



**INTERNATIONAL
RARE DISEASES RESEARCH
CONSORTIUM**

**Minutes of the 19th Executive
Committee Meeting**

March 15, 2016



IRDIRC

EXECUTIVE SUMMARY

- ▶ The Executive Committee (Exec Comm) of the International Rare Diseases Research Consortium (IRDiRC) met on March 15, 2016, in Lyon, France. The nineteenth meeting of the Exec Comm was attended by 35 participants, 3 of which via teleconference, representing 26 member organizations, the three Scientific Committees (Sci Comms) and the Scientific Secretariat (Sci Sec).
- ▶ The National Institutes of Biomedical Innovation, Health and Nutrition (NIBIOHN) from Japan participated in the Exec Comm meeting for the first time, and presented its structure and activities.
- ▶ Members attending in-person presented key things which happened in their organizations in the past six months that the group could benefit from knowing and relevant to IRDiRC goals. Recurring themes, apart from investments in rare diseases research, included undiagnosed diseases programs, collaborative projects/networks/platforms, and the European Reference Networks (ERNs).
- ▶ External communication should be based on a strategy and not *ad hoc* in nature; an external communication plan should be set out, with clearly mapped timeline of actions. Publications should be built into the operation of every Committees and Task Forces.
- ▶ The Chair of the Exec Comm plans to have a robust interaction with and oversee the Sci Sec, and the Director of Orphanet will contribute on scientific issues. Reduced scientific leadership at the support center caused concern among some members, although the Chair reassured members that the Sci Sec has scientific expertise within its team and continues to work on scientific topics. A summary of the Sci Sec technical review will be made available to identify weaknesses to improve upon.
- ▶ As the SUPPORT-IRDiRC contract will end in September 2018, different models to support the central secretariat function were discussed. A sustainable model is needed; a decision has yet to be made.
- ▶ The utility of the State-of-Play report varies depending on the user groups; a survey will be sent to identify the content members would like to see included in the report in order to make it more comprehensive and serves more users.
- ▶ The organization of a future IRDiRC conference, potentially in 2017, was discussed. While members welcomed the idea, much needs to be done to determine the objective(s) of this conference, as well as format, content, logistics, etc. Active involvement from members is vital to ensure its success.
- ▶ IRDiRC's impact after its first five years was discussed, and a number of key questions were posed for consideration. Members will be surveyed after this meeting for their view which will be distilled into an impact statement. A perspective paper will be written, and this statement can also be the ground zero for the next 5-10 years, set new goals, and be foundation of the IRDiRC conference document.

- ▶ Strategic priorities for 2016-2020 were briefly discussed, and some topics were proposed for prioritization. In order to scope well for this 5-years period, members will be surveyed for additional topics and barriers that IRDiRC should collectively try to address.
- ▶ A number of international initiatives were brought to the attention of the Exec Comm, some already collaborating with IRDiRC, some aligned with IRDiRC's policy and guidelines, some for potential collaborations, and some for information. The initiatives highlighted were RD-Connect, Global Alliance for Genomics and Health (GA4GH), Global Genomic Medicine Collaborative (G2MC), Undiagnosed Diseases Network International (UDNI), Human Variome Project (HVP), International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), Rare Diseases International (RDI), United Nations Substantive Committee for Rare Diseases (UN SCR D), and an international collaboration of translational science organizations.
- ▶ The current model of voluntary fees management is unsustainable and a more permanent solution is needed. A number of potential solutions were proposed but a decision has not yet been made. In the mean time, the collection for 2017-2018 is put on hold.
- ▶ The changes to the IRDiRC Governance were approved, and one last modification was added that “The Chair of the Executive Committee oversees the Scientific Secretariat”.
- ▶ The letter of intent to join IRDiRC has been modified by a potential new member. These changes were accepted by the Exec Comm members. The company may proceed with its official application.
- ▶ The Chair encouraged all members to take on a speaking role on behalf of IRDiRC. Additionally, members were asked to add a few slides about IRDiRC in their presentations whenever possible in order to communicate widely about IRDiRC. The Sci Sec has made available general slide decks that members could use; specific requests can also be made to the Sci Sec. Importantly, members giving presentations about IRDiRC should inform the Sci Sec so that IRDiRC activities can be better tracked.

REPORT

1. Introductions, handover of Chairmanship, opening remarks

All participants briefly introduced themselves and the organizations they represent, followed by a handover of the Chairmanship. The new Chair expressed his enthusiasm to be in this position and emphasized the importance of collaborations to ensure the success of the Consortium. With the therapy goal nearly achieved and half-way through the diagnostic goal, this sentiment was echoed by the representative of the European Commission, that IRDiRC is a prime example of an important international collaboration. While the Chair welcomes the growth of the Consortium, this may lead to different points of interest, and therefore goals that are less clear; he called upon the members to determine the function of IRDiRC in order to discern its form. The Chair encouraged active participation from all members on all aspects, from strategic discussion to communication.

