

Monday 30 November 2020



# GUARD-Heart

Gateway to Uncommon And Rare Diseases of the Heart



ERN GUARD-HEART BIMONTHLY NEWSLETTER

YEAR 2020 NUMBER 6

## The ERICA Project: joining forces to integrate research and innovation capacity across all 24 European Reference Networks

Leiden, 26 November 2020

The European Rare disease research Coordination and support Action (ERICA) Project received a positive evaluation for a H2020 grant to establish a structural framework in support of the research activities of the ERNs. ERICA will strengthen research and innovation capacity by integration of ERN research activities, outreach to European research infrastructures to synergistically increase impact and Innovation. This will result in safe, accessible and efficient access of therapies for the benefit of patients suffering from rare diseases and Conditions.

Rare diseases are defined as diseases that affect not more than 1 person per 2000 in the European population. However, while individual rare diseases affect only a small percentage of the population, they collectively affect up to 30 million people in the EU. With the objective to facilitate access to high quality cross-border healthcare and promote and foster cooperation on rare disease healthcare between member states, the 24 European Reference Networks (ERN) were established by the European Commission last 2017.

The ERICA Project builds on the strength of these individual ERNs by promoting inter-ERN research activities and by establishing firm collaborative ties with existing European and international infrastructures and consortia involved in rare disease research and innovation.

The ERICA Consortium consists of 29 partners, amongst which all 24 ERNs, EURORDIS, the EJP RD, Orphanet, Mapi Trust Research, and EATRIS. The ERICA Project is coordinated by Alberto Pereira (ENDO-ERN coordinator, Leiden University Medical Center, the NL). ♥

## Assessment of HCPs wishing to join ERN GUARD-Heart as full members has been finalized

Amsterdam, 9 November 2020

The assessment of HCPs wishing to join the ERN GUARD-Heart has been finalized. We thank the members of the assessment team (Georgia Sarquella-Brugada, Philippe Charron, Eric Schulze-Bahr, Carlo Napolitano, and Arthur Wilde) for their time and effort in reviewing and assessing the applications. The results of the assessment procedure will be disseminated among ERN members once the procedure has been finalized, including assessment by independent assessment bodies of the European Commission and the Board of Member States. ♥



## Extending the ERNs: number of applications per Member State

**Amsterdam, 27 November 2020**

In the second call for full members there were 769 applications received for the 24 different ERNs. Currently the 24 ERNs gave their opinion about all these applications and now an independent assessment body will review the applications with a favourable opinion (documentation review and possibly on-side audits as well). The applications with an unfavourable opinion will be transferred to the National Authority of the HCP. The distribution of the applicants among the different member states is as follows (ERN GUARD-Heart / all ERNs):

AT: 0/7	HU:1/16
BE: 2/39	IE: 1/16
BG: 0/0	IT: 5/199
CY: 0/3	LT: 0/6
CZ: 2/22	LV: 0/8
DE: 2/100	NL: 3/37
DK: 1/33	NO: 0/12
EE: 0/4	PL: 4/33
EL: 0/18	PT: 3/29
ES: 5/74	RO: 0/8
FI: 0/18	SE: 0/16
FR: 1/39	SI: 0/4
HR: 1/6	SK:1/8
	UK: 0/14

The additional review will take approximately another 6 months, where after the new full members will be installed in July 2021. ♥

## CPMS activity and priority

**Amsterdam, 27 November 2020**

At the recent coordinators meeting with DG SANTE (11-27), CPMS was again extensively discussed. Everyone realizes that the system as it currently is, is cumbersome (not robust, not self-intuitive and not efficient). Overall, it is not used extensively, since the onset approximately 1500 panels have been started across all ERN's in 37 months. The EU struggles with CPMS but firmly believe that they cannot stop it at this moment.

