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EURORDIS VISIT

Leslie Matalonga, Clinical Genomics Manager at CNAG
Barcelona, June 2025

09.30h. Group arrival

- **09.35h – 10.45h. Presentation of CNAG and RD projects**

- 09.35h. Welcome
- 09.40h. Presentation of CNAG and RD projects
- 10.30h. Open question time

10.45h - 11.00h. Break

- **11.00h - 12.00. Visit to the labs and CPD**

- 11.00h - 11.25h. Group 1 visits to the labs and Group 2 visits to the CPD
- 11.25h - 11.50h. Group 1 visits to the CPD and Group 2 visits to the labs

- **11.50 - 12.00h. Questions and closing**

CNAG presentation

- 1 CNAG
- 2 Activity in 2024
- 3 Research Projects

MAIN MILESTONES

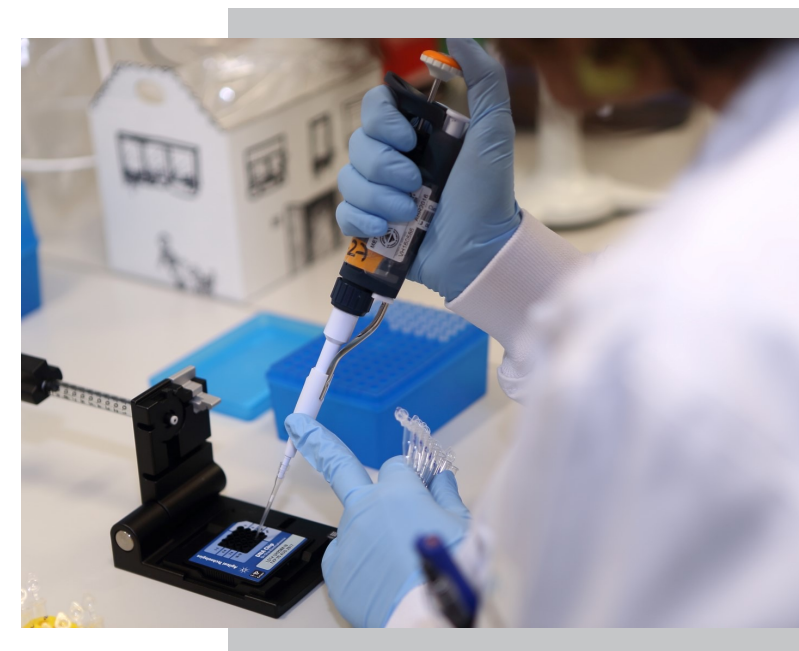
- Created in 2009.
- Founded by Ministerio de Ciencia e Innovación and Generalitat de Catalunya.
- Additional sources of funding come from competitive projects and research services.
- More than 125 professionals, directed by Ivo Gut.
- We are part of OmicsTech (distributed ICTS for omic analysis, recognized by the Spanish Ministry of Science).

MISSION

To carry out projects in genome analysis that will lead to significant improvements in people's health and quality of life, in collaboration with the Catalan, Spanish, European and International research and clinical community.

VISION

To be a high quality sequence analysis center and to be a world reference center for genomic analysis.



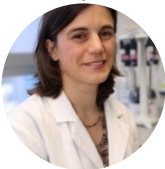
elona

Parc Científic de Barcelona
Clúster II - Torres R+D+I

SEQUENCING UNIT



MARTA GUT
Head of the Sequencing Unit



LÍDIA ÁGUEDA
Biorepository Lab Manager



JULIE BLANC
Sample Preparation Lab Manager



LAURA AGUILERA
Long-Read Sequencing Team Manager



KATJA KAHLEM
Sequencing Production Lab Manager

BIOINFORMATICS UNIT



SERGI BELTRAN
Head of the Bioinformatics Unit



MATTHEW INGHAM
Production Bioinformatics Manager



RAÚL TONDA
Lead Data Analyst of Variant Calling and Analysis Group



DAVIDE PISCIA
Lead Software Engineer of Data Platforms and Tools Development

QUALITY



LIDIA SEVILLA
Quality Manager

OUR TECHNOLOGIES

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centro nacional de análisis genómico

SEQUENCING CAPACITY

> 20,000 Gbases/day
= 200 human
genomes/day at 30x

COMPUTING CAPACITY

10,000 cores
14PB disk +
8 PB tape

SEQUENCING INSTRUMENTS

4 Illumina sequencers
(1 NovaSeq X Plus, 2 NovaSeq6000, 1 MiSeq)

1 PacBio sequencer (Revio)

7 Oxford Nanopore Technologies sequencers
(1 GridIon, 1 Promethion, 5 MinION)

SINGLE CELL GENOMICS

10X Chromium X
10X Chromium Connect

SPATIAL GENOMICS

1 Bruker Vutara microscope
1 Nanostring CosMX
1 10X Genomics Xenium





**SGC Certification
ISO 9001: 2015.**



**ENAC ISO 17025: 2005
Accreditation.**



**SGS Certification ISO/IEC
27001:2022**



**BBMRI-ERIC
Expert Centre.**



**Oxford Nanopore
Technologies Certified
Service Provider**



**Dovetail Genomics
Certified Service Provider**

**Coordination of an
interlaboratory comparison
program for Whole Genome
Sequencing (Proficiency
testing. ISO/IEC 70243)**


**Preparation of standardized
guidelines for the
International Organization
of Standardization (ISO)**

**Future plans:
Esquema Nacional de
Seguridad (ENS).**

2024

Annual Report





Personalized
medicine

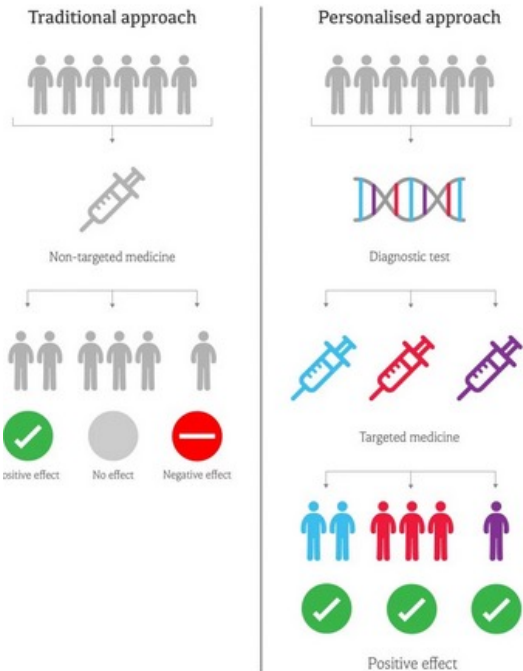
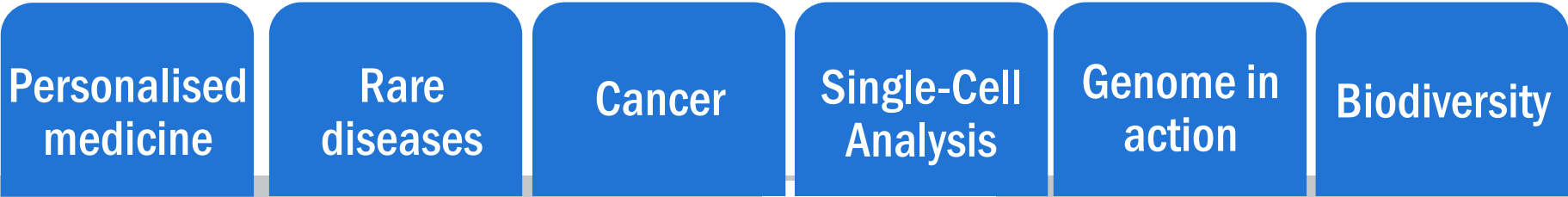
Rare
diseases

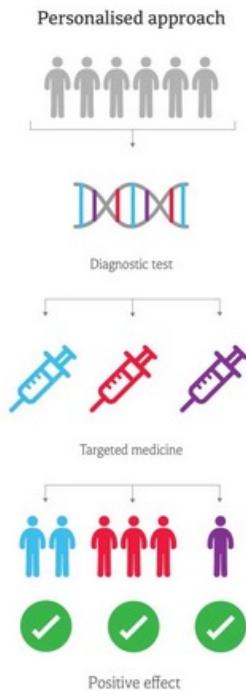
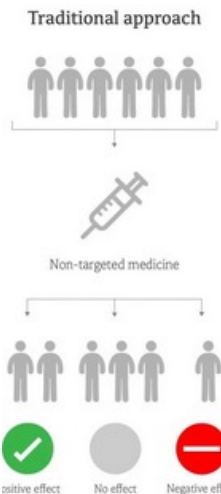
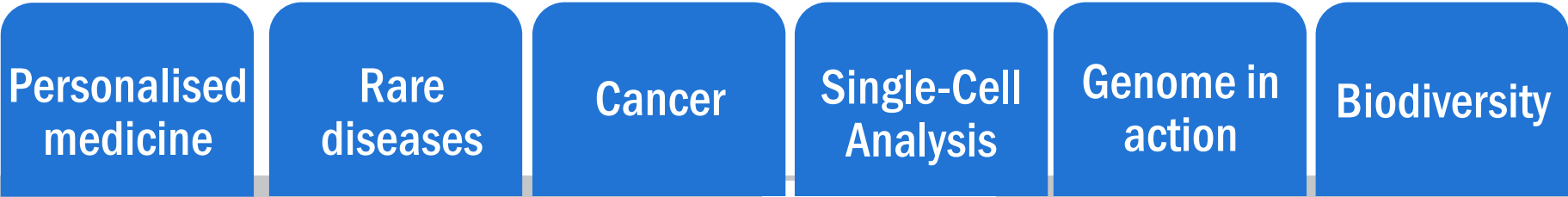
Cancer

Single-Cells
Analysis

Genome
in action

Biodiversity





**350 MILLION
PEOPLE**
LIVING WITH ONE OR MORE OF OVER
6,000 – 8,000
IDENTIFIED RARE DISEASES
WORLDWIDE¹

Rare disease and personalized medicine projects

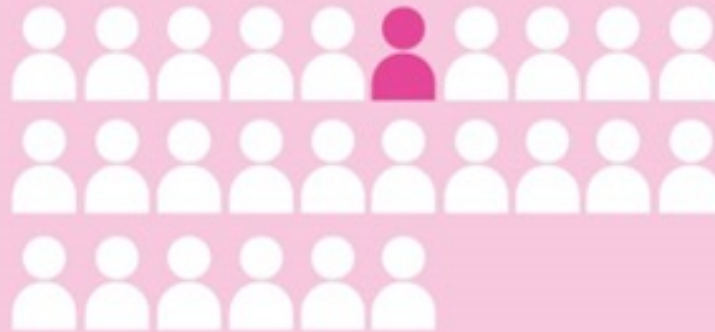
- 1 Introduction
- 2 RD-Connect GPAP
- 3 National projects and initiatives
 - 1 NAGEN
 - 2 IMPaCT Genómica
- 4 International projects and initiatives
 - 1 Solve-RD
 - 2 Screen4care
- 5 Others
- 6 Yakup's journey to hope

