Friedreich Ataxia Global Clinical Consortium Unified Natural History Study (UNIFAI) - Update December 2025

The UNIFAI Natural History Study is a major global research initiative to better understand Friedreich's Ataxia (FA), a rare inherited condition that causes progressive neurological and cardiac symptoms. UNIFAI brings together two long-standing research efforts (FACOMS and EFACTS) into one unified, global research program. UNIFAI is a longitudinal study that follows people living with FA over time, with annual visits collecting comprehensive information including medical history, neurological exams, walking and upper limb tests, quality of life questionnaires, and optional assessments of speech, vision, fatigue, balance, and cognition.

By unifying and expanding existing networks, UNIFAI strengthens data collection and enhances collaboration through the FA Global Clinical Consortium. The study aims to track the natural course of FA across ages and disease stages, inform clinical trial design, and support the development of new outcome measures and biomarkers.

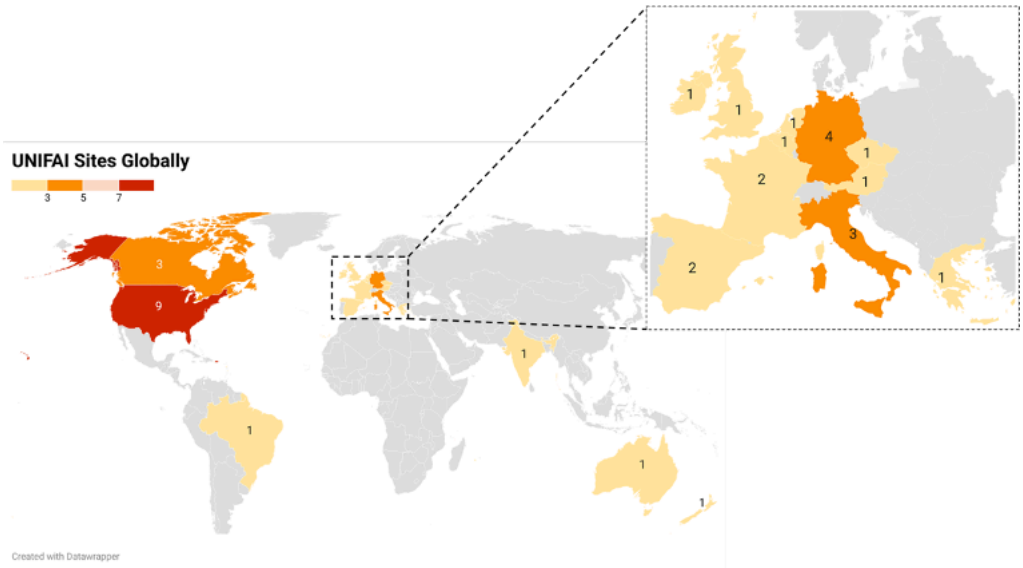
With thousands of participants across a global network, UNIFAI creates an unprecedented resource for understanding FA. Here in our first newsletter, we share key highlights from the cohort so far, including the countries contributing data, the number of visits completed, how the cohort is distributed across disease stages and ages, and insights into the cohort's broader clinical profile.

UNIFAI – A Global Effort

UNIFAI brings together data spanning 5 continents, 15 countries, and over 30 participating sites. This geographic diversity allows us to capture a broad view of FA worldwide.

5	15	34
Continents represented	Countries with UNIFAI sites	UNIFAI sites

Site numbers by country are shown in the map below.