First of all, the costs have been huge, but, more importantly, the upcoming internal review process of the whole ERN project (halfway 2021) is believed to focus, among others variables, on CPMS (because it took a significant part of the budget). That could potentially mean that if CPMS is not successful the budget for the whole ERN project may be stopped or at a minimum significantly be reduced. Hence, the whole ERN project is at stake if CPMS remains underused.

For this reason, DG SANTE propose to more or less mandate individual HCPs within an ERN to use CPMS (see previous topic). Ultimately, if not used sufficiently membership of individual HCPs should be terminated. So far, this is a proposal and obviously all ERN coordinators argued over and over again that one cannot mandate to use an IT system that is not robust, self-intuitive or efficient. We expect further discussion on this but at the same time we would like to urge all of you again to consider using CPMS for interesting cases. At the same time, from the coordination office we will also come with a new proposal on a way to extend its use. ♥

## Template of the procedure for termination / non-compliance of ERN members

**Amsterdam, 4 November 2020**

The European Commission had designed a template defining the criteria for non-compliance and describing the procedure for termination of non-compliant ERN members. The template has been circulated among ERN coordinators for suggestions or endorsement. Arthur Wilde has responded to the Commission that unfortunately, in its current form, our ERN cannot endorse the template because it puts too much focus on the CPMS activity of a certain HCP member do define non-compliance, while the expertise of a member HCP for the benefit of an ERN can be utilized in various other manners (as for example more adequately measured by the indicators in the ERN monitoring system). Arthur Wilde has suggested to use a more comprehensive approach to define non-compliance (e.g., by using the results of the ERN monitoring system for each HCP and the commitments of the HCP to deliver data for ERN monitoring). In addition, he has suggested to generate two separate documents or split the template in two parts, one to define non-compliance and one to describe the rules and the procedures for termination of membership of a HCP. ♥



**A general ERN animation clip for the patients and health professionals subtitled and dubbed in EU languages is now available.**

**Please distribute it by using it in your presentations.**

**The video is available on the following websites:**

[https://ec.europa.eu/health/ern/videos\\_en](https://ec.europa.eu/health/ern/videos_en)

**or**

<https://audiovisual.ec.europa.eu/en/video/I-193046?lg=EN>

## Number of official 'ERN-publications' increased

**Amsterdam, 26 November 2020**

The number of official 'ERN-publications' of ERN GUARD-Heart has increased. The definition of such a publication is as follows: An unique peer-reviewed publication that has been accepted in a scientific journal regarding disease-groups within the ERN. Publications should be PubMed accredited scientific journals and involve as major contributors at least two Healthcare Providers from two different Member States within the ERN, and which include an explicit acknowledgement of the ERN, such as 'this work is generated within the European Reference Network GUARD-Heart'. The number of official ERN-publications of ERN GUARD-Heart was 2 – 8 – 18 – 27 (and three months to go) in the first, second, third and fourth ERN-year respectively. ♥