**RARE
DISEASES**



**7% OF THE
POPULATION
ARE AFFECTED BY
RARE DISEASES**

THE EU CLASSES A
DISEASE AS 'RARE' WHEN
**LESS THAN
1 IN 2000 SUFFER**

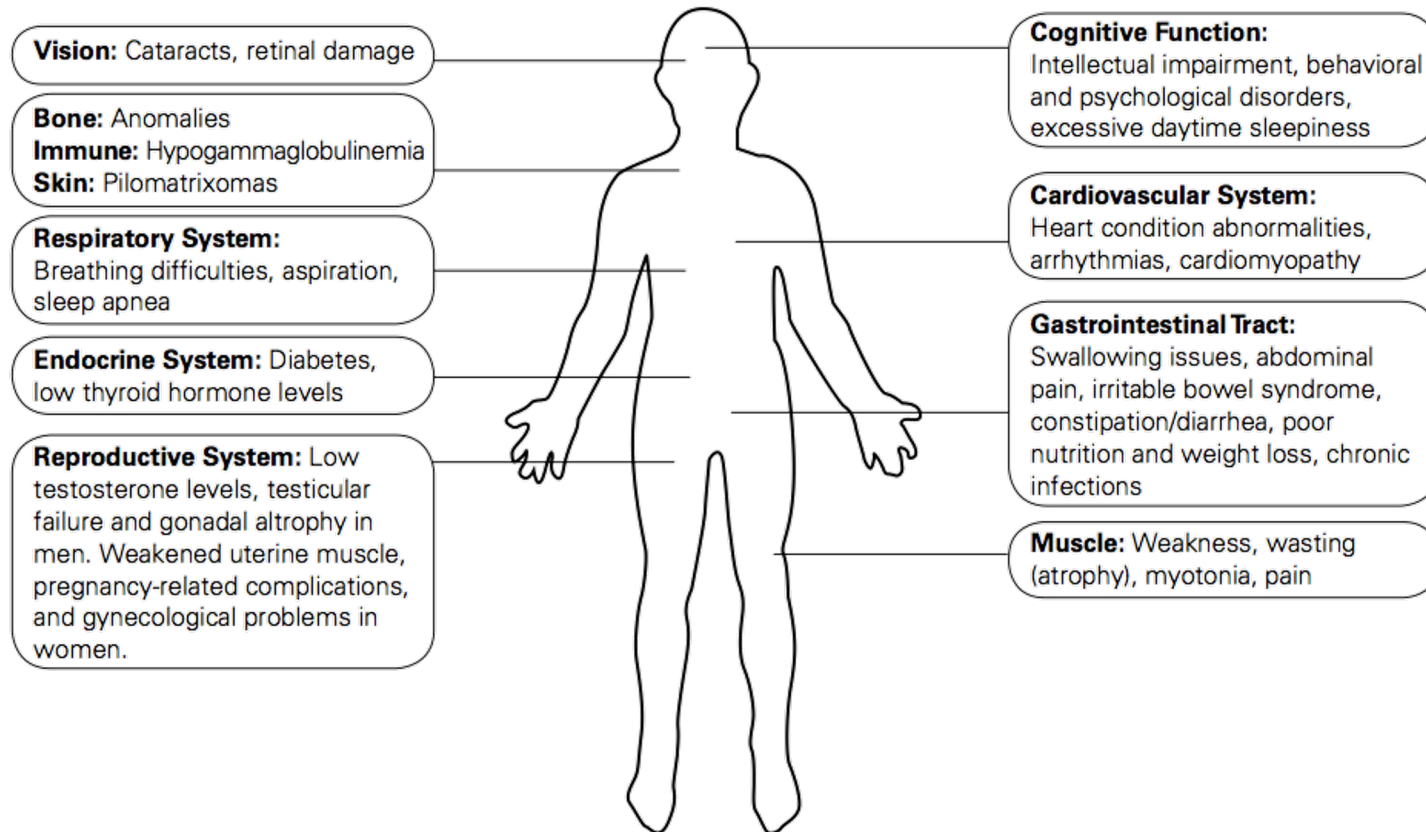


**OVER 7000
DISEASES
CHRONIC &
LIFE-
THREATENING,
80% OF
GENETIC
ORIGIN**



Complexity of rare diseases

- Rare disorders - **lack of medical knowledge**
- **Multisystemic disorders**-requires strong expertise from different hospital units
- High phenotypic and genetic **heterogeneity**
- **Progressive** disorders: complex monitoring and follow-up



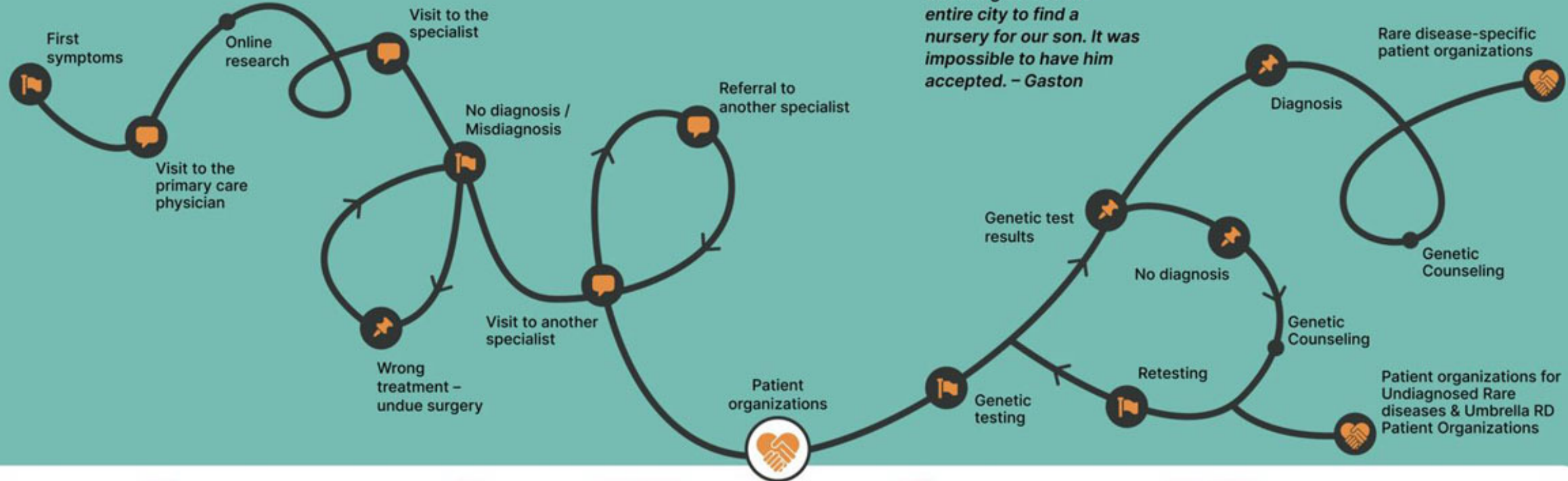
Patient Journey through diagnosis

“It’s a waiting game, but you tell a mum to wait when she’s waited 15 years. It’s difficult. – Nuria

“People began to ask which side of the family it came from...It was a difficult time for us as parents. – Alexa

“A diagnosis may be bad news, it may be very bad news or it may be no news. But all of that’s OK and there’s help and support for whatever spectrum you end up on. – Peter

“We went around, travelling across the entire city to find a nursery for our son. It was impossible to have him accepted. – Gaston



Information and training for patient organizations

Helplines

Information on secondary findings

Next Steps Toolkit

EUROGENTEST Guidelines

Experience Based Co-Design

RareConnect.org

ENSERIO study. Time to Diagnosis

Undiagnosed Photo Project

Protocol to support ultra-rare diagnosis

Training for professionals

EURODIS

SolveRD

CHEO

European Patient Advocacy Group

EuroGentest

GLOBAL COMMISSION
to End the Diagnostic Odyssey for Children with a Rare Disease

UNIAMO

WILHELM FOUNDATION

VSDP

feder

SWAN

UDNI

Patient Journey through diagnosis

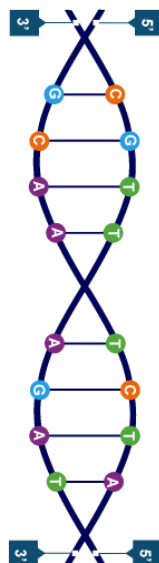
“It's a waiting game, but you tell a mum to wait

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REACHING A MOLECULAR DIAGNOSIS IS CRUCIAL FOR PATIENTS

- Treatment
- Patient management
- Disease prognosis
- Genetic counselling
- Reduce anxiety of uncertainty