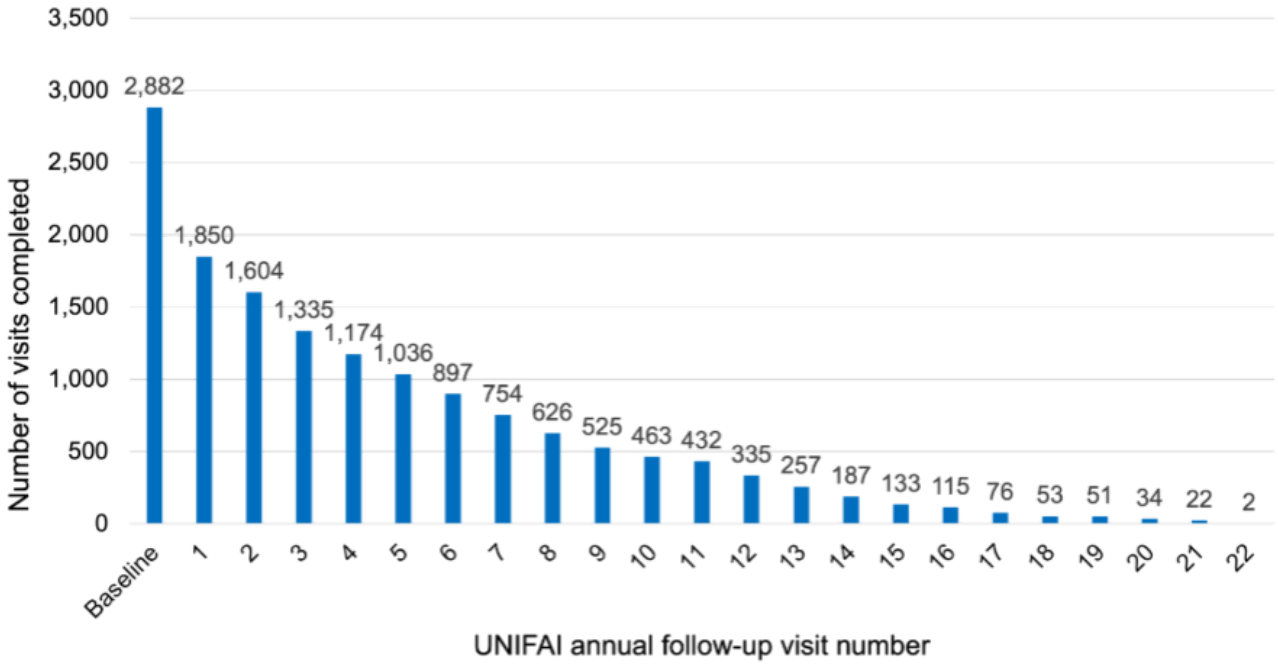


UNIFAI Follow-Up Over Time: How Participants Contribute to Long-Term Understanding of FA

Long-term participation makes it possible to track subtle changes in FA over many years.