## Latest ERN GUARD-Heart Publications

1. Gimeno JR, Elliott PM, Tavazzi L, Tendera M, Kaski JP, Laroche C, Barriales-Villa R, Seferovic P, Biagini E, Arbustini E, Rocha-Lopes L, Linhart A, Mogensen J, Hagege A, Espinosa MA, Saad A, Maggioni AP, Caforio ALP, Charron P; EORP Cardiomyopathy Registry Investigators group. Prospective follow-up in various subtypes of cardiomyopathies: Insights from the ESC EORP Cardiomyopathy Registry. *Eur Heart J Qual Care Clin Outcomes*. 2020 Oct 9:qcaa075.
2. Mizia-Stec K, Caforio ALP, Charron P, Gimeno JR, Elliott P, Kaski JP, Maggioni AP, Tavazzi L, Rigopoulos AG, Laroche C, Frigy A, Zachara E, Pena-Pena ML, Olusegun-Joseph A, Pinto Y, Sala S, Drago F, Blagova O, Reznik E, Tendera M. Atrial fibrillation, anticoagulation management and risk of stroke in the Cardiomyopathy/Myocarditis registry of the EURObservational Research Programme of the European Society of Cardiology. *ESC Heart Fail*. 2020 Sep 17.
3. Lopez-Sainz A, Dominguez F, Lopes LR, Ochoa JP, Barriales-Villa R, Climent V, Linschoten M, Tiron C, Chiriatti C, Marques N, Rasmussen TB, Espinosa MÁ, Beinart R, Quarta G, Cesar S, Field E, Garcia-Pinilla JM, Bilinska Z, Muir AR, Roberts AM, Santas E, Zorio E, Peña-Peña ML, Navarro M, Fernandez A, Palomino-Doza J, Azevedo O, Lorenzini M, García-Álvarez MI, Bento D, Jensen MK, Méndez I, Pezzoli L, Sarquella-Brugada G, Campuzano O, Gonzalez-Lopez E, Mogensen J, Kaski JP, Arad M, Brugada R, Asselbergs FW, Monserrat L, Olivetto I, Elliott PM, Garcia-Pavia P; European Genetic Cardiomyopathies Initiative Investigators. Clinical Features and Natural History of PRKAG2 Variant Cardiac Glycogenosis. *J Am Coll Cardiol*. 2020 Jul 14;76(2):186-197.
4. Salazar-Mendiguchía J, Ochoa JP, Palomino-Doza J, Domínguez F, Díez-López C, Akhtar M, Ramiro-León S, Clemente MM, Pérez-Cejas A, Robledo M, Gómez-Díaz I, Peña-Peña ML, Climent V, Salmerón-Martínez F, Hernández C, García-Granja PE, Mogollón MV, Cárdenas-Reyes I, Cicerchia M, García-Giustiniani D, Lamounier A Jr, Gil-Fournier B, Díaz-Flores F, Salguero R, Santomé L, Syrris P, Olivé M, García-Pavía P, Ortiz-Genga M, Elliott PM, Monserrat L; GENESCOPIC Research Group. Mutations in TRIM63 cause an autosomal-recessive form of hypertrophic cardiomyopathy. *Heart*. 2020 Sep;106(17):1342-1348.



