

European Reference Network

for rare or low prevalence complex diseases

Network

Neurological Diseases (ERN-RND)

Deliverable

D4.4 Registry Manual

Version: 1.0 Date: 15.01.2020 Work package: WP4 Author: Dorotea Lleshaj Approved by: Ludger Schöls Diffusion: Public

Staff functions and tasks

Person	Role	Contact
Holm Graessner	ERN-RND Coordinator	Holm.grassner@med.uni- tuebingen.de
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Christian Erhard	IT-Specialist	christian.erhardt@medizin.uni- tuebingen.de
	Registry Coordinator	ern-rnd-registry@med.uni- tuebingen.de

Data base structure and location

The data will be stored on servers of the central data-center of the Universitätsklinikum Tübingen (UKT) in the browser based, metadata-driven electronic data capture software database REDCap (Research Electronic Data Capture). The presentation layer (frontend) of the database is in the demilitarized zone (DMZ). This is a perimeter network which protects the clinics internal local-area network from untrusted traffic. This adds an additional layer of security to the network. The data access layer (backend) database is in the clinic network.

Data tranfer procedures

Data entry: The data will be provided for each disease group by the respective ERN-RND member hospitals coordinators as an Excel file that will be uploaded in the cloud of the coordinating center University Hospital Tübingen (UKT) Cloud (private cloud physically located at and administered by UKT).

Data export: The fully pseudonymised dataset will be exported once a year as an Excel file that is made accessible by the coordinators of each specialist center who contributes to the ERN-RND registry. To this end the dataset will be provided once a year in a protected folder of the UKT cloud for a limited amount of time (one week). Coordinators of all ERN-RND health care providers will get access to this folder to download the file. Each coordinator needs to confirm a priori with its local institutional review board the issues of data storage. This is part of the local project plan, patient information and consent that is premise for data entry.

Definition of data points included in the registry

DATA	DESCRIPTION
ERN-RND center	The coordination office maintains a list of abbreviations for each health care provider within the ENR-RND. This enables the allocation of datasets to a specialized center for requests on more detailed information
Pseudonym	For data protection reasons the information should be pseudonymised, coded with numbers, letters or a combination of both. It is required that the patient has the same pseudonym the following years.
Year of Birth	For confidentiality reasons the registry will restrict the information only to Year of birth. It is important not to detail the Date of birth.
Sex	This item is essential for the assessment of sex specific aspects of the diseases. (i) female: snomedct_703118005, (ii) male:snomedct_703117000, (iii) unspecified:snomedct_394744001, (iv) unknown:snomedct_394743007
Patients status	To clarify the accessibility to patient's information is needed if patients are (i) alive: obo_pato_0001421, (ii) dead: obo_pato_0001422, (iii) lost in follow-up: snomedct_399307001, (iv) opted-out: hI7_C4291647
Year of Death	For confidentiality reasons the registry will restrict the information only to Year of death. It is important not to detail the Date of death. This data is required to evaluate the survival of patients with a specific disease.
First contact with specialised centre	This data is needed to inform on availability of longitudinal data in retrospective.
Age of onset	This data is essential information in the course of the disease.
Age at diagnosis	This data is required to assess delay in diagnosis. One goal of ERN RND is to reduce the time to diagnosis.
Orpha code	Orpha code is an internationally accepted diagnostic standard for the specification of rare diseases. It helps for an uniform nomenclature on disease entities and can be found at the following address: <u>https://www.orpha.net/consor/cgi-bin/Disease Search.php?lng=DE</u>

