

Role of ERNDIM in MetabERN

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with help of

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MetabERN

THE ORIGIN OF THE ERNS





1. ERN BOND	European Reference Network on Rare Bone Disorders
2. ERN CRANIO	European Reference Network on Rare craniofacial anomalies and ENT disorders
3. Endo-ERN	European Reference Network on Rare Endocrine Conditions
4. ERN EpiCARE	European Reference Network on Rare and Complex Epilepsies
5. ERKNet	European Rare Kidney Diseases Reference Network
6. ERN RND	European Reference Network on Rare Neurological Diseases
7. ERNICA	European Reference Network on Rare inherited and congenital anomalies
8. ERN LUNG	European Reference Network on Rare Respiratory Diseases
9. ERN Skin	European Reference Network on Rare and Undiagnosed Skin Disorders
10. ERN EURACAN	European Reference Network on Rare Adult Cancers (solid tumours)
11. ERN EuroBloodNet	European Reference Network on Rare Haematological Diseases
12. ERN EURO-NMD	European Reference Network for Rare Neuromuscular Diseases
13. ERN EYE	European Reference Network on Rare Eye Diseases
14. ERN GENTURIS	European Reference Network on Genetic Tumour Risk Syndromes
15. ERN GUARD-HEART	European Reference Network on Uncommon And Rare Diseases of the HEART
16. ERN ITHACA	European Reference Network on Rare Congenital Malformations and Rare Intellectual Disability
17. MetabERN	European Reference Network for Rare Hereditary Metabolic Disorders
18. ERN PaedCan	European Reference Network for Paediatric Cancer (haemato-oncology)
19. ERN RARE-LIVER	European Reference Network on Rare Hepatological Diseases
20. ERN ReCONNET	Rare Connective Tissue and Musculoskeletal Diseases Network
21. ERN RITA	Rare Immunodeficiency, Autoinflammatory and Autoimmune Diseases Network
22. ERN TRANSPLANT-CHILD	European Reference Network on Transplantation in Children
23. VASCERN	European Reference Network on Rare Multisystemic Vascular Diseases
24. ERN eUROGEN	European Reference Network on Rare and Complex Urogenital Diseases and Conditions