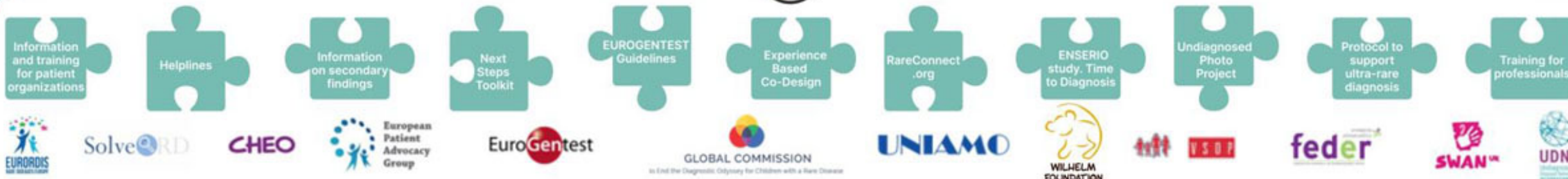


support
spectrum you
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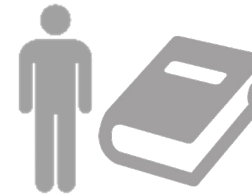
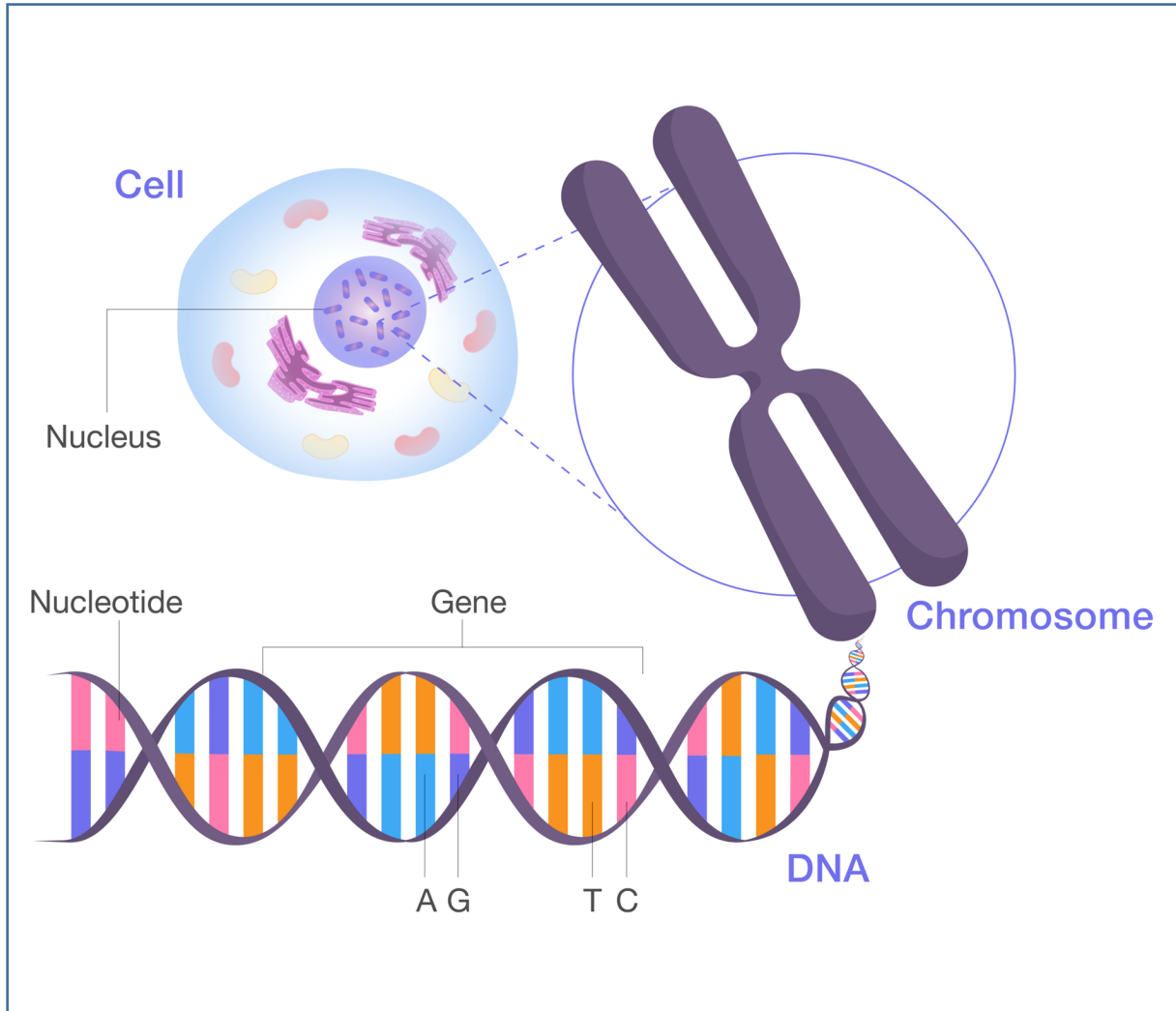
Rare disease-specific
patient organizations



Patient organizations for
Undiagnosed Rare
diseases & Umbrella RD
Patient Organizations



Genetic origin



46 chromosomes (books)

>20,000 genes (chapters)

3,200 million bases (letters)

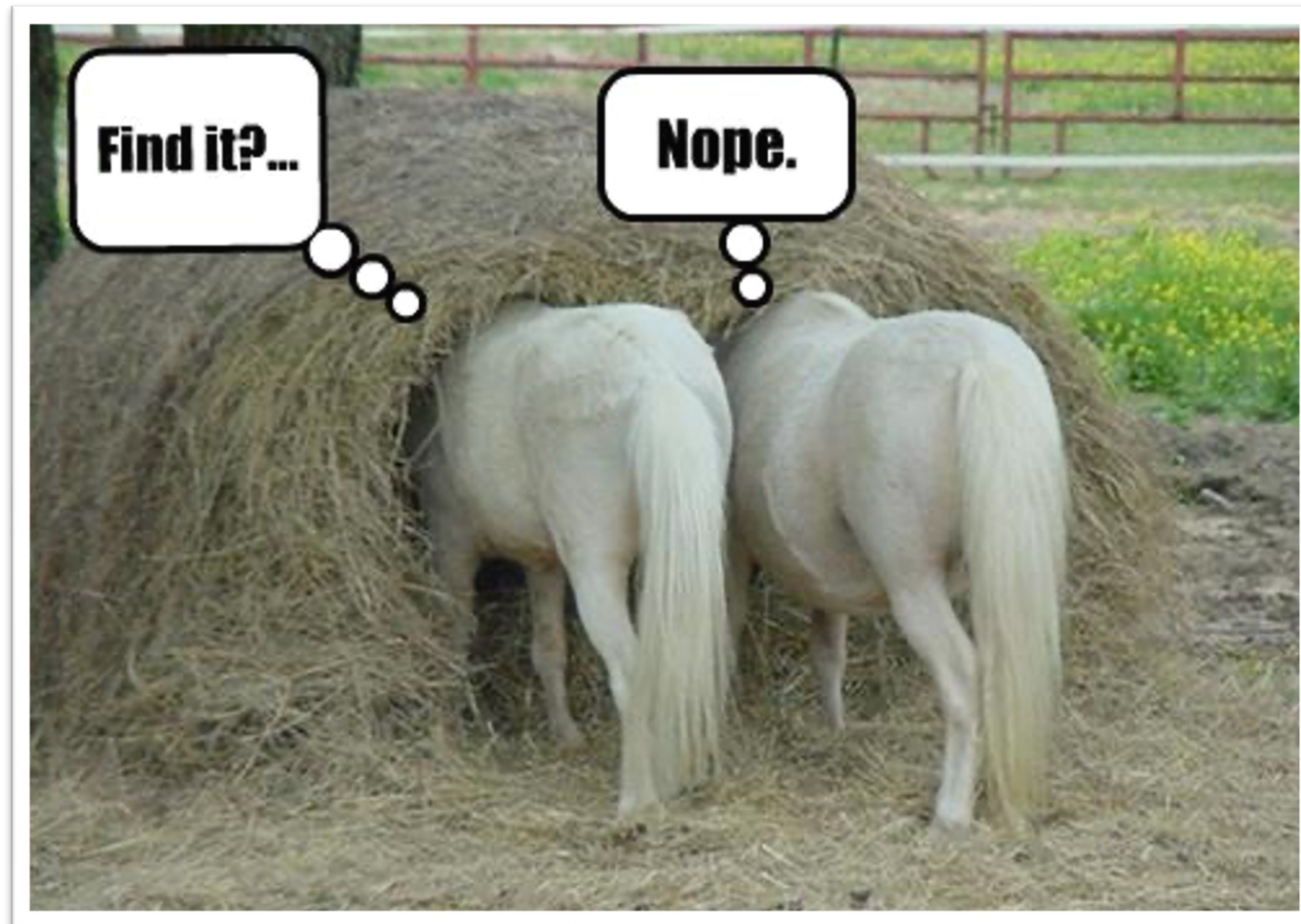
>3-7M variants! (letters comparison)



Is it possible to sequence our genome?

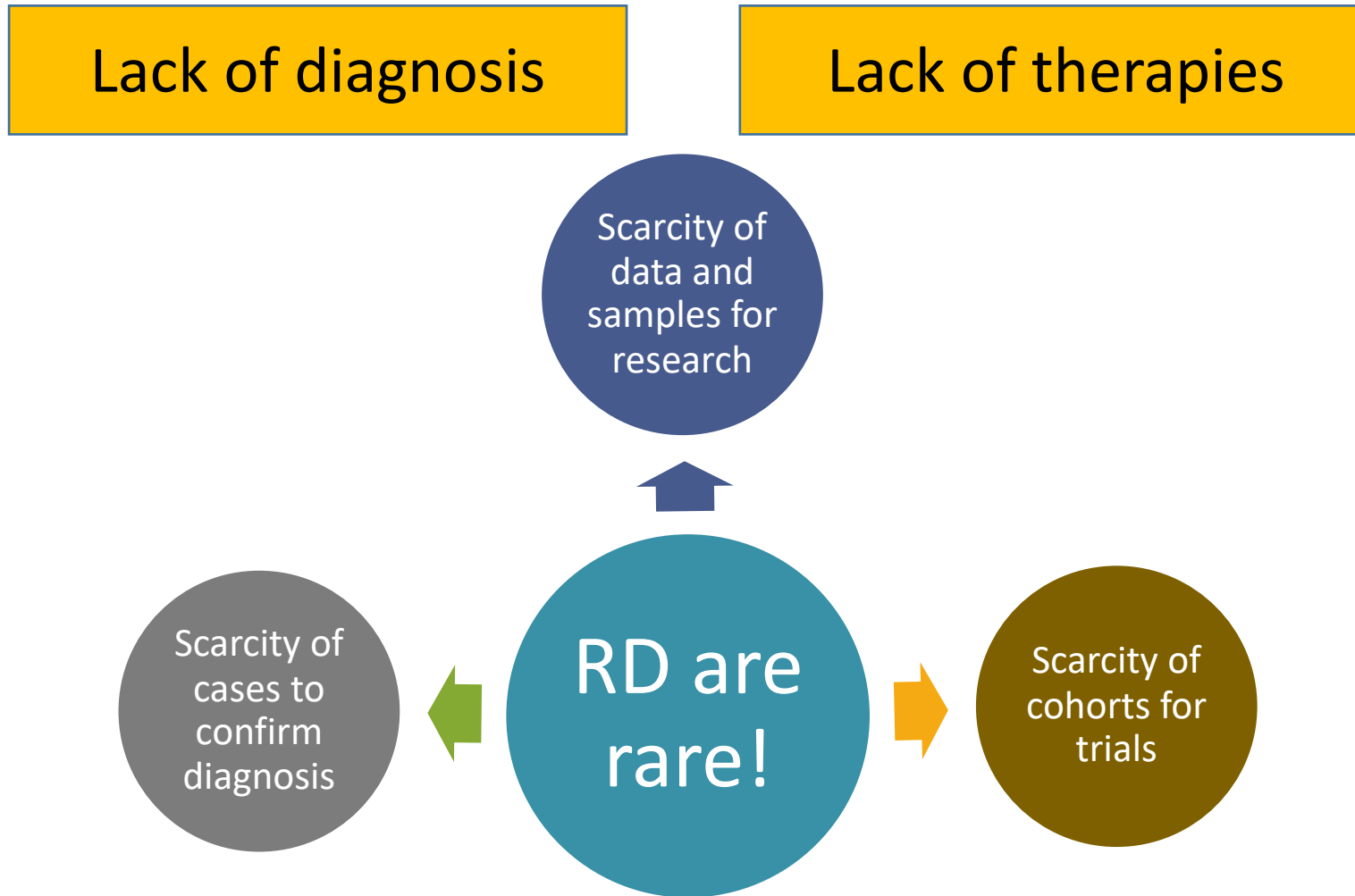
- **2000:** 1 genome >10y, aprox \$3,000 millions
- **2024:** 1 genome = 1 day, <1000 euros

How do I find the pathogenic variant within more than 3,000,000?