## Latest ERN GUARD-Heart Publications

5. Walsh R, Lahrouchi N, Tadros R, Kyndt F, Glinge C, Postema PG, Amin AS, Nannenber EA, Ware JS, Whiffin N, Mazzarotto F, Škorić-Milosavljević D, Krijger C, Arbelo E, Babuty D, Barajas-Martinez H, Beckmann BM, Béziau S, Bos JM, Breckpot J, Campuzano O, Castelletti S, Celen C, Clauss S, Corveleyn A, Crotti L, Dagradi F, de Asmundis C, Denjoy I, Dittmann S, Ellinor PT, Ortuño CG, Giustetto C, Gourraud JB, Hazeki D, Horie M, Ishikawa T, Itoh H, Kaneko Y, Kanters JK, Kimoto H, Kotta MC, Krapels IPC, Kurabayashi M, Lazarte J, Leenhardt A, Loeys BL, Lundin C, Makiyama T, Mansourati J, Martins RP, Mazzanti A, Mörner S, Napolitano C, Ohkubo K, Papadakis M, Rudic B, Molina MS, Sacher F, Sahin H, Sarquella-Brugada G, Sebastiano R, Sharma S, Sheppard MN, Shimamoto K, Shoemaker MB, Stallmeyer B, Steinfurt J, Tanaka Y, Tester DJ, Usuda K, van der Zwaag PA, Van Dooren S, Van Laer L, Winbo A, Winkel BG, Yamagata K, Zumhagen S, Volders PGA, Lubitz SA, Antzelevitch C, Platonov PG, Odening KE, Roden DM, Roberts JD, Skinner JR, Tfelt-Hansen J, van den Berg MP, Olesen MS, Lambiase PD, Borggrefe M, Hayashi K, Rydberg A, Nakajima T, Yoshinaga M, Saenen JB, Kääh S, Brugada P, Robyns T, Giachino DF, Ackerman MJ, Brugada R, Brugada J, Gimeno JR, Hasdemir C, Guicheney P, Priori SG, Schulze-Bahr E, Makita N, Schwartz PJ, Shimizu W, Aiba T, Schott JJ, Redon R, Ohno S, Probst V; Nantes Referral Center for inherited cardiac arrhythmia, Behr ER, Barc J, Bezzina CR. Enhancing rare variant interpretation in inherited arrhythmias through quantitative analysis of consortium disease cohorts and population controls. *Genet Med*. 2020 Sep 7.
6. Akhtar MM, Lorenzini M, Cicerchia M, Ochoa JP, Hey TM, Sabater Molina M, Restrepo-Cordoba MA, Dal Ferro M, Stolfo D, Johnson R, Larrañaga-Moreira JM, Robles-Mezcua A, Rodriguez-Palomares JF, Casas G, Peña-Peña ML, Lopes LR, Gallego-Delgado M, Franaszczyk M, Laucey G, Rangel-Sousa D, Basurte M, Palomino-Doza J, Villacorta E, Bilinska Z, Limeres Freire J, Garcia Pinilla JM, Barriales-Villa R, Fatkin D, Sinagra G, Garcia-Pavia P, Gimeno JR, Mogensen J, Monserrat L, Elliott PM. Clinical Phenotypes and Prognosis of Dilated Cardiomyopathy Caused by Truncating Variants in the TTN Gene. *Circ Heart Fail*. 2020 Oct;13(10):e006832.
7. Lorenzini M, Anastasiou Z, O'Mahony C, Guttman OP, Gimeno JR, Monserrat L, Anastasakis A, Rapezzi C, Biagini E, Garcia-Pavia P, Limongelli G, Pavlou M, Elliott PM. Hypertrophic Cardiomyopathy Outcomes investigators. Mortality Among Referral Patients With Hypertrophic Cardiomyopathy vs the General European Population *JAMA Cardiol*. 2020 Jan 1;5(1):73-80.
8. Caforio ALP, Re F, Avella A, Marcolongo R, Baratta P, Seguso M, Gallo N, Plebani M, Izquierdo-Bajo A, Cheng CY, Syrris P, Elliott PM, d'Amati G, Thiene G, Basso C, Iliceto S, Zachara E. Evidence From Family Studies for Autoimmunity in Arrhythmogenic Right Ventricular Cardiomyopathy Associations of Circulating Anti-Heart and Anti-Intercalated Disk Autoantibodies With Disease Severity and Family History. *Circulation*. 2020 Apr 14;141(15):1238-1248.
9. Asselbergs FW, Sammani A, Elliott P, Gimeno JR, Tavazzi L, Tendera M, Kaski JP, Maggioni AP, Rubis PP, Jurcut R, Heliö T, Calò L, Sinagra G, Zdravkovic M, Olivotto I, Kavoliūnienė A, Laroche C, Caforio ALP, Charron P; Cardiomyopathy & Myocarditis Registry Investigators Group. Differences between familial and sporadic dilated cardiomyopathy: ESC EORP Cardiomyopathy & Myocarditis registry. *ESC Heart Fail*. 2020 Nov 11.
10. Stiles MK, Wilde AAM, Abrams DJ, Ackerman MJ, Albert CM, Behr ER, Chugh SS, Cornel MC, Gardner K, Ingles J, James CA, Jimmy Juang JM, Kääh S, Kaufman ES, Krahn AD, Lubitz SA, MacLeod H, Morillo CA, Nademanee K, Probst V, Saarel EV, Sacilotto L, Semsarian C, Sheppard MN, Shimizu W, Skinner JR, Tfelt-Hansen J, Wang DW. 2020 APHRS/HRS expert consensus statement on the investigation of decedents with sudden unexplained death and patients with sudden cardiac arrest, and of their families. *Heart Rhythm*. 2020 Oct 19:S1547-5271(20)30953-X.
11. Wijeyeratne YD, Tanck MW, Mizusawa Y, Batchvarov V, Barc J, Crotti L, Bos JM, Tester DJ, Muir A, Veltmann C, Ohno S, Page SP, Galvin J, Tadros R, Muggenthaler M, Raju H, Denjoy I, Schott JJ, Gourraud JB, Skoric-Milosavljevic D, Nannenber EA, Redon R, Papadakis M, Kyndt F, Dagradi F, Castelletti S, Torchio M, Meitinger T, Lichtner P, Ishikawa T, Wilde AAM, Takahashi K, Sharma S, Roden DM, Borggrefe MM, McKeown PP, Shimizu W, Horie M, Makita N, Aiba T, Ackerman MJ, Schwartz PJ, Probst V, Bezzina CR, Behr ER. SCN5A Mutation Type and a Genetic Risk Score Associate Variably with Brugada Syndrome Phenotype in SCN5A Families. *Circ Genom Precis Med*. 2020 Nov 9.