MetabERN: ERN on HEREDITARY METABOLIC DISEASES

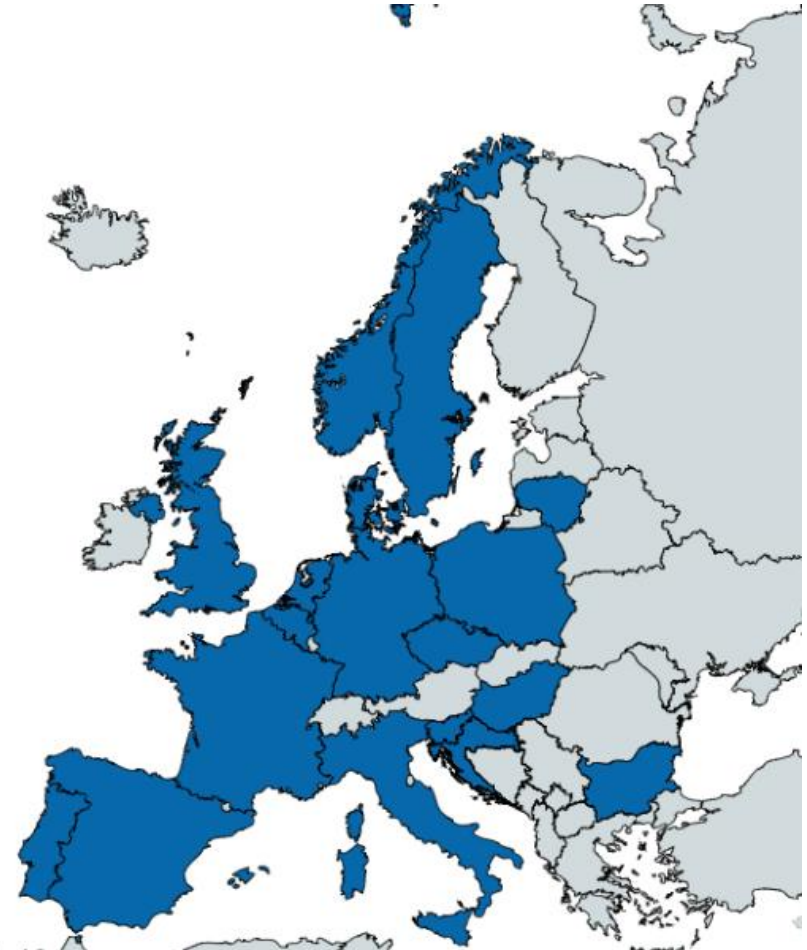
Coordinator

Prof. Maurizio Scarpa MD PhD

Helios Dr. Horst Schmidt Kliniken Wiesbaden

69 HCPs from 18 COUNTRIES

The MetabERN is endorsed by and partners with the Society for the Study of the Inborn Errors of Metabolism (SSIEM) and with ERNDIM



BE	BG	CZ	DE	DK	ES	FR	HR	HU	IT	LT	NL	NO	PL	PT	SE	SI	UK
6	1	1	10	1	5	9	1	1	11	1	5	2	1	5	2	1	6

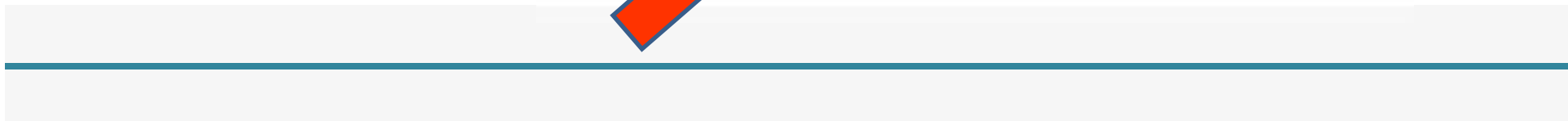
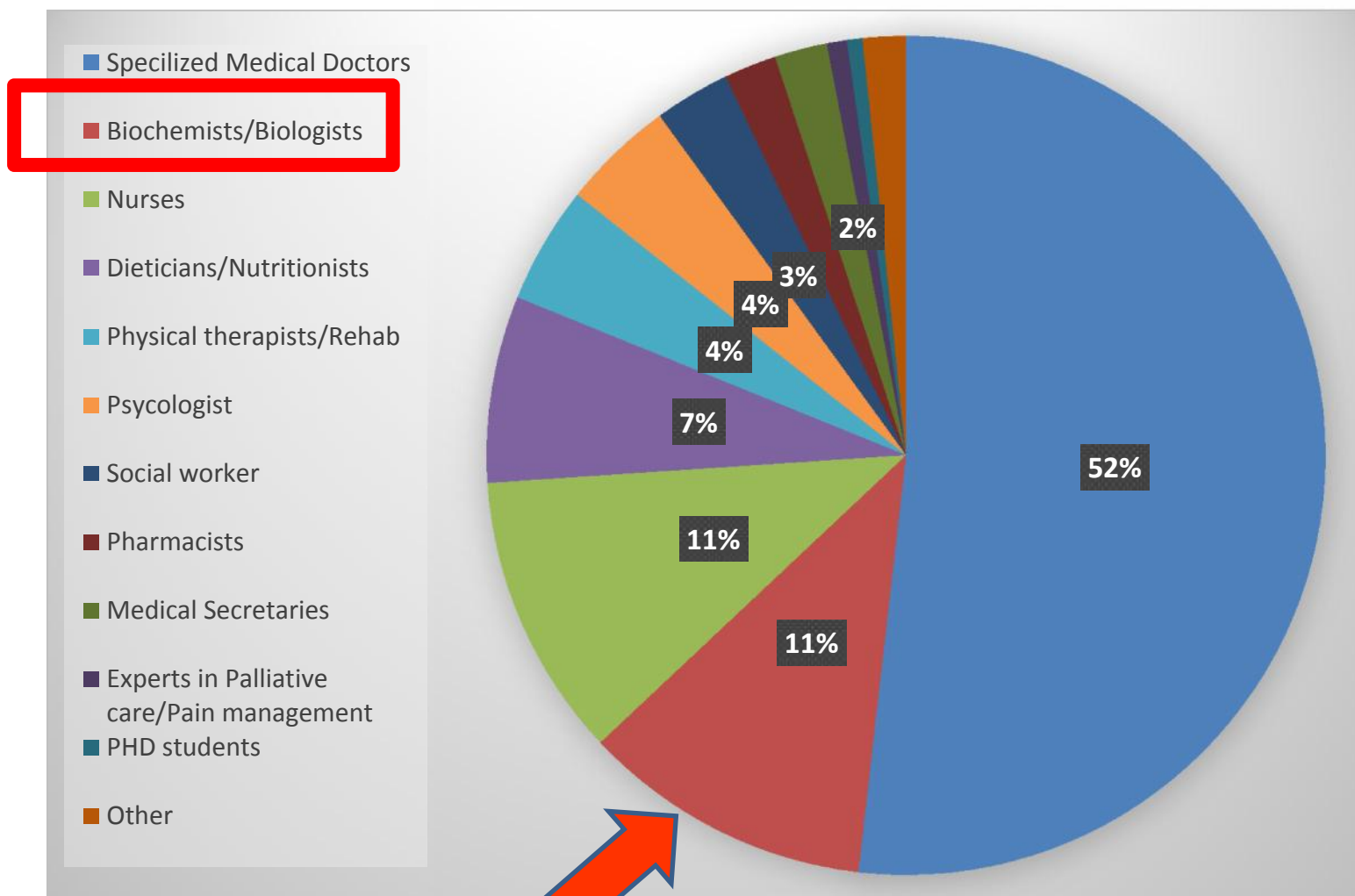
METABERN MULTIDISCIPLINARY TEAM (MDT)