OMIM code	The Online Mendelian Inheritance in Man (OMIM) provides an internationally accepted coding system for genetic diseases. It can be found at the following address: <u>https://www.omim.org/</u>
HPO terms	The Human Phenotype Ontology (HPO) provides lists of internationally accepted key features for the description of phenotype in a standardized way. It can be found at the following address: <u>https://hpo.jax.org/app/</u>
Agreement	This item provides information whether the patient agrees to be contacted for research purposes. It is categorized as (i) yes: obo_ncit_C49488 or (ii) no: obo_ncit_C49487. This is necessary data for the reassessment of patients.
Consent	Patient consent is indispensable for the inclusion of pseudonymized data in the registry. This data point must be "yes: obo_ncit_C49488" as otherwise no data is allowed to be entered into the registry. (No: obo_ncit_C49487)
Biological sample	This data is principle information on availability of biomaterial of any type (blood, urine, CSF, etc.) as it is important e.g. for genetic studies or biomarker aspects. It is categorized as (i) yes: obo_ncit_C49488 or (ii) no: obo_ncit_C49487.
Link to a biobank	If there are biological samples available, here should be a hyperlink to the biobank where the samples are stored. This information is essential to apply for biomaterials e.g. for genetic studies or biomarker development.
Classification of disability	Disease group specific scores provide essential information for the stratification of patients according to disease severity e.g. for inclusion in interventional trials

Data Plausibility Checks

To optimize the quality of the registry we implemented data plausibility checks. For all quantitative variables windows of plausibility there is defined and entered values checked upon saving. If the submitted data files will contain values outside the plausible range, the upload procedure will be interrupted, so that the incorrect filed cannot be saved. Fig. 1 presents the Data Dictionary Codebook, which describes what data will be accepted.

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Fig. 1: Data Dictionary Codebook

Governance and policies

As illustrated below, the ERN-RND Registry project will be embedded in the management structure of the ERN-RND project to make use of the synergies, save cost and avoid the emergence of parallel structures.

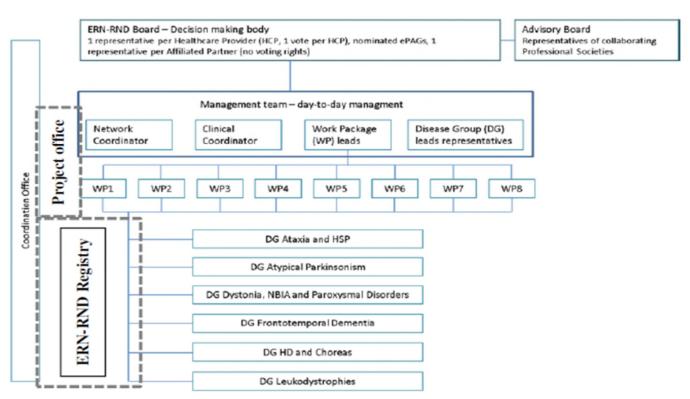


Fig. 2: Governance structure of ERN-RND. The integration of the registry project is highlighted.

Data protection aspects incl. Technical and organizational measures (TOMS)

The technical and organizational measures detailed below elucidate the important steps to assure the safety of the data that is captured for the registry.

Technical and organizational measures According to Art.32 DSGVO, § 3 LDSG

Required level of protection	High
Processing location(s)	REDCap
Documentation	IT security concept of the UKT
Type, Location	IT security concept for processing see IT security and operation concept meDIC
	TOMs HIH / CIN
	Operating concept REDCap

Technical/Organizat. Measures for Pseudonymization, Encryption	The pseudonymization of patient data takes place in the individual ERN centers.
Technical/Organizat. Measures for Availability, Resilience, Recoverability	Concept for data backup according to operating concept RZ UKT Failure tolerance & availability HIH / CIN
Technical/Organizat. Measures for Authenticity Traceability	UKT: Logging logins Logging accesses Logging data changes Processing documentation Authorization concept HIH: Own HIH-REDCap user administration for ERN-RND
Technical/Organizat. Measures for Confidentiality,	Access security own server rooms
Integrity	Access security workrooms Locked doors during absence
	Network/system access security Qualified firewall between UKT network and Internet Only defined/controlled network and system accesses Automatically or manually triggered screen lock when client is not in use/removed from workstation
	Authorization concept/s: Operating / authorization concept HIH Other persons do not have access to the data due to the role and authorization concept.
	Integrity Only tested programs/applications (REDCap) Data check by monitors convertible/possible

Prüfverfahren Art. 32 Abs. 1 d DSGVO

Ethical aspects and informed consent

The regulatory requirement for the data transmission to the ERN-RND Registry was assessed by the ethics committee approval given in Fig.3