- 1. Sequencing – lab visit with Marta Gut**
- 2. Data handling and processing – CPD visit with Simon**
- 3. Bioinformatics Unit**
 - 1. Data analysis -group led by Raul tonda**
 - 2. Infrastructure – GPAP analysis platform – group led by Davide Piscia**
 - 3. Results interpretation -group led by Sergi Beltran**

Unmet needs and bottlenecks in rare diseases



Data sharing is essential...

RD-Connect Genome-Phenome Analysis Platform (GPAP)

<https://platform.rd-connect.eu/>

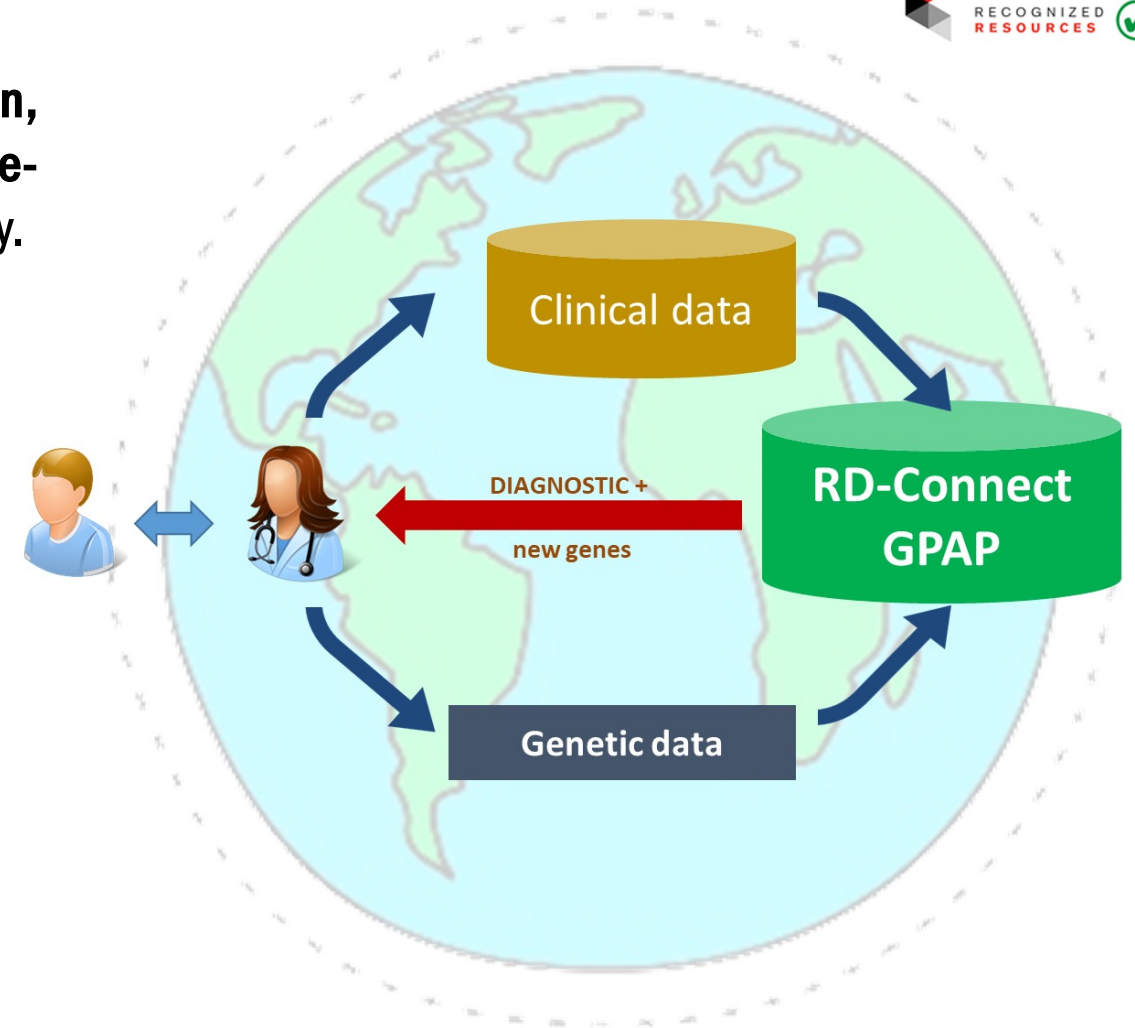
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The RD-Connect GPAP is an online system that facilitates **collation, sharing, analysis and interpretation of integrated genome-phenome datasets** for Rare Disease diagnosis and gene discovery.

- >28,000 genome-phenome datasets
- > 100 contributing groups
- > 600 registered users
- Data is pseudonymized
- User activity logged
- Platform security audited periodically by an external company



GPAP – user interface

DATA SUBMISSION

DATA ANALYSIS

DATA MANAGEMENT

GPAP Home

Data Analysis

Genomic Analysis

GPAP

RD CONNECT

playground

GUIDELINES

CONTACT

T TEST

LOGOUT

NEW ANALYSIS

3

Study: PROVA SERGI Analysis: DE NOVO VARIANTS FOR TRIO ANALYSIS Query: query_59 47 variants

CHROMOSOME SUMMARY

DE NOVO VARIANTS FOR TRIO ANALYSIS

1 QUERY, 3 EXP.

QUERY_59(47)

NEW QUERY

VIEW APPLIED FILTERS

Effect Impact

ClinVar

GnomAD Population

Gene Name: RERE CHR: 1 Pos.: 8420631 REF: T ALT: G

EXPERIMENTS GT

POPULATION INFO

PREDICTORS INFO

CANDIDATE

IGV BROWSER

Gene Info	Variant Info						Clinical Ass.	Population	Predictors				
Gene	Transcript Biotype	Effect Impact	Codon Change	Aminoacid Change	Consequence	OMIM	ClinVar	Internal Freq.	GnomAD AF	CADD Pred.	SIFT Pred.	Polyphen2 Hvar Pred.	Mutation Taster Pred.
<div></div> <div></div> <div>RERE</div>	protein_coding	MODERATE	c.2936A>C	p.His979Pro	missense_variant	Neurodevelopm...	NA	NaN	0.00007	NA	D	D	D
<div></div> <div></div> <div>TTC39A</div>	protein_coding	MODERATE	c.1085_1087del...	p.Asp362_Trp36...	inframe_deletion	NA	NA	NaN	0.00391	NA	NA	NA	NA
<div></div> <div></div> <div>TTC39A</div>	protein_coding	MODERATE	c.1081_1083del...	p.Ile361del	inframe_deletion	NA	NA	NaN	0.00015	NA	NA	NA	NA
<div></div> <div></div> <div>HFM1</div>	protein_coding	HIGH	c.255delA	p.Leu86Ter	frameshift_varia...	Premature ovari...	NA	NaN	0	NA	NA	NA	NA

External Links

Click to navigate to resource

Frequent Links

dbSNP (pos)

gnomAD (pos)

ClinVar (pos)

VarSome (pos)

HGMD (gene)

UCSC (pos)

OMIM (gene)

Franklin (pos)

Disease Information

Variant Information

Gene Information

Pathway Information

Data Discovery

23

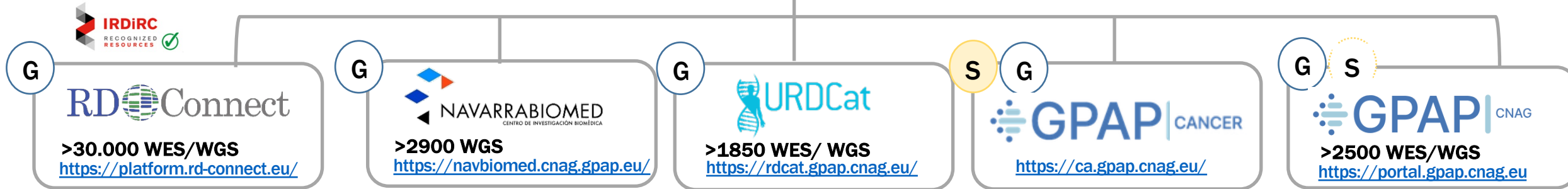


A platform for rare diseases developed by **cnag**

GPAP instances

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SolveRD
European Reference Networks
Reanalysis
>7000 negative cases
>1000 solved