MDT
composed
of

- **871** Specialized Medical Doctors
- **188** Biochemists/Biologists
- **184** Nurses
- **121** Dieticians/Nutritionists
- **76** Physical therapists/Rehab
- **73** Psychologists
- **49** Social workers
- **34** Pharmacists
- **34** Coordinators/Medical Secretaries
- **13** Experts in Palliative care/Pain management
- **10** PHD/students
- **28** Other

a Total of
1681
Experts

COMPOSITION OF THE METABERN MDT



AIMS OF METABERN

- ✓ To pool knowledge and improve information exchange between network partners;
- ✓ To improve prevention, diagnosis and care in disease areas where expertise is rare;
- ✓ To support Member States with a small number of patients to provide highly specialised care;
- ✓ To advance innovation in medical science and health technologies;
- ✓ To provide cross-border medical training and research.

MetabERN Board

(General assembly of representatives from all HCPs, patient groups and other third party stakeholders involved in the activities of the MetabERN)

Medical Executive Board (MEB)

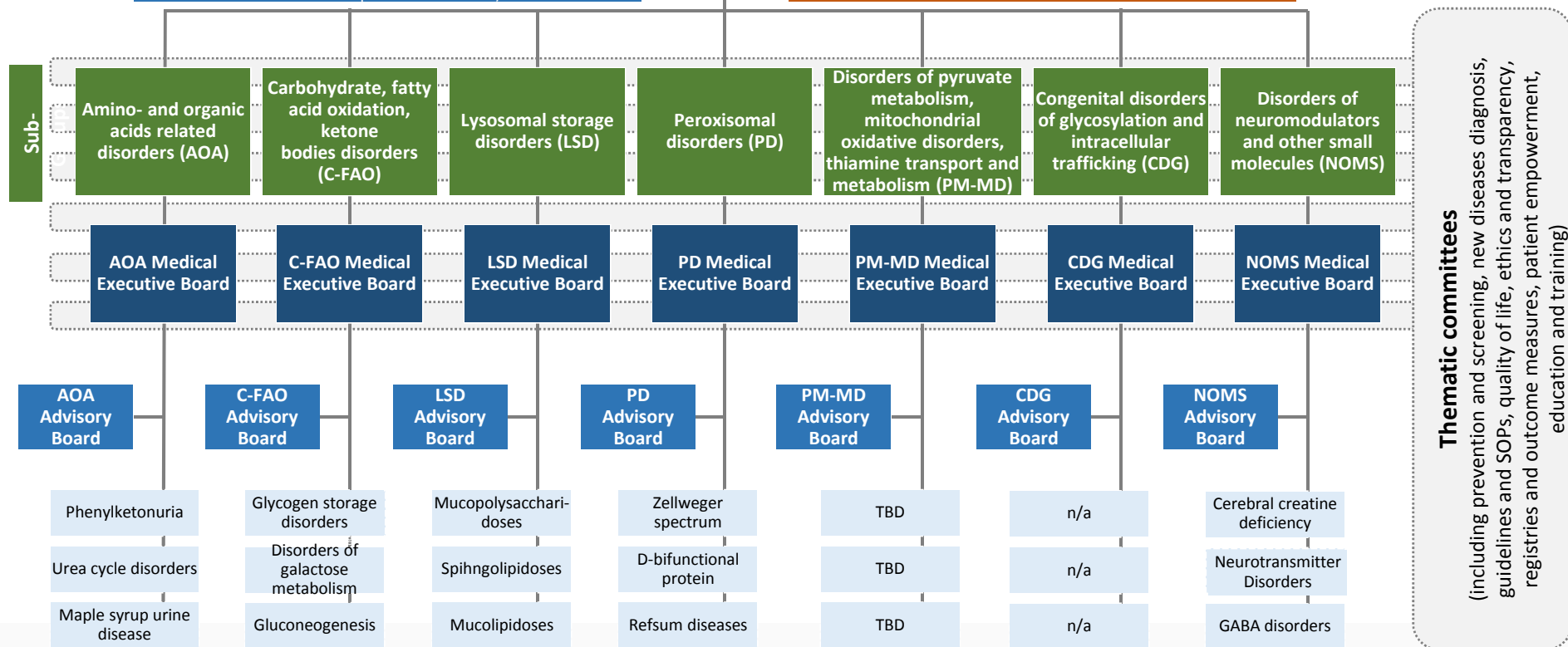
(including coordinator, vice-coordinator, leadership of sub-networks) + leadership of the WPs