640	2,882	14,483
Visits in 2025	Baseline visits since 2002	Cumulative visits

Number of UNIFAI visits completed per timepoint



78%
Participants have completed at least 2 visits

66%
Participants have completed at least 3 visits

46%
Participants have completed at least 5 visits

16%
Participants have completed at least 10 visits

5
Average number of follow-up visits completed by participants

22
Highest number of follow-up visits completed by a participant

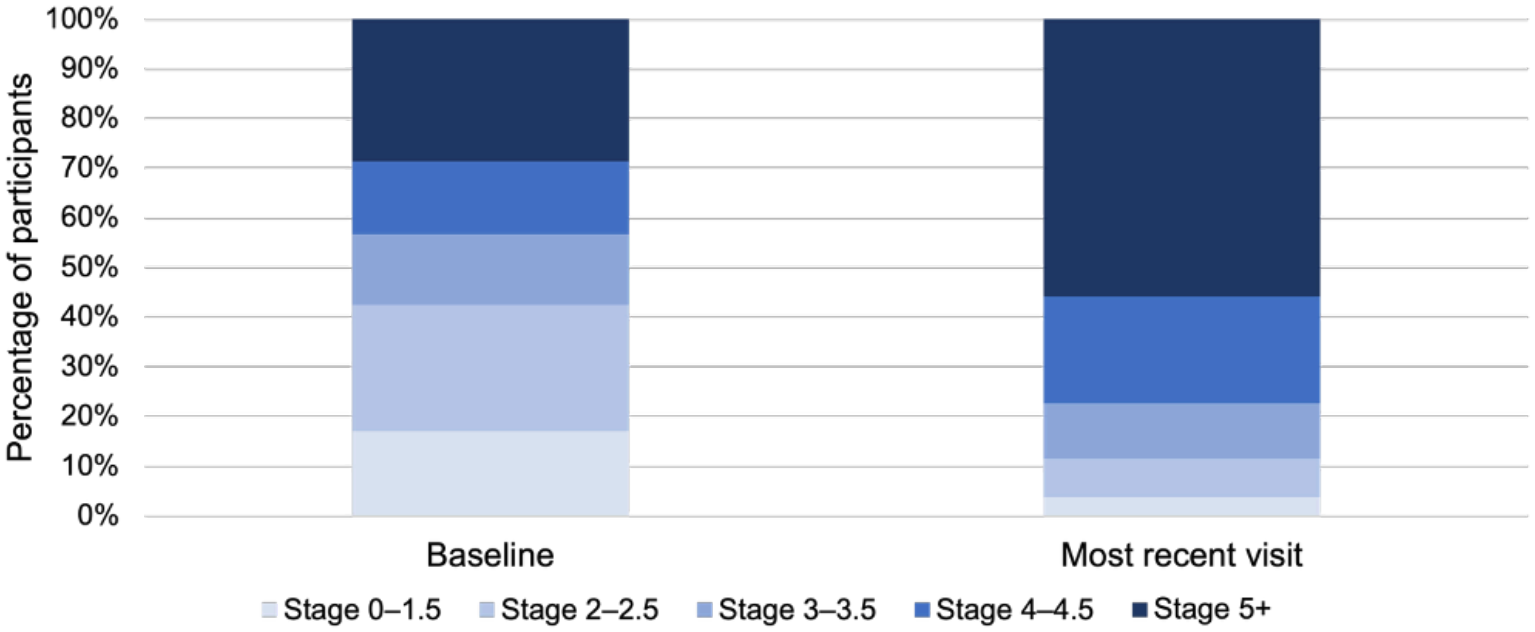
These repeated visits create a rich longitudinal dataset that helps researchers understand how FA evolves across the lifespan.

Functional Disability Across the UNIFAI Cohort

Tracking disease severity using standardized measures at each visit provides crucial insight into the pace and pattern of progression in FA. These assessments help families and clinicians understand how FA changes over time, and they also play a key role in designing future clinical trials. This information can help inform decisions about which stages are most suitable for measuring treatment effects and how long it may take to observe meaningful changes.

UNIFAI participants represent the full range of FA disease severity, as measured by the Functional Disability Scale.

Functional Disability Scale at Baseline and Most Recent Follow-Up



At baseline, participants spanned the full spectrum of functional disease stages, reflecting a broad cross-section of the community. As longitudinal follow-up continues, UNIFAI data will help understand how and when functional severity changes over time.

MILESTONE: First UNIFAI Patient Visit at Radboud (Netherlands site)