246 consanguineous cases
Diagnostic yield 86%
8 novel disease-causing genes

bbMRI-lpc
317 RD cases
Diagnostic yield 37% (8-95%)
10 novel candidate genes

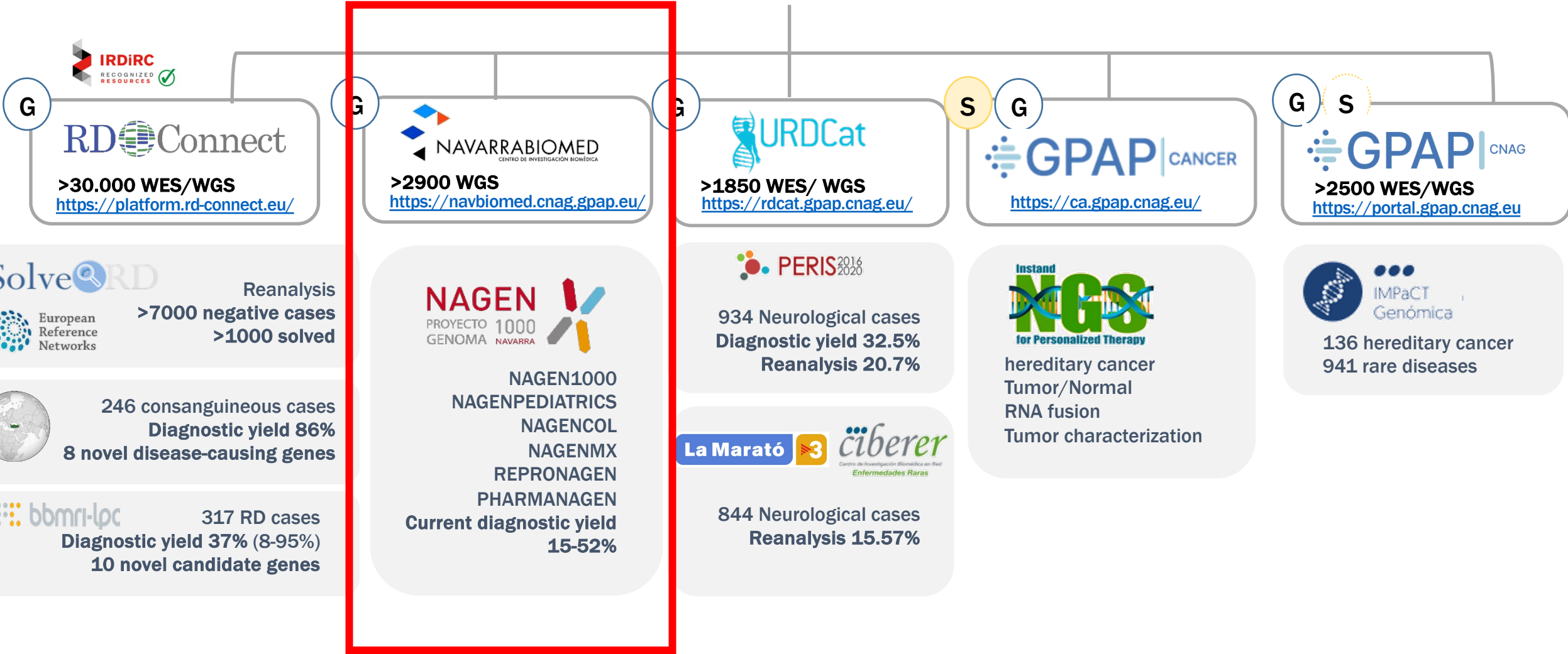
NAGEN
PROYECTO 1000 GENOMA NAVARRA
NAGEN1000
NAGENPEDIATRICS
NAGENCOL
NAGENMX
REPRONAGEN
PHARMANAGEN
Current diagnostic yield 15-52%

PERIS 2016 2020
934 Neurological cases
Diagnostic yield 32.5%
Reanalysis 20.7%

La Marató 3 ciberer
Centro de Investigación Biomédica en Red Enfermedades Raras
844 Neurological cases
Reanalysis 15.57%

Instand NGS
for Personalized Therapy
hereditary cancer
Tumor/Normal
RNA fusion
Tumor characterization

IMPACT Genómica
136 hereditary cancer
941 rare diseases



NAGEN: precision medicine

<https://www.navarrabiomed.es/es/nagen>

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PROGRAMA NAGEN A LA VANGUARDIA EN
MEDICINA PERSONALIZADA DE PRECISIÓN



NAGEN
PROYECTO 1000
GENOMA NAVARRA



NAGEN1000
NAGENPEDIATRICS
NAGENCOL
NAGENMX
REPRONAGEN
PHARMANAGEN
Current diagnostic yield
15-52%

- Whole genome sequencing
- >2250 datasets reported
- CNAG participates in sequencing, analysing and interpreting the data

WGS for rapid clinical management: NAGENPEDIATRICS

Information kindly provided by Josune Hualde and Sara Ciria



**259 patients
(751 WGS)**

- Recruitment age (average) = 3,8 years
- Turn around time (average) = 18,28 days (12-25)
- Interpretation:
 - 1628 variants interpreted (in 629 genes) and TAGed in GPAP
 - 259 diagnostic reports issued
 - **39,2% diagnostic rate in ICU cohort**
 - **Impact in clinical management: 53,8%**

Grupo	Nº Familias	Variantes pertinentes	Tasa diagnóstica
UCI	79	31	39,2%
TEA	179	26	14,85%
Cribado	5	3	60%
Tumores sólidos	7	6	-

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NAGEN: precision medicine

<https://www.navarrabiomed.es/es/nagen>

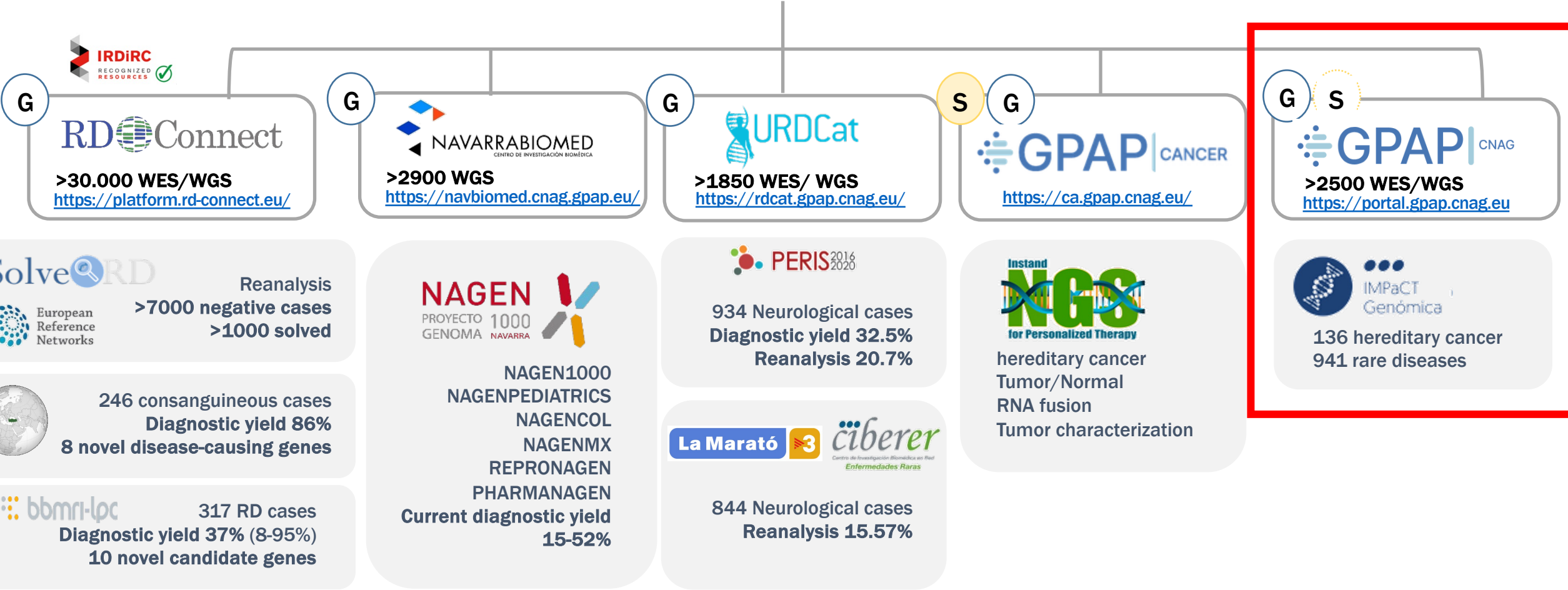
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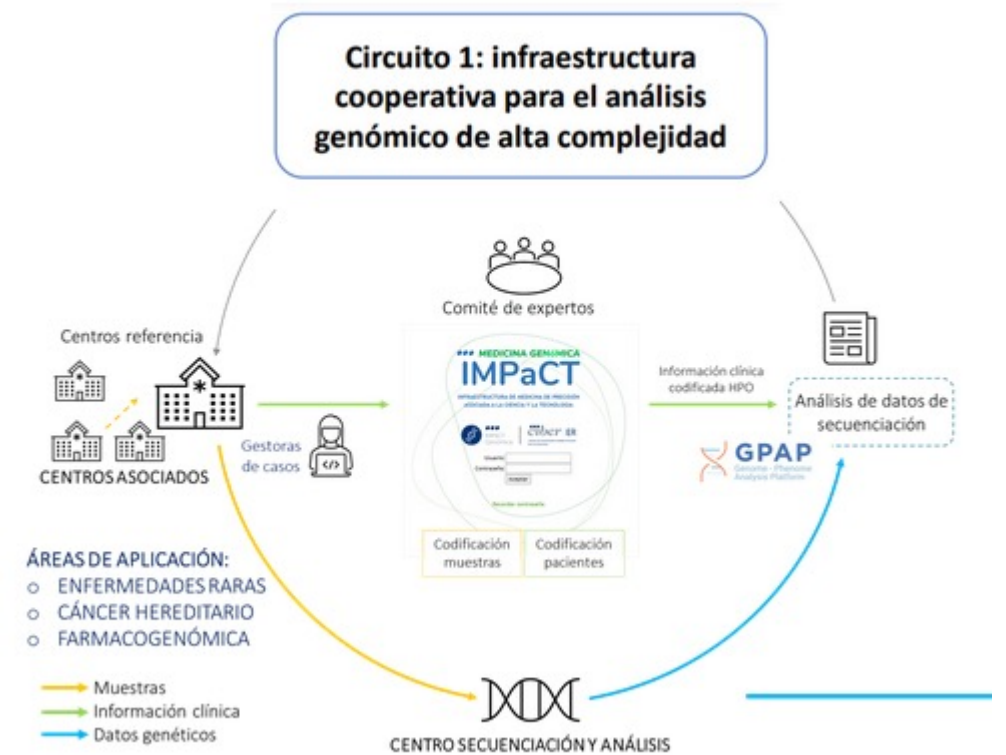
EXAMPLES Clinical Impact UCI

	Age	Clinical manifestations	Molecular result	Variant analysis	Results	Clinical impact	OMIM
NP003	3m	Seizure	SCN1A c.2995A>C p.Asn999His (het)	Candidata strong	19d	Antiepileptic drug adjustments and inclusion in chronic illness program	Developmental and epileptic encephalopathy (OMIM #182389)
NP062	7d	Encephalopathy, feeding disorder, peculiar phenotype	ALG1 c.605A>G p.Asp202Gly (hom)	Patogénica	19d	Inclusion in palliative care program. Exitus. Genetic counselling offered to the family (ongoing pregnancy)	Congenital disorder of glycosylation, type Ik (OMIM #608540)
NP165	Newborn	Microcephaly, small for gestational age, metabolic alteration, seizure	HIBCH c.1127T>G p.Phe376Cys; c.439-2A>G (compound het)	Patogénica	18d	Personalised diet (low in valine)	3-hydroxyisobutryl-CoA hydrolase deficiency (congenital metabolic disorder, OMIM #250620)
NP265	13y	Intellectual disability and catatonia	SHANK3 c.3727dupG p.Ala1243Glyfs Ter69 (de novo)	Patogénica	16d	Drug adjustments	PHELAN-MCDERMID SYNDROME (OMIM #606232)

GPAP instances



IMPACT-GENÓMICA is a collaborative infrastructure, which establishes the networks and flows necessary to contribute to the diagnosis of rare diseases and other genetic diseases, beyond usual clinical practice, equitably throughout the territory.