MetabERN Advisory Board (MAB)

(including the SSIEM, ePAG patient and family associations representatives, relevant associations such as the European Metabolic Disorders Alliance, former and current policy-makers, foundations, ethics specialists, collaborating networks and partnering ERNs where an overlap of diseases requires coordination)

MetabERN Patient Board

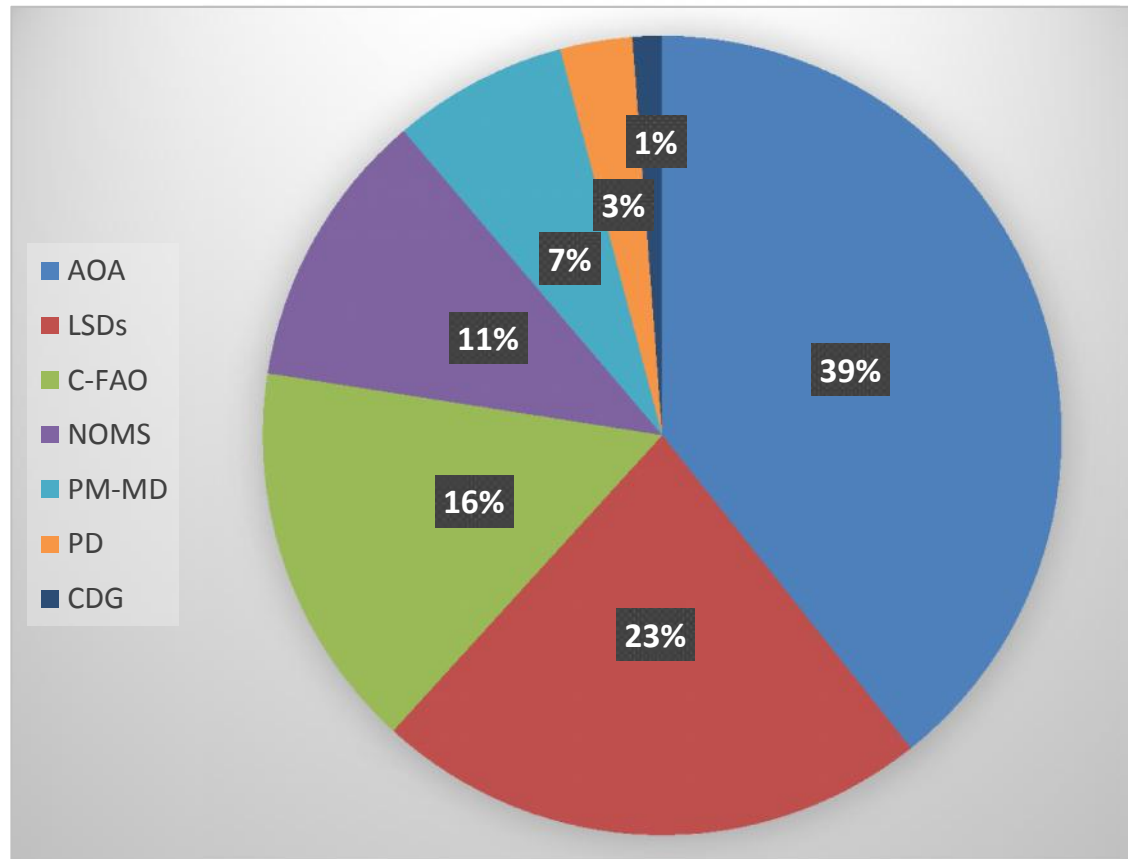
(including ePAG representatives as well as all other patient representatives involved in the advisory boards of individual sub-groups)