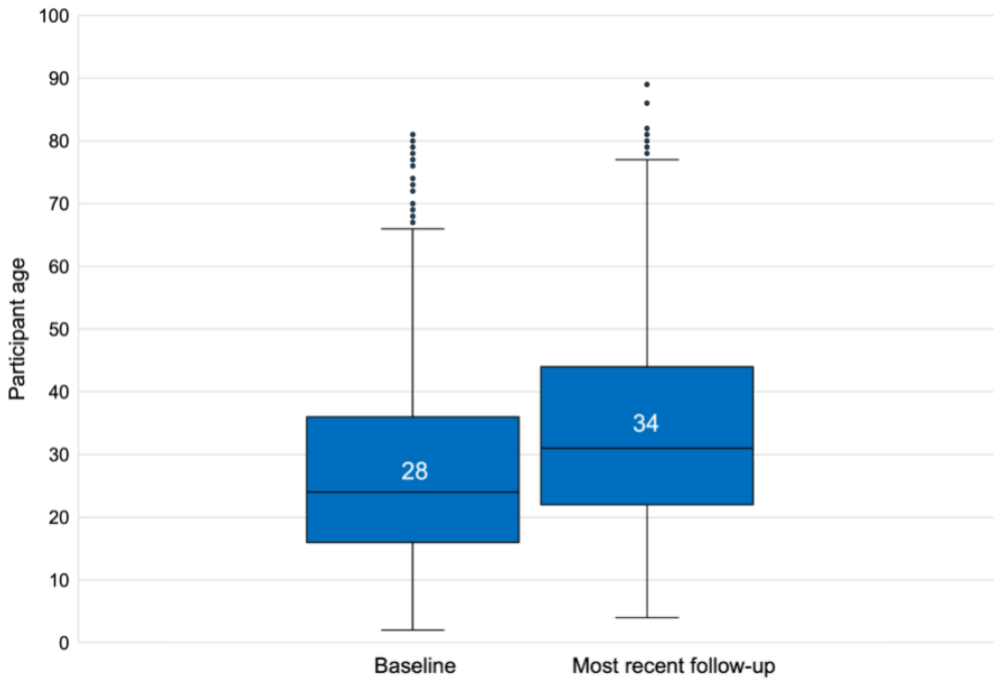
Dr. Bart van de Warrenburg shared that in May of 2025 his Nijmegen (the Netherlands) team had completed their first UNIFAI visit! This is a milestone to celebrate for the site and for the UNIFAI effort. Thank you to Marieke and the Radboud team for their contributions to FA Research!

Photo: (Back) Maaike Lamers - Study Coordinator and the Radboud Clinical Team; (front) 🐾Vello, Marieke van Driel

Ages Across the UNIFAI Cohort

Participants span a wide age range, ensuring UNIFAI captures FA across the lifespan, from early childhood through to later adulthood.

Participant Ages: Baseline and Most Recent Visit



This broad spread of ages allows researchers to understand FA at different ages and life stages, and to observe how it evolves as participants grow older.

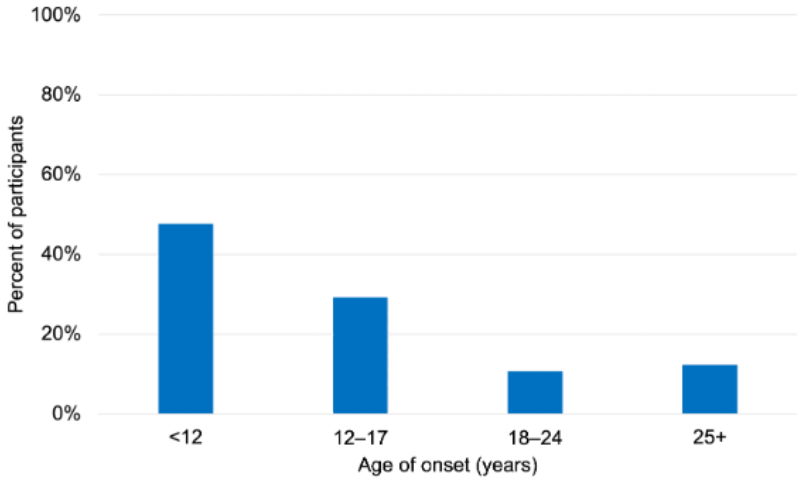
At baseline:	At most recent follow-up:
2 youngest participant	**4** youngest participant
81 oldest participant	**89** oldest participant
28 median age	**34** median age

FA Onset Patterns and Disease Duration Across the UNIFAI Cohort

FA can begin at many different ages, and participants in the UNIFAI study are at different points in their journey.

Age of symptom onset and the length of time someone has lived with FA provide important context for understanding how features of this condition develop and change over time. They also highlight the diverse experiences represented across this global cohort.