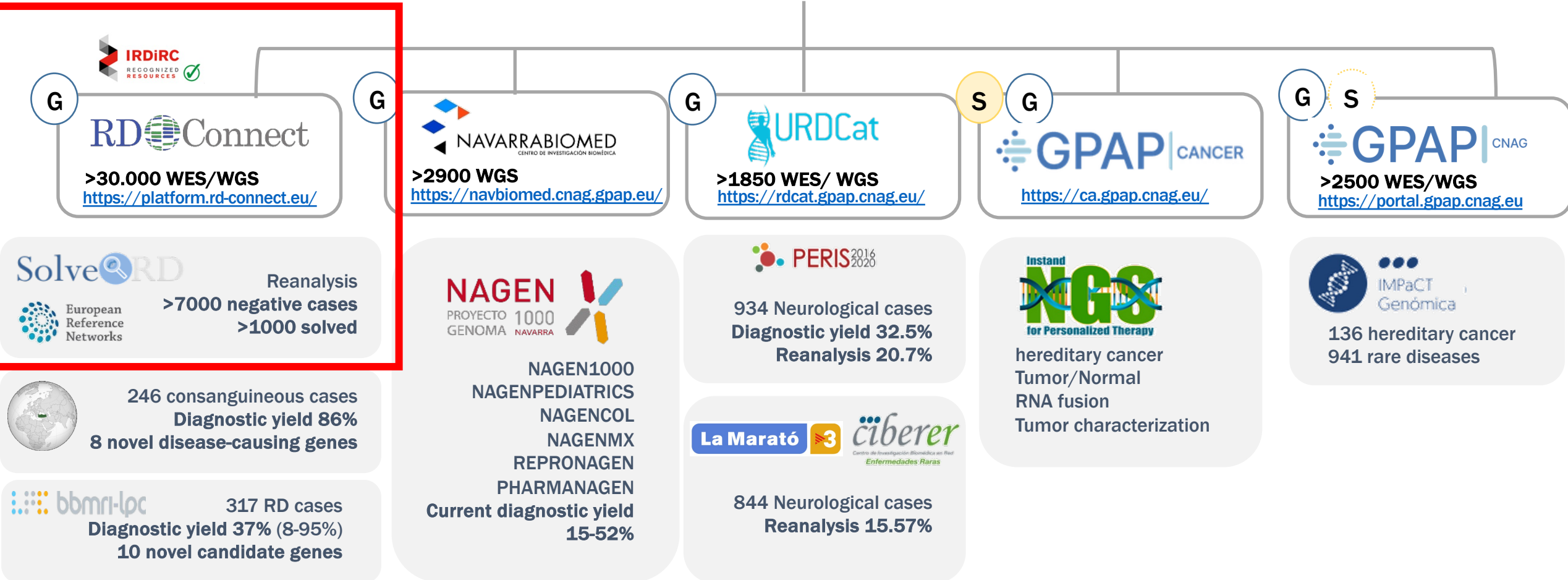
Rare disease projects

- 1 Introduction
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GPAP instances

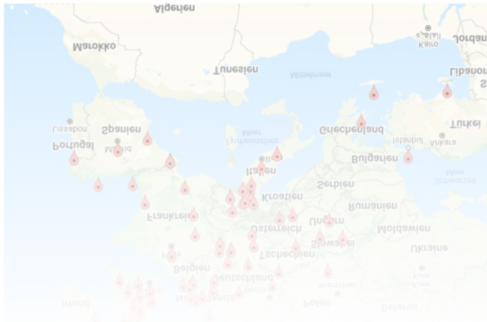
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Re-analysis of unsolved cases: Solve-RD

~50% of cases remain
without diagnosis after
routine hospital workflows



Identifying genetic causes in patients without diagnosis Validating novel genes

Contribution of
samples from
unsolved cases
&
family members



19,000 datasets



Whole Genome Sequencing (short- & long-read)
RNA Sequencing (short- & long-read)
Deep Exome Sequencing
Epigenomes
Metabolomes
Proteomes

6,000 analysis slots



50 Seeding Grants

Validate novel
genes & investigate
disease mechanisms
using model
organisms



- Equity on diagnostics across EU
- CNAG participation:
 - Infrastructure (RD-Connect GPAP)
 - Analysis (WP lead: WES, WGS, RNAseq)
 - Sequencing (RNAseq)

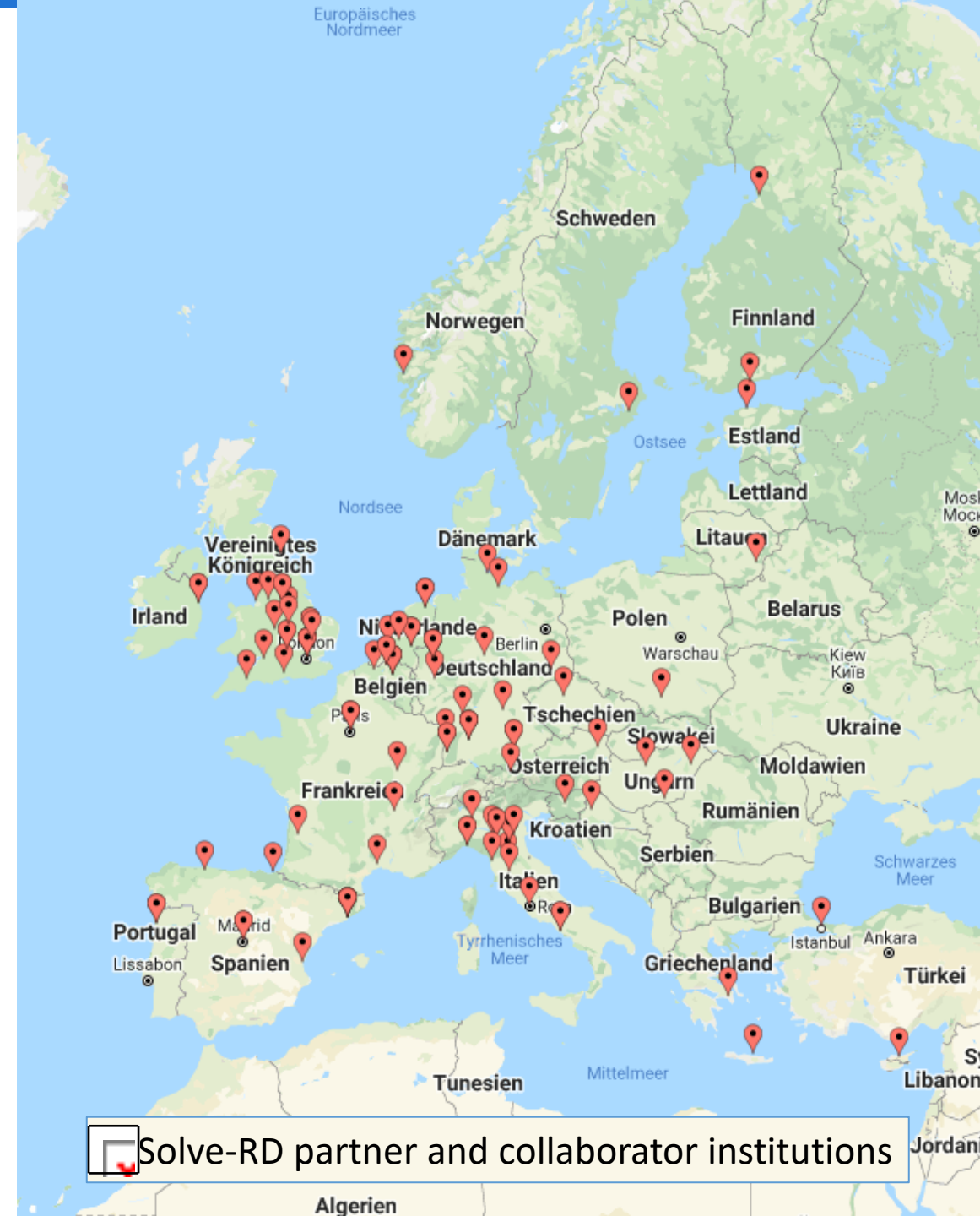
SolveORD

Solving the Unsolved Rare Diseases

- EU funded research project
- 1.1.2018 – 01.06.2024
- Coordinated by Olaf Riess & Holm Graessner (Tübingen)
- > 200 groups
 - 22 beneficiaries
 - 23 associated partners
 - 40 collaborators
- >300 (clinical) scientists
- **RD expertise and infrastructure:** RD-Connect, EGA, Orphanet, HPO, EuroGentest, Canadian Models and Mechanisms Network, EURORDIS

www.solve-rd.eu

@Solve_RD



SolveRD

Solving the Unsolved Rare Diseases



European
Reference
Network

Neurological Diseases
(ERN-RND)

EURO-NMD

Building bridges and breaking barriers
in rare neuromuscular diseases



ERN-ITHACA focuses on rare
congenital malformation syndromes
and intellectual disability



EpiCARE

European Reference Network for
rare and complex epilepsies



GENTURIS


rare genetic tumour risk syndromes

rita

The European Reference Network that
aims at improving the care of patients
with Rare Immunological Disorders

+ UDP-Spain and UDP-Italy



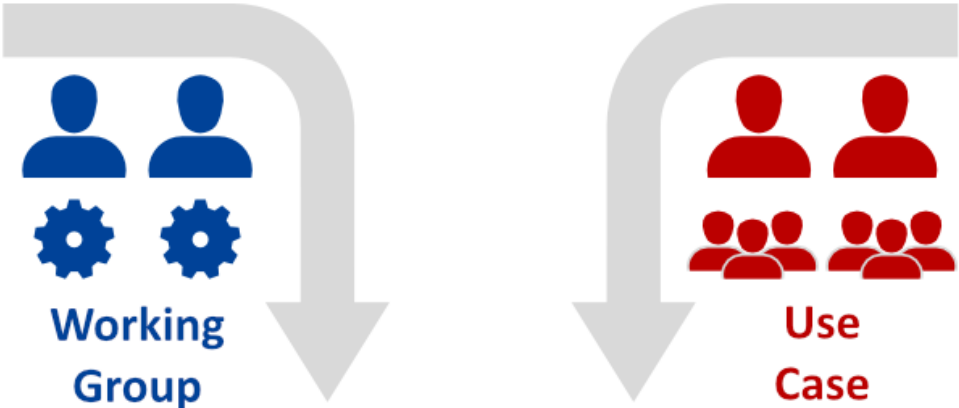
 Solve-RD partner and collaborator institutions