## Latest ERN GUARD-Heart Publications

12. Knops RE, Olde Nordkamp LRA, Delnoy PHM, Boersma LVA, Kuschyk J, El-Chami MF, Bonnemeier H, Behr ER, Brouwer TF, Kääh S, Mittal S, Quast ABE, Smeding L, van der Stuijt W, de Weger A, de Wilde KC, Bijsterveld NR, Richter S, Brouwer MA, de Groot JR, Kooiman KM, Lambiase PD, Neuzil P, Vernooy K, Alings M, Betts TR, Bracke FALE, Burke MC, de Jong JSSG, Wright DJ, Tijssen JGP, Wilde AAM. Subcutaneous or Transvenous Defibrillator Therapy. *N Engl J Med.* 2020 Aug 6;383(6):526-536.

13. Monda E, Sarubbi B, Russo MG, Caiazza M, Mazzaccara C, Magrelli J, Rubino M, Esposito A, Perna A, Passariello A, Bossone E, Romeo E, Colonna D, Esposito MV, D'Argenio V, Salvatore F, Pacileo G, Crotti L, Frisso G, Limongelli G. Unexplained sudden cardiac arrest in children: clinical and genetic characteristics of survivors. *Eur J Prev Cardiol.* 2020 Jul 26:2047487320940863.

14. Bleijendaal H, Ramos LA, Lopes RR, Verstraelen TE, Baalman SWE, Oudkerk Pool MD, Tjong FVY, Melgarejo-Meseguer FM, Gimeno-Blanes FJ, Gimeno-Blanes JR, Amin AS, Winter MM, Marquering HA, Kok WEM, Zwinderman AH, Wilde AAM, Pinto YM. Computer versus cardiologist: Is a machine learning algorithm able to outperform an expert in diagnosing a phospholamban p.Arg14del mutation on the electrocardiogram? *Heart Rhythm.* 2020 Sep 8;S1547-5271(20)30861-4.

15. Lotan D, Salazar-Mendiguchía J, Mogensen J, Rathore F, Anastasakis A, Kaski J, Garcia-Pavia P, Olivotto I, Charron P, Biagini E, Baban A, Limongelli G, Ashram W, Wasserstrum Y, Galvin J, Zorio E, Iacovoni A, Monserrat L, Spirito P, Iascone M, Arad M. Clinical Profile of Cardiac Involvement in Danon Disease: A Multicenter European Registry. *Genom Precis Med.* 2020 Nov 5.

## Programme on capacity and knowledge sharing for ERNs through short-term mobility and exchanges of healthcare professionals

Brussels, 13 November 2020

DG SANTE and Chafea announced the start of an **Exchange Programme** which is meant to meet goals and strengthen capacity on the Network level. It is not meant for research nor for individual development (though this may be a secondary effect of the Exchange Programme). The Exchange Programme is intended to be a Network effort rather than a sum of individual trips.