Participant Age at Symptom Onset

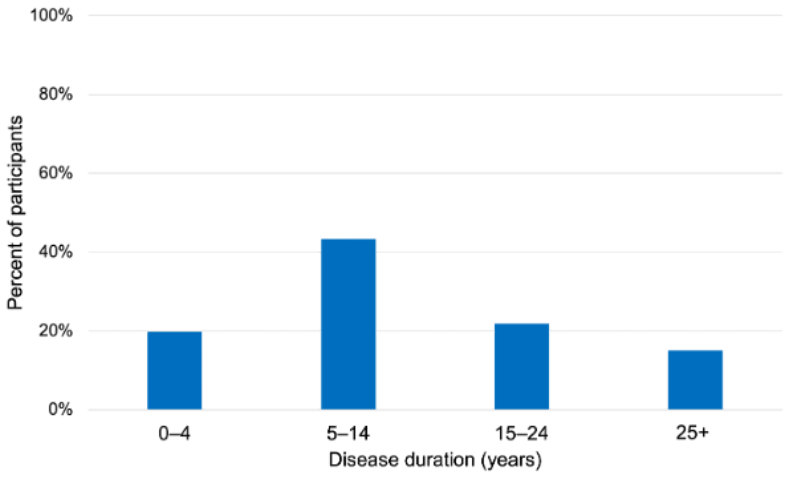


Most people with FA first experience symptoms during childhood or adolescence, with a smaller number experiencing onset in adulthood. The cohort also includes individuals with later-onset FA, ensuring the full spectrum of onset ages is captured.

Understanding when FA begins helps researchers investigate differences in progression and longer-term outcomes.

<1 year	75 years	14 years
Youngest age of onset	Oldest age of onset	Average age of onset

Time Since Symptom Onset (Disease Duration)



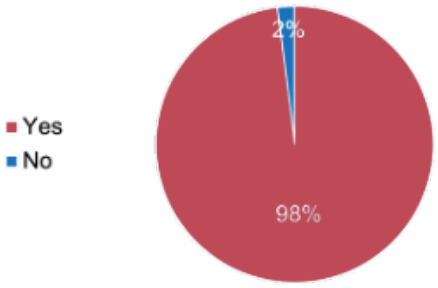
Most participants in UNIFAI have been living with FA for several years, with some only recently diagnosed and others having lived with FA for decades.

Understanding how long someone has lived with FA helps researchers investigate differences in progression and longer-term outcomes.

<1 year	59 years	13.5 years
Shortest disease duration	Longest disease duration	Average disease duration

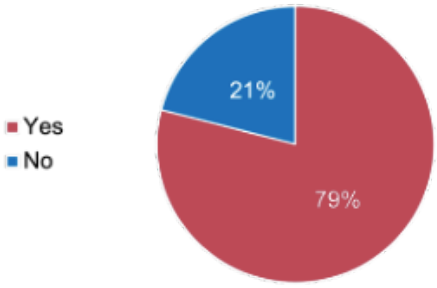
Clinical Features that Commonly Accompany FA

While ataxia is the most recognizable neurological feature of FA, many people also experience other health conditions, including scoliosis, diabetes, cardiac changes, and vision or hearing difficulties. By recording these features, UNIFAI helps researchers explore how different symptom patterns emerge, and how they relate to severity, progression, or age. This helps build a more complete understanding of the varies ways that FA affects individuals.



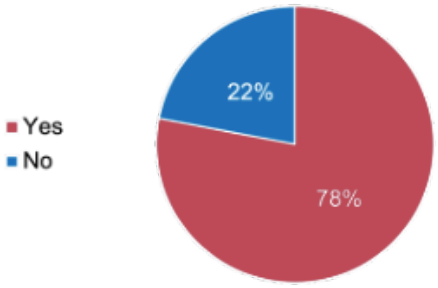
ATAXIA

Ataxia, or difficulty coordinating movement, is the hallmark feature of FA, and occurs in almost all participants in UNIFAI.