Solve-RD Analysis and Interpretation

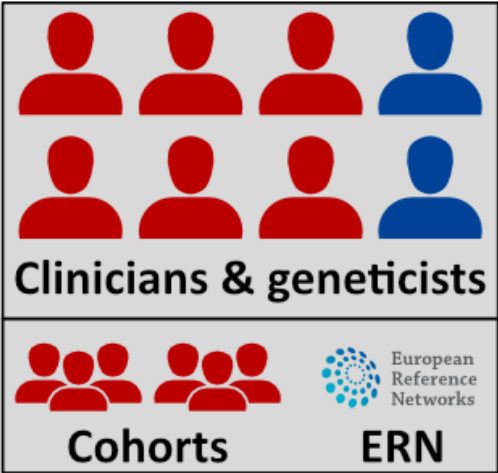
Data Analysis Task Force (DATF)



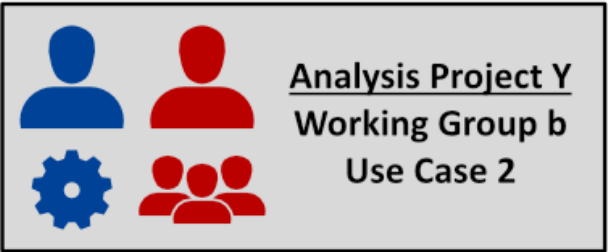
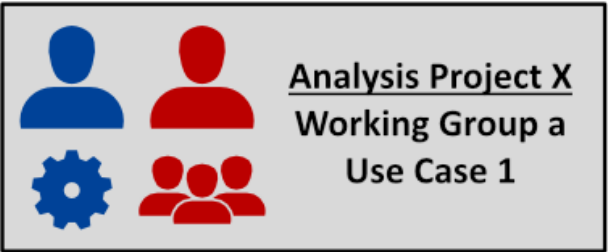
- ➔ Analyzes data in tool oriented working groups
- ➔ Develops novel tools
- ➔ Compiles existing tools



Data Interpretation Task Force (DITF)



- ➔ Data interpretation in the disease context
- ➔ 1 DITF per ERN
- ➔ Defines disease group or group of disease specific use cases
- ➔ Selects cohorts



WG1: SNV/indel re-(analysis) (Leslie Matalonga, CNAG)

WG2: CNV re-(analysis) (Steven Laurie, CNAG)

WG3: Relatedness and Regions of Homozygosity analysis (Stephan Ossowski, EKUT, Tübingen)

WG4: *De novo* trio analysis (Christian Gilissen, Radboud UMC, Nijmegen)

WG5: Meta-analysis for novel genes & gene burden analysis (Christian Gilissen)

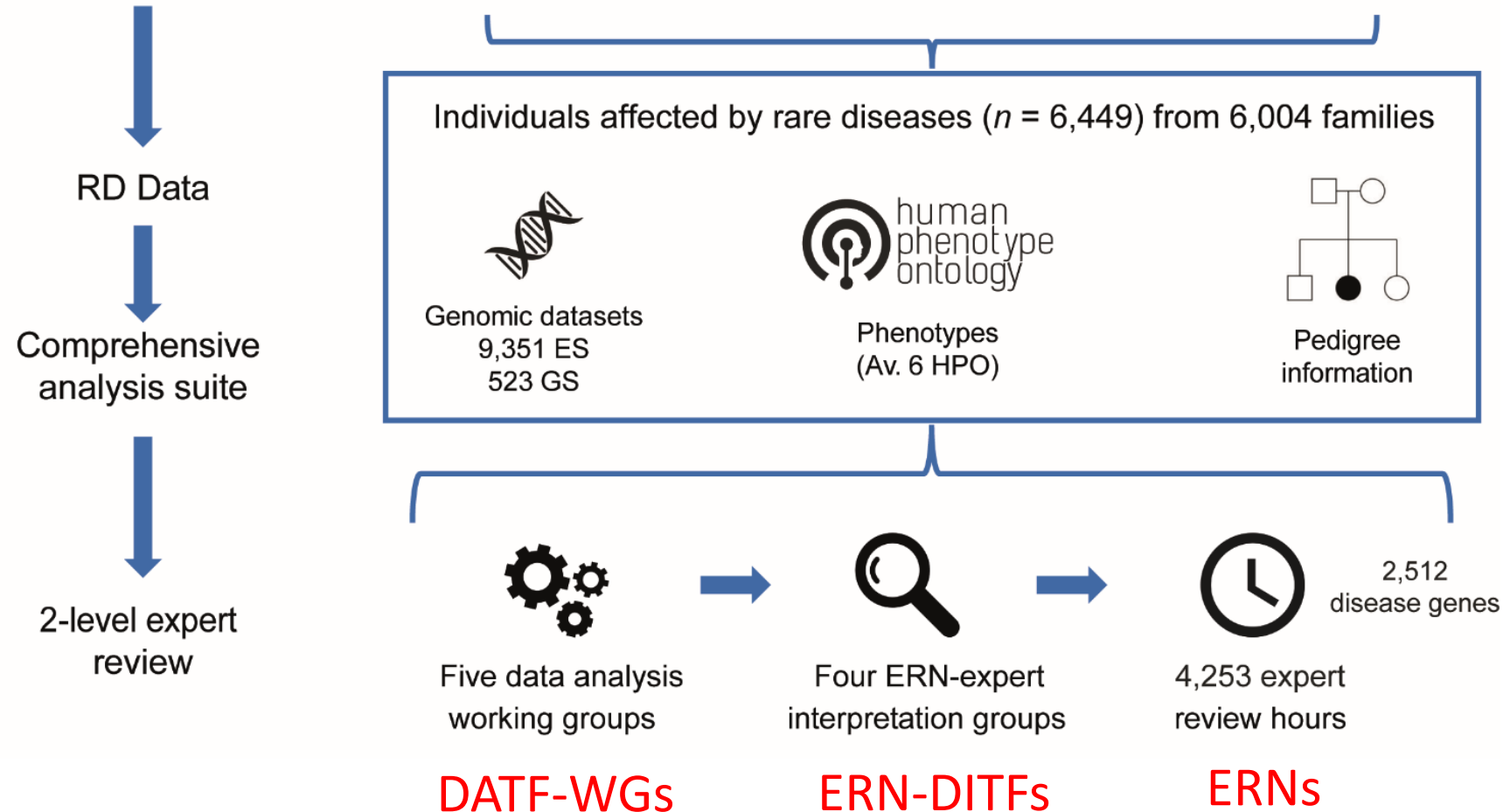
WG6: Transcriptomics (Anna Esteve, CNAG)

WG7: Epigenomics

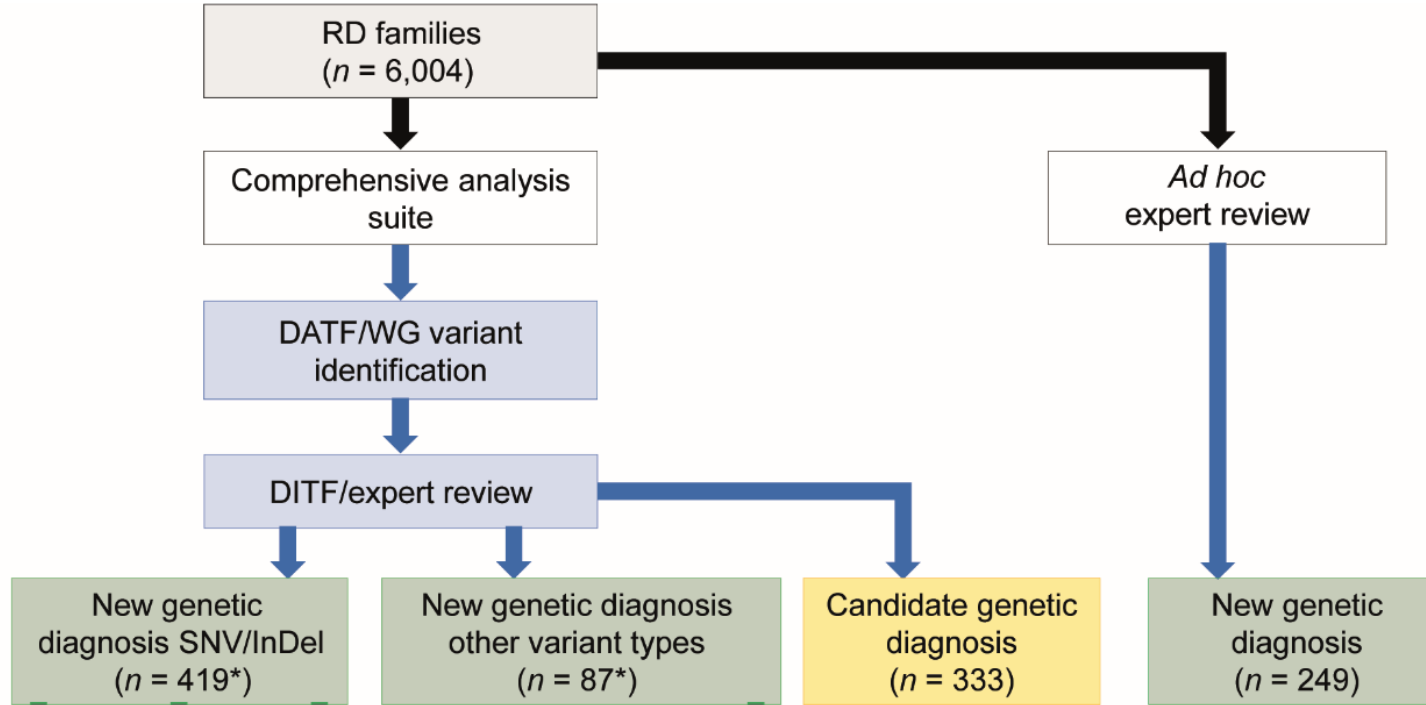
WG8: Somatic Mutations - Novel DeepWES

WG9: Structural Variants - Novel WGS

WG10: Novel long read WGS analyses



Solve-RD reanalysis results – 6004 families



755 new solved cases!

These cases had previously undergone a WES or WGS in the routinary diagnostic setting of their country

IMPORTANCE OF EXPERTS COLLABORATION!