2. Roundtable with State-of-Play of funding initiatives

Representative of each member organization present at the meeting was asked to present three key things which happened in the past six months which this group could benefit from knowing and relevant to IRDiRC goals.

3. Presentation: NIBIOHN

Yoshihiro Yoneda gave an overview presentation of the National Institutes of Biomedical Innovation, Health and Nutrition (NIBIOHN) ([c.f. slides attached](#)), based in Osaka and with research centers located in Osaka, Tokyo and Tsukuba. Its staff numbers about 120 people and their overall budget for 2014 was JPY 4.05B (approximately € 32M). The institute is accountable to the Ministry of Health, Labour and Welfare. The Japan Agency for Medical Research and Development (AMED) provides a number of grants to NIBIOHN; however, NIBIOHN also funds manufacturers for orphan drug development.

Its three main objectives are the research and support of drug discovery related to fundamental technology; research and support of drug discovery related to biological resources; and promotion of development of drugs and other products. Within these objectives, certain areas are prioritized: fundamental research on intractable disease, generally called rare diseases; research and development of vaccines; fundamental research aimed at establishing an evaluation system for the safety and other aspects of drugs and other products; and fundamental research on drug discovery and other technologies related to antibodies and nucleic acids.

Specific to the development of orphan drugs by companies, NIBIOHN has developed a support grant program to assist clinical research in order to develop orphan drugs from receipt of the designation through to approval for manufacture and consequent sales. In addition, they provide free guidance and

advice to orphan drug developers, and assist with the paperwork certifying the applicability of the research and development expenses for preferential tax treatment. In 2014, NIBIOHN provided 21 grants for orphan drug development, to the sum of approximately JPY 870M.

NIBIOHN also launched an orphan drugs initiative entitled “orphan disease gateway.” NIBIOHN participates in this program and in this framework, established the following: a Clinical Innovation Network for Orphan Diseases, which is a platform for communication between researchers and industries; R-Square, a platform for communication between researchers and rare diseases patients; and support for disease repositioning. To this end, they are currently setting up the national registry for rare diseases. Therefore, NIBIOHN contribute in the provision of better medical care through research on rare diseases and promotion of drug developments, along with other collaborative activities.

4. Scientific Secretariat and the SUPPORT-IRDIRC contract

4.1 Work plan of the Sci Sec

The Sci Sec laid out their ongoing work for 2016, including organization of teleconferences, meetings and workshops; preparation of reports for meetings, Task Force recommendations and State of Play (SoP) of Research 2016; dissemination of ideas on journal articles and conference abstract submissions; and facilitation of ongoing “IRDIRC Recommended” effort. If an IRDiRC conference is organized, the Sci Sec may be able to assist.

4.2 Communication strategy of the Sci Sec

The communication strategy in terms of spreading the word on IRDiRC’s activities and achievements to the community at large has been relatively *ad hoc* to date. **More emphasis is needed on external communication, with a clearly mapped timeline of actions.** For example, the Task Forces expected outputs (i.e. final journal publications) should be built into the operation of the Task Forces. Additionally, abstract submissions need to be better coordinated with the presenters to include sufficient time to collaborate on content.

An IRDiRC conference could be used as an opportunity to mount a major communication campaign to present IRDiRC activities and products in addition to sending political messages, i.e. highlighting successes at an international level. IRDiRC sessions have also been organized at other major meetings (e.g. ICORD, RE(ACT), ICHG) to present its work - this mechanism will continue to be used.

4.3 The scientific expertise of the Sci Sec

The Coordinator of the Sci Sec, who also provided scientific input in the activities of the Sci Sec, recently stepped down from her position. The quality of project management of the team has been satisfactory and the Chair is confident that these functions will continue unabated; however, the question was raised whether a replacement is required in terms of scientific input. The Chair plans to have a robust

interaction with the Sci Sec with the support of his special assistant, who will also be contributing. The Chair also called on other members to provide scientific leadership.

The Director of Orphanet agreed to spend some time and contribute on scientific issues. The human resources need of the Sci Sec may change over time so the Chair will re-assess the situation in due course. The SUPPORT-IRDIRC contract allows necessary amendment; the need of additional human resources will largely depend on tasks assigned to the current team.

Some concerns were expressed regarding the reduced scientific leadership at the Sci Sec office, specifically in its capacity to answer questions from the external stakeholders about what IRDiRC achieves at the scientific level. The burden on the Sci Comm Chairs to be accountable for all scientific aspects of any enquiries may be too much if there isn't someone to lead at the center.