ALLGEMEINE HINWEISE:

Vorsitz der Ethik-Kommission Professor Dr. med. Karl Jaschonek Professor Dr. med. Dr. phil. Urban Wiesing Professor Dr. med. Dieter Luft Mitglieder der Ethik-Kommission

Professor Dr. med. Berthold Drexler Professor Dr. med. Jürgen Honegger Professor Dr. med. dent. Bernd Koos Professor Dr. phil. Dipl. Psych. Stefan Klingberg Professor Dr. med. Holger Lerche Professor Dr. med. Klaus Mörike Professor Dr. med. Christian F. Poets Ulrike Rollecke Professor Dr. lur. Dr. h. c. Georg Sandberger

(Vorsitzender) Innere Medizin (1. stellv. Vorsitzender) Medizinische Ethik (2. stellv. Vorsitzender) Innere Medizin

> Anästhesiologie Neurochirurgie Zahnmedizin Psychologie, Psychotherapie Neurologie Biometrie Klinische Pharmakologie Pädiatrie Laie Jurist

Die Ethik-Kommission an der Medizinischen Fakultät der Eberhard-Karls-Universität und am Universitätsklinikum Tübingen verfährt entsprechend den ICH-GCP-Richtlinien, der Deklaration von Helsinki in der jeweiß gültigen Fassung sowie den gesetzlichen Bestimmungen. Die Ethik-Kommission ist gemäß § 41a Arzneimittelgesetz, Geschäftszeichen 2017-385-15954, gemäß § 20 Abs. 7 MPG, Aktenzeichen: Z14-A1871-14924/97 und gemäß § 36 Absatz 1 StriSchö beim BfS registriert.

Die Ethik-Kommission bestätigt, dass der Prüfplan mit den erforderlichen Unterlagen insbesondere nach ethischen und rechtlichen Gesichtspunkten beraten wurde. Die berufsethische und berufsrechtliche Beratung gemäß §15 Abs.1 Berufsordnung für Ärzte in Baden-Württemberg ist für 3 Jahre ab Ausstellungsdatum gültig. Die Ethik-Kommission bestätigt, dass der Prüfplan mit den erforderlichen Unterlagen, insbesondere nach ethischen und rechtlichen Gesichtspunkten, mündlich beraten wurde. Die berufsethische und berufsrechtliche Beratung gemäß §15 Abs.1 Berufsordnung für Ärzte in Baden-Württemberg ist für 3 Jahre ab Ausstellungsdatum gültig. Anderungen im Prüfplan und in der Phase der Umsetzung bitten wir der Kommission mitzuteilen; dabei wären wir Ihnen dankbar, wenn Sie geänderte Passagen deutlich kennzeichnen würden. Unabhängig vom Beratungsergebnis macht die Ethik-Kommission darauf aufmerksam, dass die medizinische, ethische und rechtliche Verantwortung für die Durchführung des Forschungsvorhabens beim Projektleiter und allen an der Studie teilnehmenden Ärzten liegt.

Nach Abschluss der Studie bittet die Kommission um einen abschließenden Bericht.

Fig. 3: Screenshot of the ethics approval from University Hospital Tuebingen

List of participating centres

- 1. Universitätsklinikum Tübingen, Germany
- 2. Motol University Hospital, Czech Republic
- 3. Universitätsklinikum Schleswig-Holstein, Germany
- 4. Klinikum der Universität München, Germany
- 5. VU University Medical Center Amsterdam, Netherlands
- 6. AO di Padova, Italy
- 7. Complejo Hospitalario Regional Virgen del Rocío, Spain
- 8. Eginitio Hospital, National and Kapodistrian University of Athens, Greece
- 9. Ghent University Hospital, Belgium
- 10. CHU de Toulouse, France