The **scope** of the Exchange Programme includes all types of professionals connected to the multidisciplinary team of member HCPs: medical doctors, nurses, juniors, seniors etc. The **thematic scope** includes medical practice and skills but also organisational aspects of a Network. A horizontal approach of sharing experiences is preferable over a vertical teacher – apprentice approach. **Geographical scope**: HCP's (and professionals) that are member/affiliated to ERN are eligible for exchange travels. Switzerland and UK are excluded. Aspiring members are not eligible before they have been formally approved as a member of the ERN; Domestic travel is allowed, although **cross-border** travels have preference. The **timeline** of the Exchange Programme is two full years, i.e. till October 2022.

The aim is to use all exchange packages, probably 35-45 for ERN GUARD-Heart, available. Each package covers: 5 days of travel, daily allowance for professional that travels, travel costs, travel insurance. Not included is a compensation for centres and professionals hosting the visit and insurance for professional liabilities.

It is the responsibility of the **ERNs** to define the themes to address and identify traveling professionals and hosting centres. Soon, we will come back on this topic. ♥

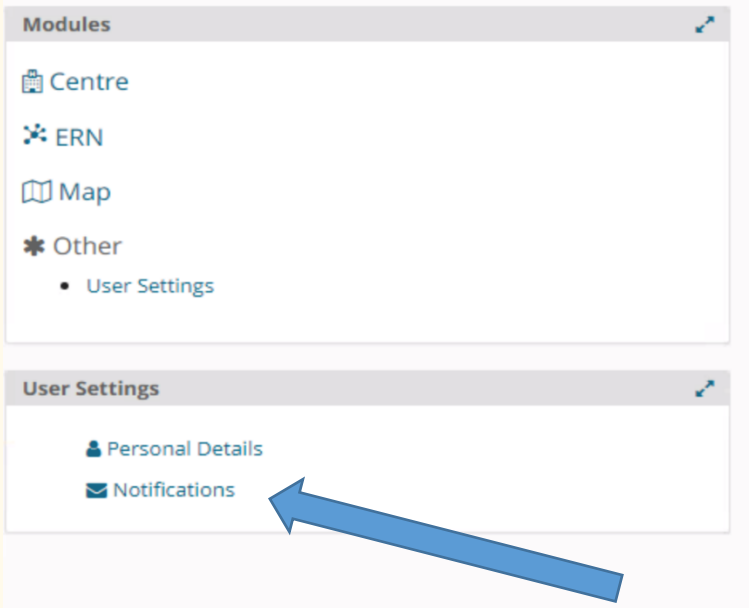




# System-update CPMS-reminders

The CPMS has been updated regarding the notification e-mails which are sent automatically from the system to the user. It is possible to finetune your preferences by yourselves (when do you want to receive a reminder, and how often). Furthermore, the information in the reminder-emails will be better defined. All together this seems to be a clear and user-friendly improvement.

Here are two pictures included with instructions where you can change your personal settings/preferences: the task reminders section opens under 'notifications' . ❤



### Task Reminders

When I have a task in my task-list, remind me:

- Daily Email
- Weekly Email
- Fortnightly Email
- Monthly Email

Immediate notification emails will be sent to you for all mandatory and any optional events you choose as soon as they occur. Reminder mails will be sent to you at your chosen frequency. You will not be mailed if you have no outstanding tasks in your task list.

Follow ERN GUARD-Heart on:  
*(click on logo to proceed)*



**ERN GUARD-Heart  
Project  
Management  
Office**



**Arthur A.M. Wilde**  
Network Coordinator  
Academic Medical Center  
Amsterdam, Netherlands  
Email: a.a.wilde@amc.nl  
Phone: +31205662904



**Nynke Hofman**  
Project Manager  
Academic Medical Center  
Amsterdam, Netherlands  
Email: n.hofman@amc.nl  
Mobile: +31622046435



**Ahmad S. Amin**  
Project Manager  
Academic Medical Center  
Amsterdam, Netherlands  
Email: a.s.amin@amc.nl  
Mobile: +31614471713