Sub-Network Coordinators

Sub-network	Coordinator
Amino and organic acids-related disorders (AOA)	Henk Blom Stefan Kölker Francjan van Spronsen
Disorder of pyruvate metabolism, Krebs cycle defects, mitochondrial oxidative phosphorylation disorders, disorders of thiamine transport and metabolism (PM-MD)	Enrico Bertini Shamina Rahman Manuel Schiff
Carbohydrate, fatty acid oxidation and ketone bodies disorders (C-FAO)	Carlo Dionisi Terry Derks Ute Spieterkötter
Lysosomal storage disorders (LSD)	Ans van der Ploeg Giancarlo Parenti Dominique Germain
Peroxisomal disorders (PD)	Bwee-Tien Poll The Linda De Meirleir François Eyskens
Congenital disorders of glycosylation and disorders of intracellular trafficking (CDG)	Eva Morava Pascale de Lonlay Thomas Honzik
Disorders of Neuromodulators and Other Small Molecules (NOMS)	Angela Garcia Cazorla Thomas Opladen Eliane Sardh

PATIENTS MANAGED BY METABERN



8 Work Packages

	WORK PACKAGE	MAIN OBJECTIVE	Leader
1	Coordination and Management	Ensuring timely execution of the Multiannual Plan	Maurizio Scarpa (DE)
2	Dissemination	Providing access to information to different target audiences and ensuring timely execution of the MAP	Eva Morava (BE)
3	Evaluation	Ensuring timely execution of the Multiannual Plan	Viktor Kozich (CZ)
4	Guidelines, Care Pathways & Standardisation	Pooling knowledge and improving information	Ursula Plöckinger (DE) Carlo Dionisi Vici (IT)
5	Virtual Counselling Framework	Advancing innovation in health technologies for IMDs	Klaus Mohnike (DE)
6	Research, Translational Activities & CT	Advancing innovation in medical science	Maurizio Scarpa (DE)
7	Capacity-building & Training	Increasing knowledge and skilling up competencies of target groups and MS to provide highly specialised care	Nadia Belmatoug (FR)
8	Continuity of Care	Improving prevention, diagnosis and care	Shamima Rahman (UK)

COLLABORATION WITH PATIENTS ASSOCIATIONS

- The patients and patients' empowerment are at the center of the interests of the MetabERN.
- We have identified 47 PO at national and international level
- We have a formal proactive collaboration with EURORDIS to facilitate the collaboration
- The PO will be involved in the different activities of the MetabERN
- The PO will participate to the governance, ethics, care, research, evaluation of the MetabERN.

CONCLUSION

- The MetabERN is an unique opportunity to impact the life of patients and the management of their diseases
- MetabERN represents the first opportunity for all the expert centres to really work together in a coordinated way, in a multidisciplinary way, to share data, expertise, projects and cross feeding, to better meet the patients' need
- The MetabERN is the first opportunity to show that expertise can travel to patients and not always vice versa.

For more information, please contact:

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ERNDIM



ERNDIM
European Research Network for
evaluation and improvement of
screening, Diagnosis and treatment
of Inherited disorders of Metabolism

ERNDIM: Aims



- ERNDIM began in 1994 as an EC funded project (BIOMED-1)
- Main aim was to reach a consensus between European Biochemical Genetics Centres on reliable and standardised procedures for diagnosis, treatment and monitoring of inherited metabolic diseases

