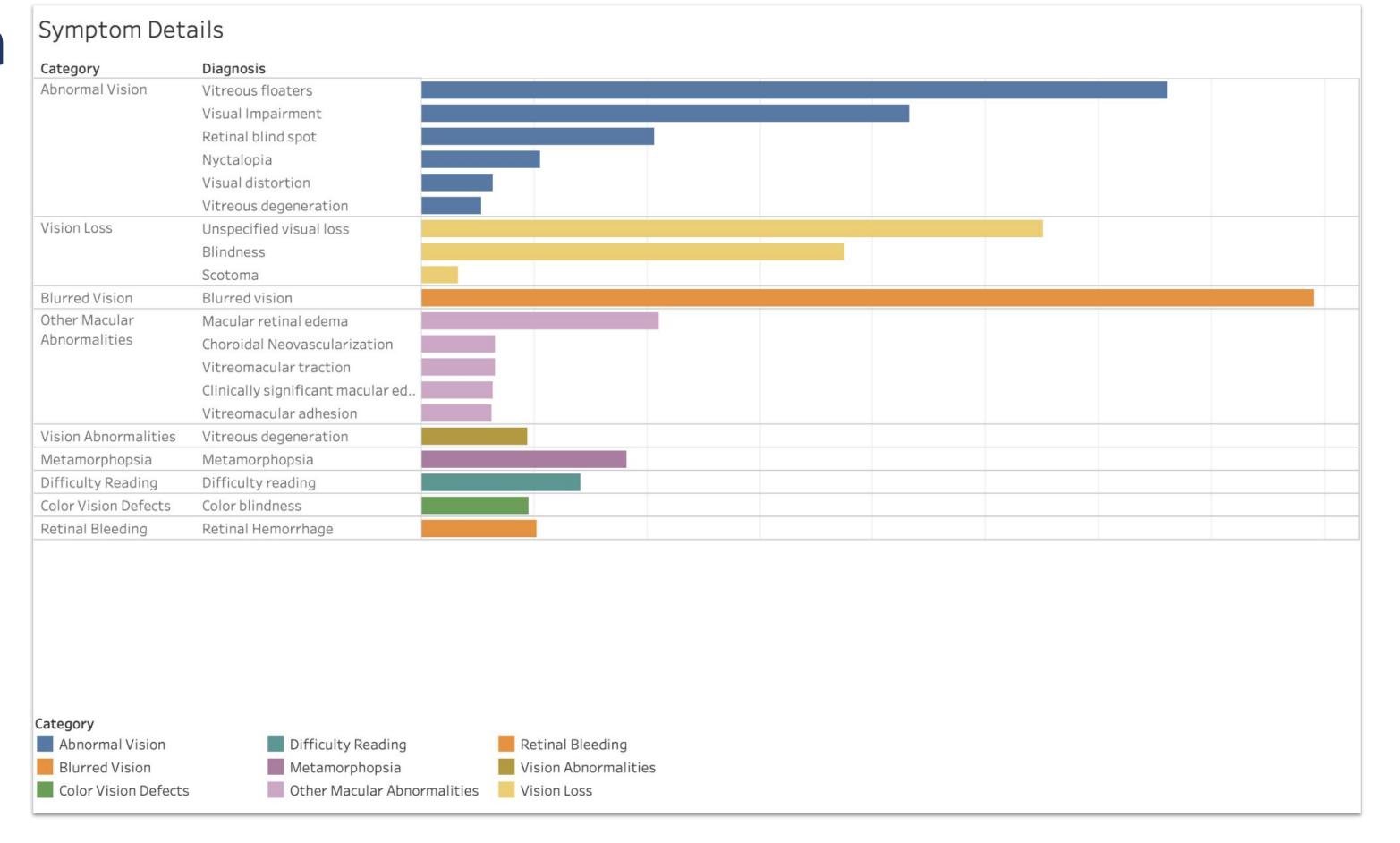
Difficulty recognizing faces

# Data-Driven Decision Making and Al

# Diagnosis Analytics



# Symptom Analytics



# Sample Case Profiles



## Adjustments to current criteria?

### Doseage

 Will cumulative dose matter? If so, we should be sure we are initially gathering dose/day and the number of years on Elmiron in anticipation of future criteria qualifier.

### Symptoms

- Is there a way to tighten this to better define our patient profile?
- Are there any tests or treatments that we can ask about to see if we are looking at a pre-diagnosis of macular degeneration?
  - Fundus Autofluorescence Scan
  - Optical Coherence Tomography (OCT scan)

## Video from NIH

# See What I See: AMD



\*Floaters: Not likely ARMD, so good way to eliminate ARMD. But could be diabetic retinopathy.

## Adjustments to current criteria?

- Should we be asking about any of the following risk factors? Should any of the following prevent an contract from going out?
  - Diabetes (diabetic retinopathy)
  - Hypertension
  - Smoking
  - Weight
  - Cataracts
  - Glaucoma
  - Plaquenil-induced toxicity/hydroxychloroquine
    - Lupus/drugs that may cause similar symptoms cross-over litigation?
- Should we be looking for off-label users of Elmiron as potential clients?
  - Osteoarthritis (off-label use of Elmiron)

Questions?

# Please use the Q & A button to submit your questions!

# Thank you!