The Chair also brought to the attention of the Exec Comm that the Sci Sec team has been recruited at the doctorate level whenever possible and has the ability to work on scientific topics. ***Roles and responsibilities of the Sci Sec will be distributed upon clarification with the Chair.***

4.4 The future and sustainability of the Sci Sec

From the European Commission's point of view, there is a need to focus on the future and the sustainability of the overall support to the Consortium. The SUPPORT-IRDIRC contract funds the Sci Sec until the end of September 2018. There remains 4-5 years to go to meet the IRDiRC objectives, so with 2020 in view, a solution is required for at least 2018-2020 so that secretarial and coordination support does not end in 2018. There is also the future beyond 2020 to consider, the vision of what to accomplish and next steps. All rare diseases will not be fully diagnosable, treatable, and patients having full access to therapies developed. IRDiRC's job will not be done by 2020. ***An adaptive structure to support the central secretariat function is needed.*** Potential solutions were proposed, bearing in mind that IRDiRC is not a legal entity and therefore its action is limited.

4.5 Findings of technical review

The content of the technical review is confidential; however, ***bullet points of the review can be generated and shared with members of the Exec Comm to identify weaknesses to improve upon.***

4.6 Acknowledgement of former Sci Sec Coordinator's contribution

The Chair voiced the great appreciation to the former Sci Sec Coordinator for her work not only on the SUPPORT-IRDIRC contract but also throughout her career in the field of rare diseases research. ***A proper recognition of her contribution over the years will be put into action.*** This was strongly supported by all members, who expressed great appreciation for her work and recognition of the outstanding value of her contribution over many years.

4.7 State-of-Play (SoP) report

The utility of the State-of-Play report varies depending on the user groups. **Members of the Exec Comm were asked to let the Sci Sec know what they would like to see included in the SoP report, propose how to make it more comprehensive and serve more users, suggest what to focus on.** Potentially, if an IRDiRC conference takes place, a workshop to look at the SoP can be organized to map out research activities, identify gaps and opportunities for the future, etc. One way to disseminate the SoP wider might be to write a commentary on the comparison of the SoP in 2010 and in 2015.

4.8 Budget of the SUPPORT-IRDiRC

A member asked for the budget of the SUPPORT-IRDiRC to be shown to the Exec Comm in order to have a vision of the budget in supporting IRDiRC activities. **The Sci Sec will enquire about this possibility.**

5. Exec Comm face-to-face meetings

The call for Exec Comm hosts was relaunched. **The Sci Sec reminded the Committee that planning in advance is necessary to ensure certain members can obtain necessary travel authorizations in time.**

Options for consideration for the upcoming meetings:

- ▶ To be hosted by the NIH/NCATS in the USA; membership fees could be used for catering
- ▶ To be hosted by the DG Research in Brussels, Belgium
- ▶ To be hosted by E-Rare; if for this year, then coupled to E-Rare evaluation meeting

6. Future IRDiRC conference

Members welcomed the idea of an IRDiRC conference, which may be held in the US, as past conferences were already held in Europe (Dublin, Ireland) and in Asia (Shenzhen, China). Regular IRDiRC conferences are not needed, although its combination with other rare diseases meetings could be beneficial in terms of raising IRDiRC profile, optimizing time and attendance, and leveraging travel costs.

A number of “why’s” were put forward for the next IRDiRC conference:

- ▶ To highlight activities (e.g. Task Force outputs)
- ▶ To celebrate achievements (e.g. therapy milestone)
- ▶ To re-vision IRDiRC: next set of goals/objectives, and changes needed to achieve these
- ▶ To attract (young) researchers: showcasing interesting activities to introduce fresh blood

Suggested structure/format of the conference:

- ▶ Part 1: where research on rare diseases was in 2010 and in 2015, what we have accomplished
- ▶ Part 2: re-visioning of IRDiRC and its new goals, how to do things in the order of magnitude
- ▶ Different sessions for stakeholder groups, although all stakeholders take part in milestone event

It was proposed that a conference be organized for 2017, and in 2018, to start thinking about organizing another in 2020. There is a wealth of experience among members in organizing conferences so it does not pose a logistical problem. The Sci Sec may assist but caution was raised that time spent working on the conference means time taken away from working on scientific content and the work of Task Forces.

The Sci Comms requested more time to work on getting scientific publications out in the next 12-18 months before celebrating achievements and successes; there is currently a lack of awareness of products put together by IRDiRC Sci Comms and Task Forces. Moreover, need to factor in the desire to overlap with other meetings, and the need for speakers and participants to plan their attendance; a few months' notice may be insufficient.