Present ERNDIM Activities

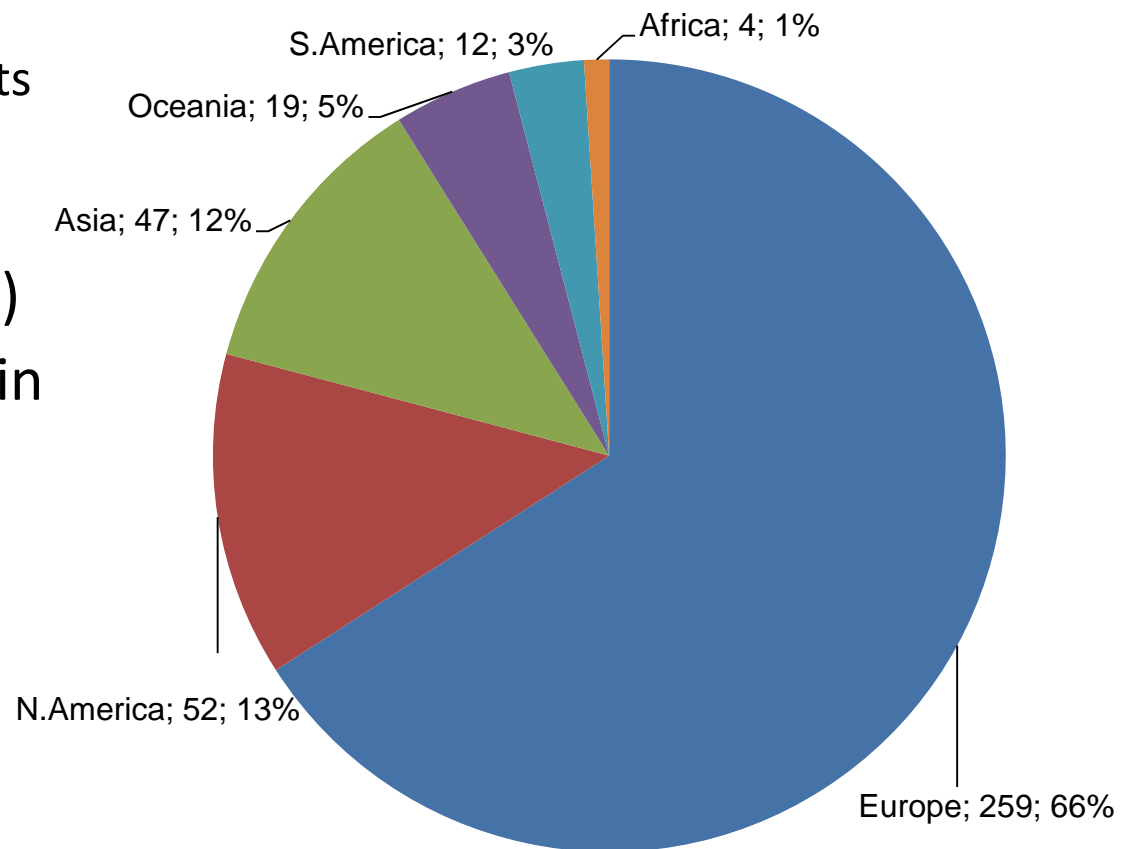


- **Quality control schemes** on a worldwide scale (external quality assurance, EQA)
- **Education**
 - Publication of recommended operating procedures
 - Publication of annual reports
 - Support of meetings at the national level
 - Organization of DPT meetings and workshops during the annual SSIEM symposium
 - Co-organizing of SSIEM Academy

