

A complex network diagram with numerous nodes of varying sizes (dark blue, light blue, and grey) connected by thin grey lines. Some nodes are highlighted with larger concentric circles. The background is a light grey with faint, larger-scale network patterns.

Orphanet Database analysis on RD coverage by ERNs



This presentation is part of the project OD4RD which has received funding from the European Union's Health Programme. The content of this presentation represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the HADEA or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.



OBJECTIVES

- ❁ Perform a quantitative analysis of ERNs coverage of RD in Orphanet classifications
- ❁ Update the 2019 analysis after the 2021 ERNs extension
- ❁ Set the ground for more detailed, qualitative analysis on:
 - ❁ Quantitative and qualitative gaps in RD coverage
 - ❁ Quantitative and qualitative overlaps / complementarities among ERNs
- ❁ Inform ERN coordination, BoMS and the EC's ERNs strategy
- ❁ Contribute to the JARDIN JA



METHODOLOGY

❁ Sources

- ❁ Application files (EC): thematic groups, sub-thematic areas, exemplar RD
- ❁ Orphanet classifications of RD
- ❁ Orphanet ERNs centres database linked to the classifications (~99% complete)

❁ Steps

- ❁ ERNs' centers data collection and mapping to the Orphanet classification of RD
- ❁ Data extraction and preparation from the Orphanet database
 - ❁ Combining expert centres DB and Orphanet classifications files
 - ❁ Mapping thematic/subthematic areas to ORPHAcodes



WORKING HYPOTHESIS

- ❁ When mapping a thematic group or a sub-thematic area to an ORPHAcode representing a group of disorders, all the disorders within the group are considered as covered by the ERN, even though they are not mentioned in EC files.
- ❁ Justification:
 - ❁ If only mentioned RD were considered covered, most RD would have been in a « gap »
 - ❁ There is no real expert center on the rarest RD, but patients would benefit for coming to the ERN that is expert on the group the RD belongs to.