Even if not all publications are out, the conference is still a beneficial forum to showcase to the community what IRDiRC has done in the last 5 years. In addition, there needs to be time before the end of the first period (i.e. in 2020) to work on establishing new goals. Moreover, without some visibility, members may be less astute in getting funding from policy and/or decision makers. The conference is not strictly about science; funders of research would also like to take stock of what has been done after investing in rare diseases research for 5 years.

One proposed approach to shape the conference is to form a sub-committee that includes the Chairs of Sci Comms and formulates, as a group, the communication strategy: define goals and time points leading up to the conference, develop objectives of the conference, and mobilize stakeholders. In terms of strategic content, work has to start at the Exec Comm level. Clear discussion on the future of IRDiRC will help to focus the conference.

The Chair urged the creation of an action committee among the funders to draft the re-visioning plan, and encouraged members volunteer to participate.

Some potential questions to address:

- ▶ Thousands, not 200, therapies are needed: invite experts not to talk about products but to discuss how to exponentially change the rare diseases drug development pipeline.
- ▶ Diagnosis rate improved from 10% to 30-35% after 5 years: could set goal to increase the rate to 60% and identify ways to mobilize the community to make this feasible.

7. IRDiRC's impact after its first 5 years

A number of key questions were posed:

- ▶ What impact has IRDiRC had on organization's effort and decision making in rare diseases?
- ▶ What has IRDiRC achieved so far?
- ▶ What would not have been accomplished without IRDiRC?
- ▶ What metrics can be used to measure level of investment in rare diseases research?

7.1 Discussions at the meeting

IRDiRC's impact can be seen and measured in terms of increasing rare diseases research activities worldwide. As rare diseases research becomes prioritized, more funding has been allocated to finance programs (e.g. UDN International, Care4Rare) aimed to deliver diagnosis and treatments to rare diseases patients, to the disadvantage of other programs which compete for the overall research budget available from funders. These raised further awareness of rare diseases and highlight the need to keep rare diseases research as priority.

Another area where impact has been made is on data sharing. Funders have asked investigators to share data in their application calls; some went the extra mile operationally by building a data repository for their researchers that are compliant with international standards. The discussions among different stakeholders with regards to data sharing were unprecedented; now there are efforts to facilitate better and global data sharing.

The intangible impact of IRDiRC lies in the culture change in the rare diseases world. There is a lot more openness, transparency, collaborations, improved approaches and knowledge sharing, all of which have a positive impact on leveraging commitment to rare diseases, e.g. public funders in maintaining or getting increasing budget for rare diseases work, authorizations for member representatives to attend meetings. This working culture and environment should be further cultivated.

Another intangible impact of IRDiRC is fostering the important, multi-stakeholder collaborations, both in rare diseases research and beyond, formally or informally. There have been cases of IRDiRC Exec Comm members partnering on certain initiatives, and IRDiRC Task Forces have been invaluable in getting experts – who may or may not already be working in the rare diseases space – together.

From a member organization stand point, IRDiRC ensures accountability from its members through sharing their contributions in support of IRDiRC goals, policies and guidelines. An example of such a determined step after information sharing with IRDiRC members to determine greatest research impact: turning of the entire operating budget and thereby becoming a rare disease organization.

There is a certain reputation - association with IRDiRC holds an importance, which can be measured with the increasing membership.

Other metrics questions posed: what is the estimated total value of financial investment in rare diseases research put into the Consortium? Is there a change/trend to the level of investment in the last 5 years? The amount invested by public funders is available, but not all industry partners are in a position to provide this information, even as aggregated figures.

Some members pointed out that the sum invested is not something IRDiRC controls, and it is not an indicator of how much IRDiRC has delivered. This figure doesn't do much on its own either if in-depth analysis cannot be carried out to answer, for example, what kind of rare diseases are well or under-funded, and where investments are overlapping across organizations.

There is, of course, always room for improvement. The way we work has not yet been transformed, and could form part of the future set of goals. Additionally, more effort and strategy should be put into external communication about IRDiRC.

7.2 Impact statement: action from all members

All Exec Comm members were asked to take the questions listed at the start of the section, as well as “what do you think IRDiRC strategies priorities should be”, and write down 4-5 points what these mean to each member, in order to distill them into an impact statement. To facilitate this, **a survey will be set up and sent to all members.**

This impact statement can be used as the elevator pitch for IRDiRC (e.g. to convince policy makers to maintain and not diminish an organization’s budget), and the survey responses will provide a foundation for **publication and comes from the Exec Comm, of “IRDiRC after 5 years: the perspective”**. Furthermore, this statement can be the ground zero for the next 5-10 years and the foundation of the IRDiRC conference document.