ERNDIM: participation

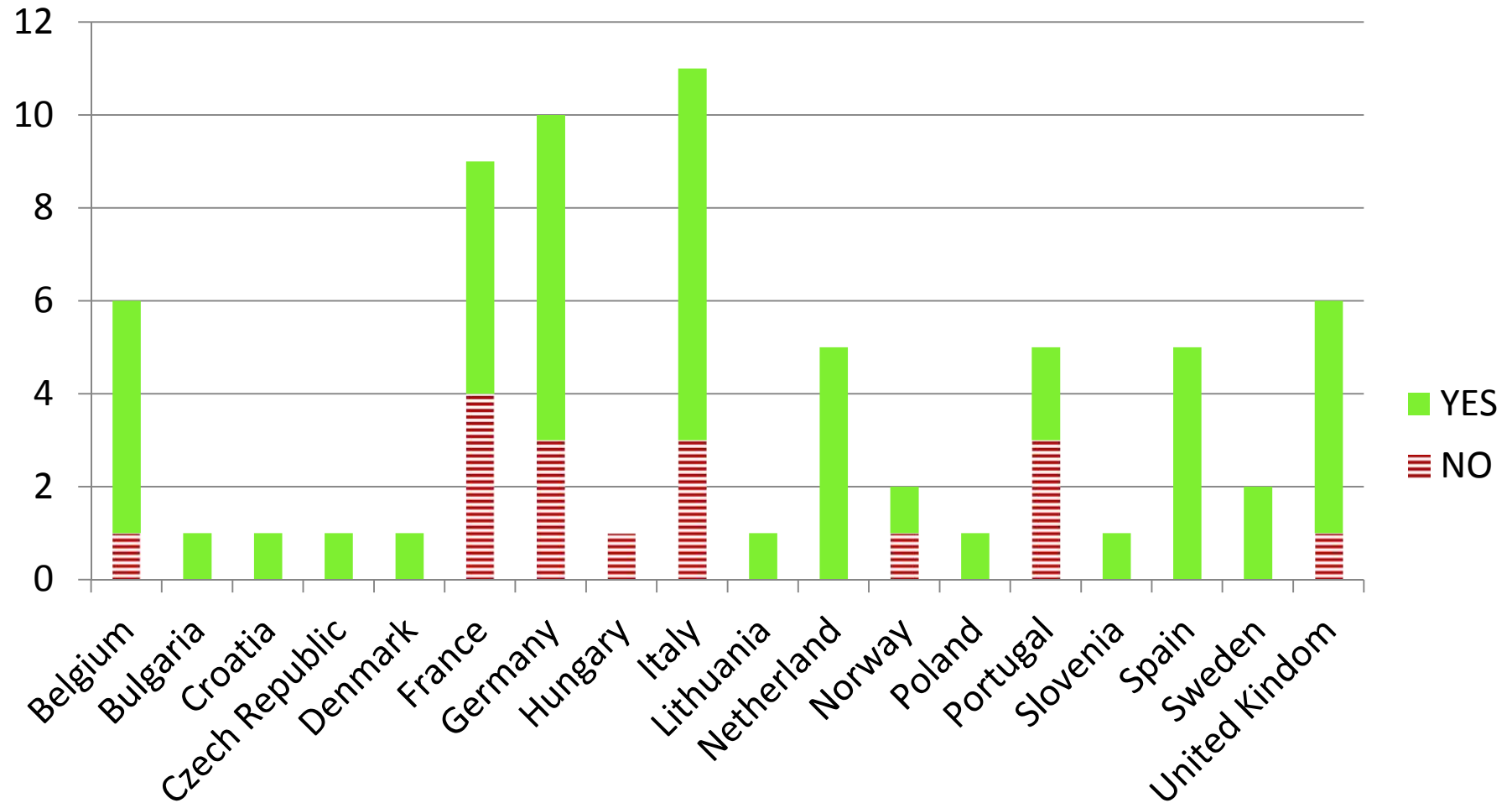


- In 1994 - an EC funded project
 - 3 DPT schemes
 - 162 European participants
- Number of QA schemes increased to **15** (in 2017)
- Number of participants in 2016 was **393** from **59** different countries
- Total number of participations in 2016 was **1604**