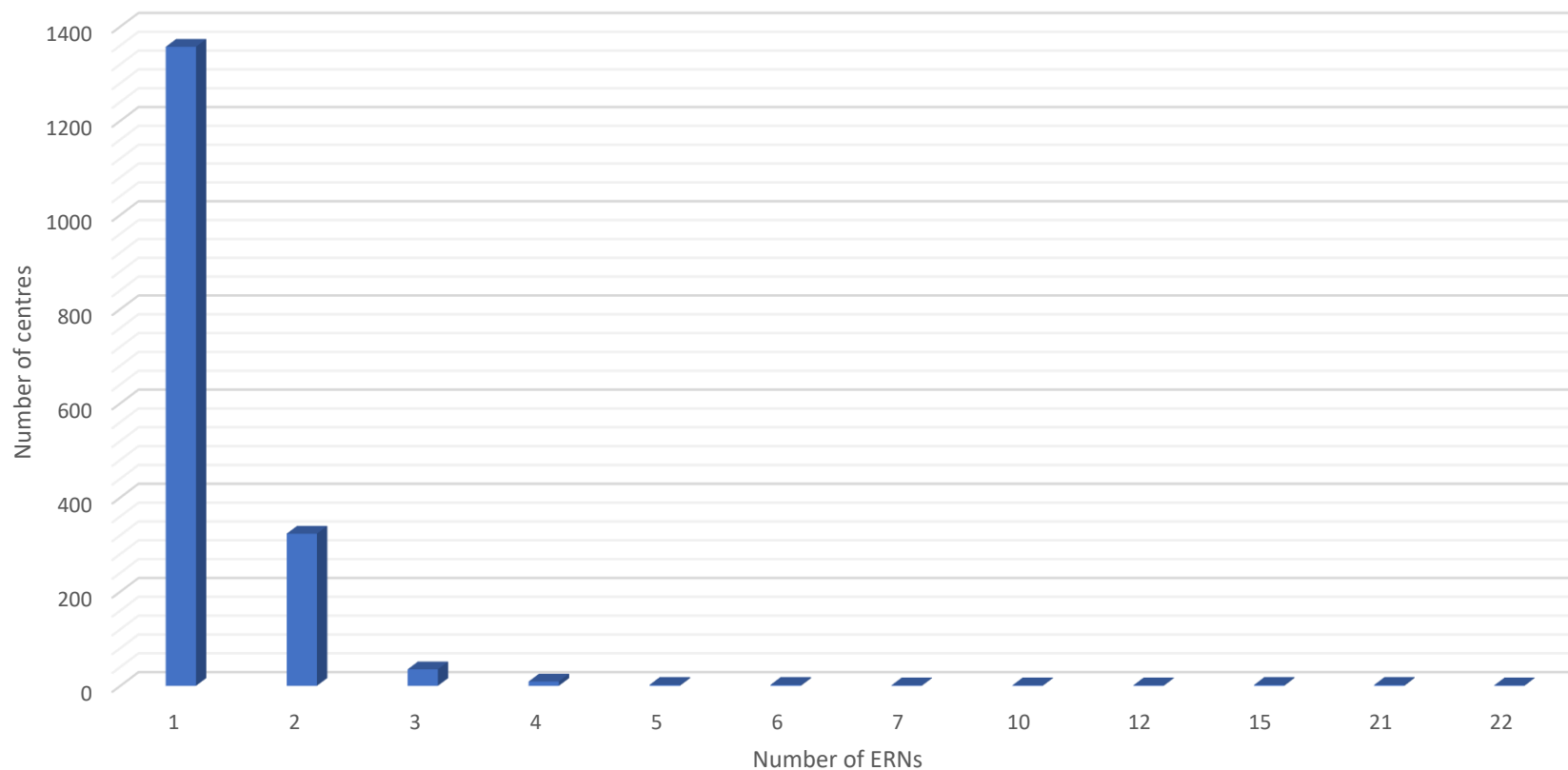


RESULTS

🌸 1,736 expert centres linked to ERNs

🌸 78% linked to 1 ERN

🌸 26 generic centres withdrawn for analysis purposes





AGGREGATED RESULTS

❁ For 12 ERNs, the coverage of RD in the related Orphanet classification groups was complete or almost complete

❁ Complete: **GENTURIS** , **TransplantChild** , **ERNICA** , **Euro-NMD** , **eUROGEN**, **EURACAN**

❁ Almost complete:

❁ Few RD / clinical groups of RD not explicitly mentioned but could confidently be attributed to the ERN (pending validation)

❁ **EpiCare** , **Rare Liver** , **RITA** , **ERN-EYE** , **EuroBloodNet** , **ITHACA**

❁ By ERN verifications are needed to confirm / infirm our assumptions

❁ Orphanet classification structure revisions identified as needed

❁ i.e. ERN-Liver...



AGGREGATED RESULTS

❁ For 4 ERNs, the coverage of RD in the related Orphanet classification groups was incomplete but groups left out are covered by other ERNs

❁ ERKnet , CRANIO , ERN-LUNG , MetabERN

❁ For 8 ERNs (needs confirmation/infirmation by ERNs):

❁ RD groups left out are likely to be covered but not mentioned in the EC files

❁ Needs confirmation by ERNs: **PaedCan**, **ERN-Skin**, **BOND**

❁ RD groups left out and not explicitly covered by another ERN: true gaps? extensions possible within the current expert centers in the ERN?

❁ **ENDO-ERN** , **Guard-Heart** , **ReCONNET** , **ERN-RND** , **VascERN**



PRESUMED GAPS

- ❁ Certain benign tumors: Inconsistently covered by domain-specific ERNs
- ❁ Certain systemic (autoimmune) diseases
- ❁ Certain acquired RD (while genetic counterparts are covered)
- ❁ Rare dyslipidemias
- ❁ Rare neurological infectious diseases
- ❁ Rare sleep disorders
- ❁ Rare pain disorders including Rare headache
- ❁ Rare autonomic nervous system disorder
- ❁ Medullar disease
- ❁ Prion diseases
- ❁ CNS Injuries
- ❁ Non-inflammatory vasculopathy

NEXT STEPS



- ❁ Confirm / correct this preliminary analysis
 - ❁ Per ERN discussions
 - ❁ Secondly: identify RD groups for collaboration in revising the classifications
- ❁ Start the qualitative analysis
 - ❁ Investigate the already identified overlaps
 - ❁ Is it translating complementarity of approaches?
 - ❁ Is it due to the double/multi- ERN centres?
 - ❁ Share the results with JARDIN JA:
 - ❁ To understand the consequences in terms of patients pathways
 - ❁ To understand the consequences in terms of ERN monitoring