An Exec Comm Task Force was formed to put together this paper, with 4 sections envisaged: general funders, patient organizations, industry, and research/scientific. Members of this Perspective Task Force:

- ▶ Chris Austin
- ▶ Hugh Dawkins
- ▶ Paul Lasko
- ▶ Sharon Terry
- ▶ Katherine Beaverson
- ▶ Emmanuel Chantelot

Other members, who are interested and would like to volunteer, please contact the Sci Sec.

8. Strategic priorities for 2016-2020

Among the topics for prioritization:

- ▶ How to do things that will drive change by an order(s) of magnitude?
- ▶ Funders to coordinate funding calls
- ▶ Natural history studies that are fit for translational purposes (e.g. to develop guidance on key endpoints of natural history studies, international standards for collection of data)
- ▶ Tool development for early diagnosis and to support clinical decision processes
- ▶ Facilitate data access
- ▶ Roadmap to make therapy accessible to patients (from research point of view, not to get into reimbursements)

The question of patients' access to diagnostic tools and therapies, and health technology assessments, has been a recurring theme during the individual Sci Comms, as well as Joint Exec/Sci Comms meetings. The link between research and healthcare is getting stronger with time.

Potential research approaches that could help address the issue of access include:

- ▶ Drive the cost down by making the process scientifically driven and predictive: long term strategy, as long as Eroom's law continues to apply
- ▶ The pros and cons of accelerated/adaptive approval process
- ▶ Tackle clinical trial design problems

IRDiRC can be the forum where members can be bold in their approaches to address ways to accelerate research and development in rare diseases. IRDiRC has the ability to drive opinion in a consensus manner and change the norm.

The next 5-year period of IRDiRC should be scoped at the start to ensure success. The role played by funders and industry players to make this shift cannot be understated. Stakeholders' participation in the generation and adoption of recommendations is vital. Members should be frank in discussing barriers faced to enable a collective effort in overcoming them.

Members should reflect further on this theme and put forward topics to be prioritized for discussion in the next Exec Comm meeting.

9. IRDiRC and other initiatives

9.1 RD-Connect; [c.f. slides provided](#)

RD-Connect is a multi-country project funded by the European Commission under the IRDiRC umbrella, and it is an infrastructure that connects databases, registries, biobanks and clinical bioinformatics for rare diseases research. It contributes to both the diagnosis and therapy goals. It is a genomic platform with integrated clinical data of patients and their families to improve the search of causative disease gene, understand phenotypic manifestation, identify biomarkers for use in trials, etc.

To enable gene identification, its workflow applies a standardized protocol to process sequences from different institutions; the database is enriched with phenotypes information from PhenoTips and uses standardized ontologies, then stored in machine readable format. Researchers can use RD-Connect not just for data dump but also to share data and use other utilities (e.g. there is an interface to interrogate the exome and genome data). Its access is controlled to appropriate stakeholders. RD-Connect is also part of the Matchmaker Exchange to identify matches for gene discovery.

RD-Connect is collaborating with other sequencing projects and it is a very rich dataset with phenotype information. RD-Connect calls for contribution (i.e. sequencing data) and encourages spreading the word about its platform and utility to accelerate rare diseases research.

9.2 Global Alliance for Genomics and Health (GA4GH); [c.f. slides provided](#)

GA4GH's mission is to accelerate progress in human health by helping to establish a common framework for a harmonized approach to enable effective and responsible sharing of genomic and clinical data, and by catalyzing data sharing projects that drive and demonstrate the value of data sharing.

Its organizational model is similar to IRDiRC although with smaller Exec Comm and the secretariat is hosted across a number of institutions. Its website is rich with information on their Working Groups, Task Teams, products and demonstration projects (including Matchmaker Exchange); all work was carried out by its members on a voluntary basis. Despite being launched later than IRDiRC, they've achieved much visibility – their external communication is very efficient – and they have been very productive. The funding for a scientific writer who generates items quickly may be a factor of their success. Additionally, their bottom up approach to get work done has been a key strength.

IRDiRC collaborates often with GA4GH. However, effort is needed to ensure IRDiRC is not forgotten in publications, etc. Not only is IRDiRC working with GA4GH on a couple of Task Forces, but a joint session of presentation had also been organized for the ICHG 2016.

9.3 Global Genomic Medicine Collaborative (G2MC); [c.f. article attached](#)

G2MC is a broad effort to foster implementation of genomic approaches into medical care and share best practices among member countries. Launched in January 2014, it involves over 25 countries. The leading figures are Geoffrey Ginsburg (Duke) and Teri Manolio (NHGRI). (List of participants of their second meeting in Singapore: <http://goo.gl/zpYI9k>)

Rare diseases efforts are not their primary focus – it is largely aimed at pharmacogenomics, electronic health records, training and healthcare provider development, health economics and approaches to measure efficacy of genomic medicine. Its participants are mostly leaders of large projects or in health systems that are implementing genomic medicine.