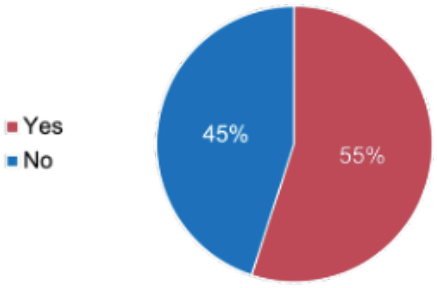
SCOLIOSIS

Scoliosis is common in people with FA. Read more about scoliosis in FA on the next page.



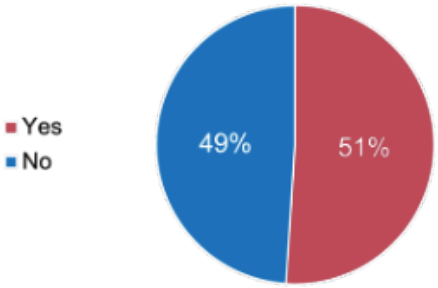
USE OF A WALKING AID

Many people with FA use walking aids such as canes, walkers or wheelchairs to support balance and mobility.



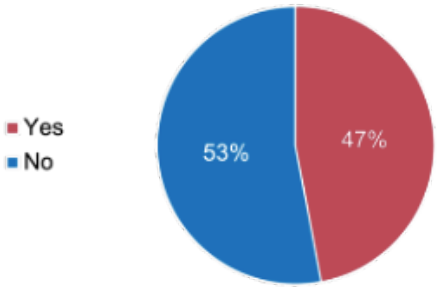
FOOT DEFORMITIES

Foot deformities occur frequently in FA and can affect walking and comfort.



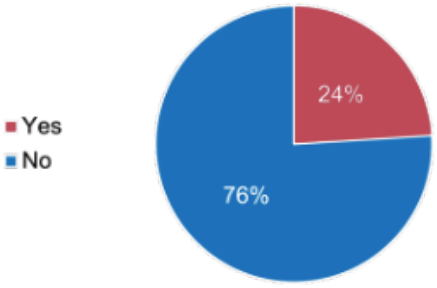
CARDIAC DIAGNOSIS

Changes to the heart muscles is a common feature of FA. Tracking these findings helps researchers understand how changes in heart function vary with age and disease stage.



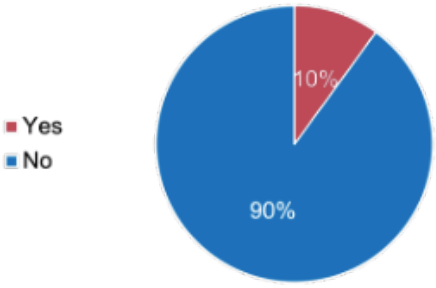
VISUAL IMPAIRMENT

Some individuals with FA experience changes to sensory systems, including vision.



HEARING IMPAIRMENT

Some individuals with FA experience changes to sensory systems, including hearing.



DIABETES

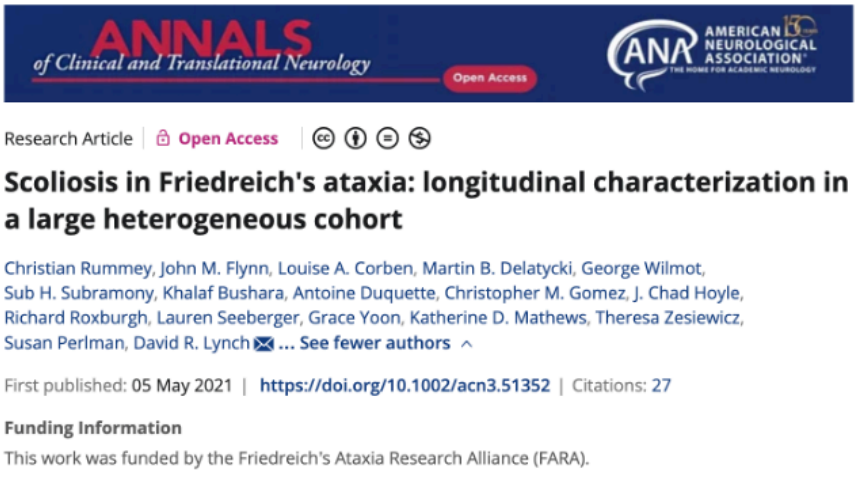
Diabetes is relatively common in FA and documenting these changes in UNIFAI will help researchers understand how they relate to disease stage and overall health.