- 11. Universitätsklinikum Ulm, Germany
- 12. Semmelweis University, Hungary
- 13. University of Pécs, Hungary
- 14. Stichting Katholieke Universiteit, doing business as Radboud University Medical Center Nijmegen, Netherlands
- 15. University Hospital in Krakow, Poland
- 16. Hospital Clínic i Provincial de Barcelona y Hospital de Sant Joan de Déu, Spain
- 17. Hospital Universitari Vall d'Hebron, Spain
- 18. Center for Pediatric Rare Neurological Diseases / Dpt. of Pediatrics, Medical University of Vienna, Austria
- 19. Centre Hospitalier du Luxembourg
- 20. Rigshospitalet Copenhagen, Denmark
- 21. Aarhus Universitets Hospital, Denmark
- 22. Antwerp University Hospital, Belgium
- 23. Aorn A. Cardarelli, Italy
- 24. AOU Pisana, Italy
- 25. Azienda USL di Bologna IRCCS Istituto delle Scienze Neurologiche, Italy
- 26. Fakultní nemocnice U Sv. Anny v Brně, Czech Republic
- 27. Hannover Medical School, Germany
- 28. Hospital General Universitario Gregorio Marañón, Madrid, Spain
- 29. Hospital Universitario Marqués de Valdecilla, Italy
- 30. Institute of Psychiatry and Neurology, Warsaw, Poland
- 31. Karolinska Universitetssjukhuset, Stockholm, Sweden
- 32. Katholisches Klinikum Bochum, Germany
- 33. Leiden University Medical Center, Netherlands
- 34. Maastricht University Medical Center, Netherlands
- 35. Sahlgrenska Universitetssjukhuset, Sweden
- 36. Szent-Györgyi Albert Medical Center, University of Szeged, Hungary
- 37. Tallaght University Hospital, Ireland
- 38. The Cyprus Foundation for Muscular Dystrophy Research (The Cyprus Institute of Neurology and Genetics), Cyprus

- 39. University Hospitals Leuven, Belgium
- 40. Thomayer Hospital, Prague, Czech Republic
- 41. General University Hospital in Prague, Czech Republic
- 42. Hospital Clinico San Carlos, Madrid, Spain
- 43. Hospital Universitario Central de Asturias, Spain
- 44. Hospital Universitario La Paz, Madrid, Spain
- 45. Pia Fond. "Card. G. Panico", Lecce, Italy
- 46. CHU de Toulouse, France
- 47. Universitätsklinikum Aachen, Germany
- 48. Universitätsklinikum Würzburg, Germany
- 49. IRCCS Clinical Institute Humanitas Rozzano, Italy
- 50. Foundation IRCCS neurological institute Carlo Besta Milan, Italy
- 51. Université libre de Bruxelles, Belgium
- 52. University Neurological Hospital "St. Naum" Sofia, Bulgaria
- 53. Assistance Publique-Hôpitaux de Paris, Hôpital Pitié-Salpêtrière, France: Reference Centre for Rare Diseases 'Neurogenetics', France
- 54. Universitätsklinikum Bonn, Germany
- 55. Pediatric hospital Bambino Gesù, Rome, Italy
- 56. AOU Siena, Italy
- 57. Vilnius University Hospital Santariškių Klinikos, Lithuania
- 58. University Medical Center Groningen, Netherlands
- 59. Erasmus MC: University Medical Center Rotterdam, Netherlands,
- 60. University Medical Centre Ljubljana, Slovenia
- 61. Center for Rare Movement Disorders / Dpt. of Neurology, Medical University Innsbruck, Austria
- 62. Klinički bolnički centar Zagreb, Croatia
- 63. Pauls Stradins Clinical University Hospital, Riga, Latvia
- 64. Oulu University Hospital (OUH), Finland
- 65. Tartu University Hospital, Estonia
- 66. National Coordination Hub, Mater Dei Hospital (MDH), Malta
- 67. AOU Policlinico Bari, Italy

- 68. Azienda Ospedaliera Universitaria Federico II, Italy
- 69. Assistance Publique-Hôpitaux de Paris, Hôpital Henri-Mondor, France: Reference centre for Huntington's disease, France
- 70. Assistance Publique-Hôpitaux de Paris, Hôpital Robert-Debré, France: Reference centre for Leukodystrophies, France
- 71. Assistance Publique-Hôpitaux de Paris, Hôpital Pitié-Salpêtrière, France: Reference centre for rare dementias, France