While this is an ally effort, tackling some similar issues as IRDiRC (e.g. data sharing, implementation of genomic approaches to healthcare), its mandate is more focused on stratifying patients in common diseases and efficacious use of drugs using pharmacogenomics and HTA in the real world. One example: in Singapore, comprehensive genetic testing on Steven Johnson Syndrome due to drug adverse reaction has been effective in preventing the condition; economically it is cost neutral but from healthcare point of view, it prevents individuals from getting sick.

9.4 Undiagnosed Diseases Network International (UDNI); [c.f. article attached](#)

The UDNI, rapidly progressed from the Undiagnosed Diseases Program (UDP) – initiated and led by Steve Goff, ORDR-NCATS, and Bill Gahl, NHGRI – to an NIH Common Fund extramural network (UDN), is currently being implemented in seven countries and continues to expand. The UDNI has the overall aim to establish multidisciplinary expert clinics to diagnose unusual and exceedingly complex presentation of

some rare diseases patients and also those very rare cases which would otherwise remain undiagnosed. It facilitates the use of international coordination and develops purpose-specific approaches and data sharing to support these efforts.

The similarities between UDNI and IRDiRC include discovery of new genes to contribute to reaching IRDiRC's diagnostic goal; strong links with IRDiRC as key individuals overlap; adherence to IRDiRC policy and guidelines on data sharing; identify drug repurposing for therapy and management; and the engagement in matchmaking efforts.

The key differences: UDNI's primary goal is to diagnose undiagnosed patients, so gene discovery is a secondary goal; and UDNI members are projects, not funders, so the work at their meetings is mostly practical (e.g. how can we use clinical expertise, locally and nationally to assemble dynamic multidisciplinary expert community to unlock the diagnosis in previously diagnosable diseases.) and focus on how best to coordinate and facilitate data sharing among projects to achieve these objectives.

The UDNI is a clinical network and does not produce policy papers or best practice guidelines; consequently they implement approaches with proven clinical utility and adapt enabling tools to support clinical decisions and objective measures for diagnosis. The evidence to date is that about 20-25% of previously undiagnosed patients entering a UDP clinic receive a definitive diagnosis. The patients are selected into the programs for the challenge that they are at the end of their diagnostic journey thus very hard to solve. Work by UDNI is resource intensive and can only be scaled through network expansion. It is envisioned that self-nominating IRDiRC members may undertake to draft policy documents to support the UDNI to facilitate the translation into more countries.

9.5 Human Variome Project (HVP)

The HVP came out at the end of the Human Genome Project with an aim to map human variomes. It came to IRDiRC's attention following its request to collaborate on "IRDiRC Recommended" initiative. However, not all criteria of evaluation overlaps, ***this request needs to be further investigated.***

9.6 International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)

The IFPMA was brought to the attention of the Exec Comm as a data point. IFPMA represents about 40-50 large pharmaceutical companies and national trade associations around the world. It recently created a working group on rare diseases and the members will meet the day after the IRDiRC Exec Comm meeting. Activities of this working group will be initiated around 4 objectives: (1) awareness of rare diseases as global public health priority, (2) incentives to shape policies, probably with emerging markets, (3) partnership to build international network with rare diseases stakeholders, and (4) access to ensure sustainable patient access to care.

IRDiRC Exec Comm may wish to hear about its progress in the future. The third point is where IRDiRC might overlap, and where IFPMA is already partnering with Rare Diseases International (RDI). Industry representation at the IRDiRC Exec Comm may also evolve, as adding IFPMA may provide a more global

voice rather than an individual company in isolation. Nonetheless, it must be noted that IFPMA members who are already members of IRDiRC wish to remain so. On the prospect that IFPMA be a potential partner for IRDiRC conference, it is currently premature.

9.7 Rare Diseases International (RDI); [c.f. slides provided](#)

The RDI is the global alliance of people living with rare diseases of all nationality across all rare diseases. Launched in 2015, its current focus is on establishing its legitimacy and credibility, gaining experience through collaborative work, creating an international rare diseases ecosystem, and taking first concrete actions. RDI is needed for many reasons, including the building of strong common voice for patients, empowering local patient groups to act at different levels, and influence international organizations.

RDI includes only national organizations, national alliances for rare diseases, and international specific disease organizations. There are 33 members to date, expected to grow to 50 by the end of 2016, and the target membership is about 100 members. A formal council will soon be elected and to be presented in the next annual meeting, together with their action plan.