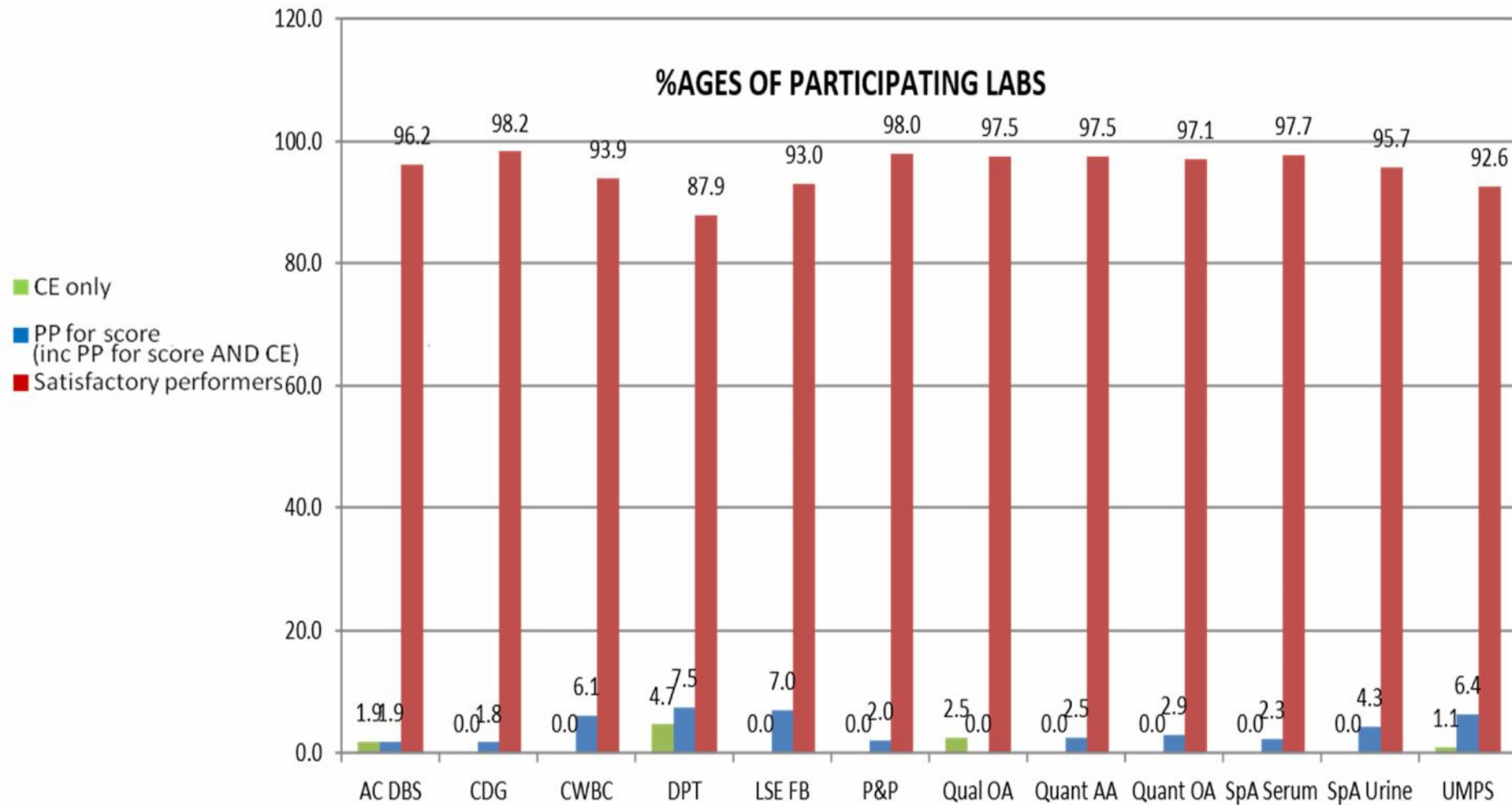
MetabERN HCPs subscribed to ERNDIM

(preliminary data based on 2017 invoices)



Scheme Results – 2015

Poor performers (PP)



Scheme Results – 2015

Global Poor Performance (PP)



- Global PP is poor performance in more than one EQA scheme in one year
- Details of labs with Global PP in 2015 are below

2015 Global PP	No of schemes with PP	AC in DBS	CD G	Cystine in WBC	DPT	LSE in Fibroblasts	Purines & Pyrimidines	Qual Organic Acids	Quant Amino Acids	Quant Organic Acids	Special Assays Serum	Special Assays Urine	Urine MPS
LAB 1	4	Y	N					CE	N	N	Y	Y	
LAB 2	3	CE			N			Y	N		Y	Y	
LAB 3	2							Y	Y		Y	N	N
LAB 4	2	CE			Y	N		Y	Y	Y	Y	Y	
LAB 5	2							D			N	N	
LAB 6	2			Y		Y	N	CE			Y	Y	
LAB 7	2							CE	Y				N

N = Poor Performance (inc PP for score AND CE); CE = Critical Error only; Y = Satisfactory Performance; D = Non-submitter;
P = Partial Submitter



MetabERN/
ERNDIM

Potential areas for collaboration

- Awareness of clinicians about laboratory performance and its assessment (including poor performance, PPP and global poor performance; in collaboration with QC ESHG, or e.g. uncertainty of measurement)
- Involvement of clinicians in designing new EQA schemes/review of existing schemes
- Mandating EQA participation for MetabERN members

Potential areas for collaboration

- Involvement of laboratory scientists in guidelines development/revision
- Provision of directory of tests for MetabERN members
- Involvement of laboratory scientists in research
- Patient organizations: sample donations