Spotlight on Scoliosis

Scoliosis, a curvature of the spine, is a very common non-neurological co-occurrence in FA, and is present in almost 80% of the UNIFAI cohort. The high prevalence of scoliosis in FA has also been highlighted in a recent report from the FACOMS study. Rummey et al. (2022) found that more than 90% of people whose FA symptoms began before age 15 developed intermediate to severe scoliosis, often emerging around the same time as their first signs of ataxia, with many individuals with severe, early onset scoliosis eventually requiring corrective surgery. Although scoliosis still affected more than half of people whose FA began after age 15, it tended to be milder and less likely to require surgery.

Proactively monitoring and managing scoliosis can play an important role in comfort, mobility and general wellbeing.

Read more about Rummey et al.'s report on scoliosis in FA here:
https://onlinelibrary.wiley.com/doi/10.1002/acn3.51352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Scoliosis in Friedreich's ataxia: longitudinal characterization in a large heterogeneous cohort

Christian Rummey, John M. Flynn, Louise A. Corben, Martin B. Delatycki, George Wilmot, Sub H. Subramony, Khalaf Bushara, Antoine Duquette, Christopher M. Gomez, J. Chad Hoyle, Richard Roxburgh, Lauren Seeberger, Grace Yoon, Katherine D. Mathews, Theresa Zesiewicz, Susan Perlman, David R. Lynch ... See fewer authors

First published: 05 May 2021 | https://doi.org/10.1002/acn3.51352 | Citations: 27

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Update on patient-reported outcome measures: a new way to measure experiences of individuals with FA

The Friedreich's Ataxia Health Index (FA-HI) is a new patient-reported outcome (PRO) measure developed to capture the lived experiences of individuals with FA, including how they feel and function in everyday life.

Unlike the generic PROs that have been used to date, the FA-HI was specifically designed with the FA community to ensure it captures what is most relevant and meaningful. It spans key domains including mobility, speech, fatigue, and emotional wellbeing.

The FA-HI is currently being trialed at UNIFAI sites, with over 700 participants having completed it so far. This will allow researchers to compare the FA-HI with more generic PROs, such as the SF-36, to determine whether the FA-HI is more sensitive and more able to capture changes that more accurately reflect the experiences of individuals with FA.

It is hoped that findings from UNIFAI will contribute a strong basis for researchers and may help establish the FA-HI as a key reference point or outcome measure in future clinical trials.

What's next for UNIFAI in 2026 and beyond?

- **Global expansion, funding to support 5–6 additional geographies**

Expanding globally ensures that data reflects diverse populations and disease presentations, which is critical for understanding rare conditions comprehensively. Broader geographic reach also accelerates enrollment and strengthens the scientific validity of natural history studies.

- **Direct Industry Support of the Consortium as Sustaining Members**

Industry partnership provides long-term financial stability, enabling the consortium to maintain and grow its research infrastructure. This collaboration ensures that discoveries translate more quickly into therapies for patients.

- **At-home cardiac Holter monitoring and wearable sensor sub-studies to UNIFAI**

Integrating remote monitoring and wearable technology allows for continuous, real-world data collection with reduced burden to patients. These innovations hope to improve data quality, capture disease progression more accurately, and make participation easier for families.

We extend our deepest gratitude to all the participants and researchers whose invaluable contributions of data are driving this important effort forward.

FARA Director of Global Relations, Myriam Rai, welcomed Dr. Andrea Martiunzzi, Dr. Gabriella Paparella, and their team from IRCCS E. Medea in Conegliano, Italy, to the UNIFAI study and assisted with onsite study training in February 2025.