RDI is not a legal entity and currently hosted and supported by EURORDIS. It also has a memorandum of understanding with ICORD to organize conferences together, and it has agreed to develop a joint agenda with the IFPMA. RDI wants to play a role in promoting research on rare diseases. If the Exec Comm is interested, there is scope for increasing patient participation on a more international level and to be involved in Sci Comms.

9.8 United Nation Substantive Committee for Rare Diseases (UN SCR D); [c.f. slides provided](#)

The UN SCR D fits UN Committee structural nomenclature and is authorized to use UN Committee name in communications. The mandate for its creation was issued in October 2014, and last year, its inception meeting took place in October 2015. The by-laws and composition of Committee should be finalized shortly, hopefully in time for its official launch in October/November 2016. This 1-day meeting aims to get stakeholders and member states together to promote rare diseases as a public health priority.

There are many benefits to the UN SCR D, including the use of UN logo (particularly important for credibility in developing countries), UN name, UN buildings, and access to UN meetings. Its overall objective is to advocate for rare diseases within the UN system (e.g. publish report, contribute text to UN/WHO documents). UN SCR D would likely start its activity by mid-2017 through a Committee of about 40 people, and funding for its Secretariat will be secure to enable progressive follow up of work.

9.9 International collaboration of translational science organizations; [c.f. article attached](#)

A new international collaboration of translational science organizations, in pre-clinical space, was started about a year ago to deal with similar issues that IRDiRC is facing. It aims to raise aware of problems in

translational science which are poorly understood by scientists and policy makers; to share best practices, particularly in data sharing; and to perhaps collaborate on projects.

10. Voluntary membership fees management

The voluntary membership fees account was set up to collect contributions from IRDiRC Exec Comm members in order to finance a number of IRDiRC-related activities. The Chair of IRDiRC Exec Comm has the discretion over its use.

To date, the fund has been used to support:

- ▶ Travel of patient organizations to IRDiRC Exec Comm meetings
- ▶ Outreach activities (e.g. supporting speakers at IRDiRC sessions in international meetings)

It is also envisioned that the fund could support:

- ▶ IRDiRC conference
- ▶ IRDiRC workshops (support available through the Sci Sec is limited)
- ▶ IRDiRC Exec Comm meetings, in part (e.g. catering if a host unable to provide it)

The current model of voluntary fees management is unsustainable and a more permanent solution is needed. The collection of membership fees is currently on hold until a solution can be found.

The former Chair will respond to the Chair's request, and ask for clear instructions in relation to the money hold, use, or transfer, once the next step in the management of this fund is determined.

11. IRDiRC Governance

A number of changes were introduced following discussion of the teleconference of this Committee in January 2016. These changes have been adopted, except one last modification to the section concerning the Sci Sec: "The Chair of the Executive Committee oversees the Scientific Secretariat."

12. IRDiRC new member

A potential member sent in their letter of intent to join IRDiRC, with minor modifications to the letter. These changes have been accepted by the Exec Comm. ***The company may therefore proceed to submit an official letter of intent.***

13. Regional ambassadorship

A suggestion was made to identify individual(s) in certain region/geographical area to be the go-to person(s) to talk to about IRDiRC in order to reduce the burden of the Chair or Vice Chair. This also

enables broader engagement and to have members attending events to build local networks. At present, the Chair is usually directly approached to present at meetings about IRDiRC.

The Chair, however, prefers that every Exec Comm members take on speaking role on behalf of IRDiRC. Some members are already being directly approached to be speakers at meetings; active involvement of more members is welcomed. Moreover, the Chair asked that any members who are giving talks to add a few slides about IRDiRC in their presentations; this is one way to communicate about IRDiRC to the larger community.

The Sci Sec has made available general slide deck on the IRDiRC website (PDF format on the public website, PPT format on the private website) that members could take and modify for use accordingly. Requests can also be made to the Sci Sec if members have specific slides requirements. ***Importantly, members giving presentations about IRDiRC should inform the Sci Sec so that IRDiRC activities can be better tracked.***

Next steps and actions

- ▶ Set out strategy and improve external communication
- ▶ Distribution of roles and responsibilities of the Sci Sec
- ▶ Select and act on a sustainable model to support the Secretariat
- ▶ Prepare and circulate bullet points of the Sci Sec technical review
- ▶ Identify a way to acknowledge the contribution of former Sci Sec Coordinator
- ▶ Survey the content members wish to include in the State-of-Play report
- ▶ Request to disclose the budget of SUPPORT-IRDiRC
- ▶ Organize the next Exec Comm teleconference and face-to-face meeting
- ▶ Set up a committee to shape the IRDiRC conference
- ▶ Survey the Exec Comm on IRDiRC's impact after 5 years
- ▶ Write a paper "IRDiRC after 5 years: the perspective"
- ▶ Contact Sci Sec for members interested in Exec Comm Perspective Task Force
- ▶ Submit topics to be prioritized by IRDiRC in 2016-2020
- ▶ Make a decision on the management of voluntary membership fees
- ▶ Investigate collaboration request HVP-IRDiRC Recommended
- ▶ Contact Roche on the acceptance of their application to be member
- ▶ Take on speaking roles on behalf of IRDiRC and inform Sci Sec when IRDiRC is presented at meeting

Acknowledgements to the host

The Exec Comm is very grateful to the AFM-Téléthon for hosting the meeting. The Exec Comm and the IRDiRC Secretariat wish to thank the AFM-Téléthon for their generosity and hospitality.

Annex - List of participants

Members	Representative
National Center for Advancing Translational Sciences, NIH/NCATS, USA	Christopher Austin
Western Australian Department of Health, Australia	Hugh Dawkins
Canadian Institutes of Health Research, Canada	Paul Lasko
E-RARE-2 Consortium, EU	Daria Julkowska
European Commission, DG Research and Innovation, EU	Ruxandra Draghia-Akli, Iiro Eerola
European Commission, DG SANTÉ, EU	Jaroslav Waligora
Academy of Finland, Finland	Heikki Vilen
AFM- French Association against Myopathies, France	Marie-Christine Ouillade, Françoise Rouault
Agence National de la Recherche, ANR, France	Daria Julkowska
Fondation Maladies Rares, France	Marc Tardieu, Christine Fetro
Lysogene, France	Karen Aiach
Children's New Hospitals Management Group, Georgia	Oleg Kvividize (by TC)
Federal Ministry of Education and Research, Germany	Ralph Schuster
Shire Pharmaceuticals, Ireland	Emmanuel Chantelot
Chiesi Farmaceutici S.p.A, Italy	Andrea Chiesi
Telethon Foundation, Italy	Lucia Monaco
Agency for Medical Research and Development (AMED), Japan	Kazuo Kawamura (by TC)
National Institutes of Biomedical Innovation, Health and Nutrition (NIBIOHN), Japan	Yoshihiro Yoneda, Akifumi Matsuyama, Makoto Hirose, Yumi Ohasi
The Netherlands Organisation for Health Research and Development	Sonja van Weely
Korea National Institute of Health, South Korea	Hyun-Young Park
National Institute of Health Carlos III, Spain	Pedro Cortegoso Fernández
National Eye Institute, NIH/NEI, USA	Santa Tumminia (by TC)
National Human Genome Research Institute (NHGRI), NIH, USA	Jeffery Schloss
Pfizer, USA	Katherine Beaverson

Invited Patient Advocacy Groups	
EURORDIS, Europe	Yann Le Cam
Genetic Alliance, USA	Sharon Terry

Scientific Committees	
Diagnostics	Kym Boycott
Interdisciplinary	Hanns Lochmüller
Therapies	Yann Le Cam

IRDIRC Scientific Secretariat	
SUPPORT-IRDIRC Project	Lilian Lau, Anneliene Jonker

Apologies

Members	Representative
Genome Canada	Cindy Bell
BGI, China	Ning Li
WuXi AppTec Co. Ltd., China	James Wu
Chinese Rare Diseases Research Consortium, China	Qing Wang
European Organisation for Treatment & Research on Cancer, EORTC	Denis Lacombe
Istituto Superiore de Sanita, Italy	Gualtiero Ricciardi
Saudi Human Genome Project, Kingdom of Saudi Arabia	Sultan Turki Al Sedairy
Prosensa, The Netherlands	Scott Clarke
National Institute for Health Research, UK	Willem Ouwehand
Genzyme, USA	Carlo Incerti
Isis Pharmaceuticals, USA	Brett Monia
Food and Drug Administration, USA	Katherine Needleman
National Cancer Institute, NIH/NCI, USA	Edward Trimble
National Institute of Arthritis and Musculoskeletal and Skin Diseases, NIH/NIAMS, USA	Stephen Katz
National Institute of Child Health and Human Development, NIH/NICHHD, USA	Melissa Parisi
National Institute of Neurological Disorders and Stroke, NIH/NINDS, USA	Danilo Tagle
NKT Therapeutics, USA	Robert Mashal
Office of Rare Diseases Research, NIH/ORDR, USA	
PTC Therapeutics, USA	Ellen Welch
Sanford Research, USA	David Pearce

Invited Patient Advocacy Groups	
National Organization for Rare Diseases, NORD, USA	Peter Saltonstall



IRDiRC

INTERNATIONAL
RARE DISEASES RESEARCH
CONSORTIUM