Data interpretation - collaborative

On-site or online **Solvathon** workshop bring together analysts and data clinical researchers



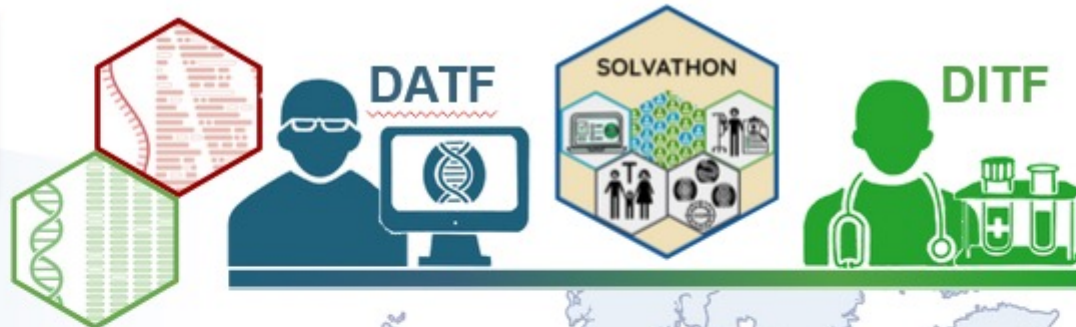
Solve-RD's RNA-seq Solvathon, Barcelona, Feb 2023

Solvathon 1 - RNA sequencing

Participants: 57
Families: 216
Solved: 5

Solvathon 3 - LR Genomes & OGM

Participants: 55
Families: 197
Solved: 9



Solvathon 2 - SR Genomes

Participants: 72
Families: 764
Solved: 9

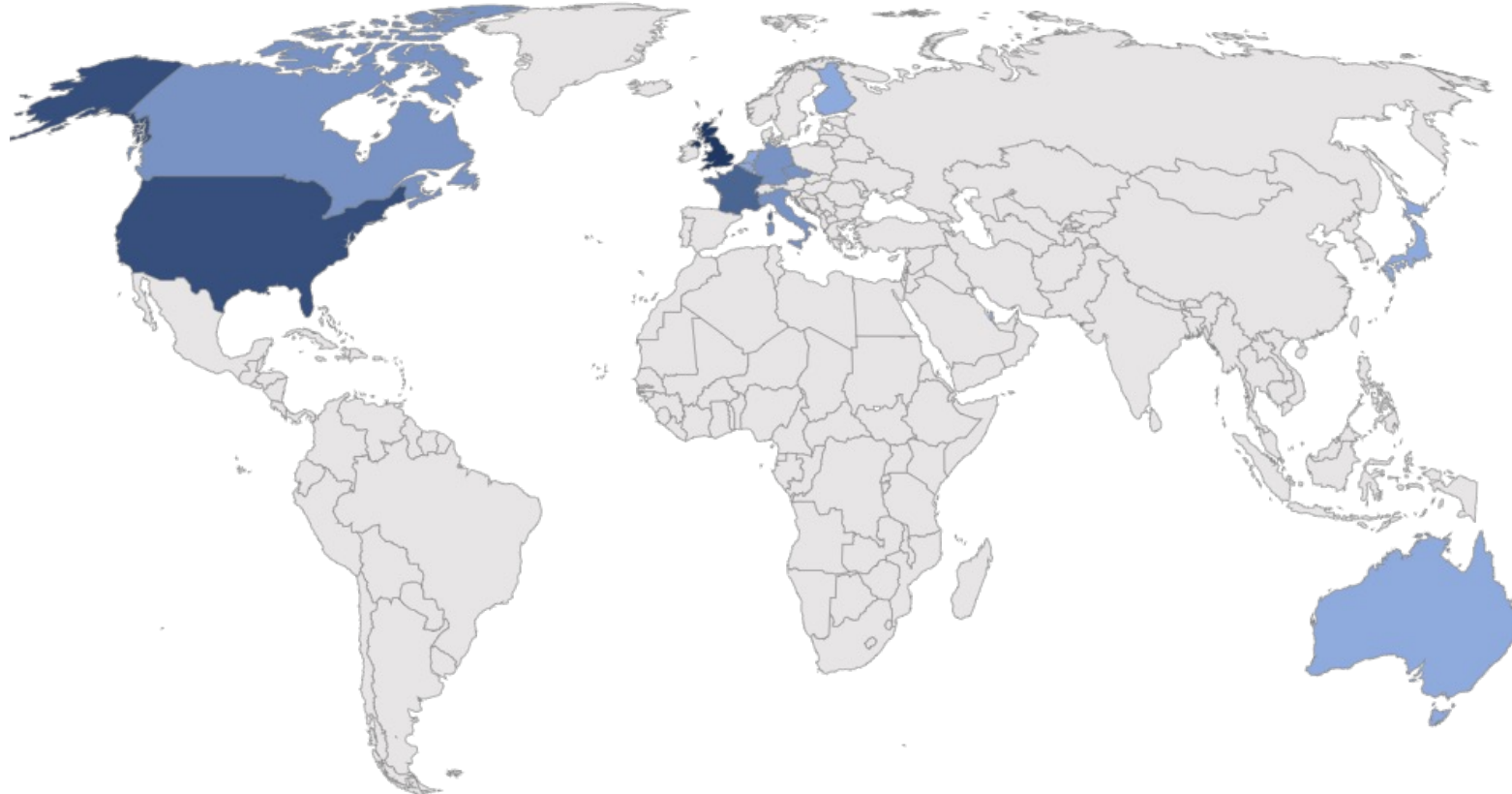
Solvathon 4 - Multomics

Participants: 59
Families: 474
Solved: 5



RDMM-Europe brokerage service

The European Rare Disease Models & Mechanisms Network (RDMM-Europe) has been established by Solve-RD to boost research in rare diseases, discover new disease-causing genes and obtain evidence for pathogenicity through functional validation.



Solve-RD Publications

Generating **knowledge** for the RD community

<https://solve-rd.eu/results/scientific-publications/>

2024

GAA-FGF14 DISEASE: DEFINING ITS FREQUENCY, MOLECULAR BASIS, AND 4-AMINOPYRIDINE RESPONSE IN A LARGE DOWNBEAT NYSTAGMUS COHORT

David Pellerin, Felix Heindl [...] Matthias Synofzik.

EBioMedicine. 2024, Apr;102:105076. doi: 10.1016/j.ebiom.2024.105076. Epub 2024, Mar 19.

PubMed OPEN ACCESS

DOMINANT NARS1 MUTATIONS CAUSING AXONAL CHARCOT-MARIE-TOOTH DISEASE EXPAND NARS1-ASSOCIATED DISEASES

Danique Beijer, Sheila Marte [...] Jonathan Baets.

Brain Commun. 2024, Mar 8;6(2):fcae070. doi: 10.1093/braincomms/fcae070. eCollection 2024.

PubMed OPEN ACCESS

A RECURRENT MISSENSE VARIANT IN THE E3 UBIQUITIN LIGASE SUBSTRATE RECOGNITION SUBUNIT FEM1B CAUSES A RARE SYNDROMIC NEURODEVELOPMENTAL DISORDER

Francois Lecoquierre, A Mattijs Punt [...] Antonio Vitobello.

Genet Med. 2024, Mar 7;26(6):101119. doi: 10.1016/j.gim.2024.101119. Online ahead of print.

PubMed OPEN ACCESS

DIGENIC INHERITANCE INVOLVING A MUSCLE-SPECIFIC PROTEIN KINASE AND THE GIANT TITIN PROTEIN CAUSES A SKELETAL MUSCLE MYOPATHY

Ana Töpf, Dan Cox, Irina T Zaharieva [...] Volker Straub.

Nat Genet. 2024, Mar;56(3):395-407. doi: 10.1038/s41588-023-01651-0. Epub 2024, Mar 1.

PubMed OPEN ACCESS

RFC1 REPEAT EXPANSIONS IN DOWNBEAT NYSTAGMUS SYNDROMES: FREQUENCY AND PHENOTYPIC PROFILE

David Pellerin, Felix Heindl [...] Matthias Synofzik.

J Neurol. 2024, May;271(5):2886-2892. doi: 10.1007/s00415-024-12229-z. Epub 2024, Feb 21.

PubMed OPEN ACCESS

OVERARCHING PATHOMECHANISMS IN INHERITED PERIPHERAL NEUROPATHIES, SPASTIC PARAPLEGIAS, AND CEREBELLAR ATAXIAS

Liedewei Van de Vondel, Jonathan de Winter, Vincent Timmerman, Jonathan Baets

Trends Neurosci. 2024, Mar;47(3):227-238. doi: 10.1016/j.tins.2024.01.004. Epub 2024, Feb 14.

PubMed OPEN ACCESS

>200 scientific publications!
CNAG directly involved in >30



Knowledge accessible for clinical practice:
New disease-causing genes, ClinVar database etc.

Beyond diagnosis: TREATABOLOME



SolveRD
Solving the Unsolved Rare Diseases

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E-RDERA
European Rare Diseases
Research Alliance

Inserm
Institut national
de la santé et de la recherche médicale

CHEO

RESEARCH INSTITUTE
INSTITUT DE RECHERCHE

MÉDECINE
SORBONNE
UNIVERSITÉ

Results

summary of current query, in parenthesis the number of evidence-variant associations

1st group by: Gene 2nd group by: ORPHA

All

LMNA (12)

Hutchinson-Gilford progeria syndrome (12)

Filters

Main Filters

Search in

☒ Database ☐ Query

OrphaCode or Disease

Hutchinson-Gilford progeria...

MIM number code or disease

Gene Name

Variant

Treatment

Total entries for this query: 12

LMNA 12 evidence-variant associations

5 Treatments LONAFARNIB is the most frequent (4) 0 with HPOs 10 with reported variant

Lonafarnib

Cohort Studies 2018

Treatment Evidence

Publication	Type	# of patients	year	Diagnosis	OCEBM	
Clinical trial of a farne...	Cohort study	26	2013	Hutchinson-Gilford progeria syndrome	3	VIEW

Variants

Transcript	cDNA	Protein	Chromosome
NM 170707	c.1824C>T	p.Gly608Gly	Chr:1
NM 170707	c.1824C>T	p.Gly608Gly	Chr:1

Association of Lonafa...

Cohort study

63

2018

Hutchinson-Gilford progeria syndrome

3

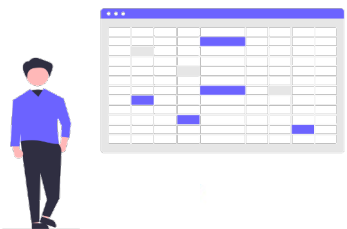
VIEW

Rows per page: 5 1-2 of 2

Lonafarnib;Pravastatin;Zolendronic Acid

Cohort Studies 2016

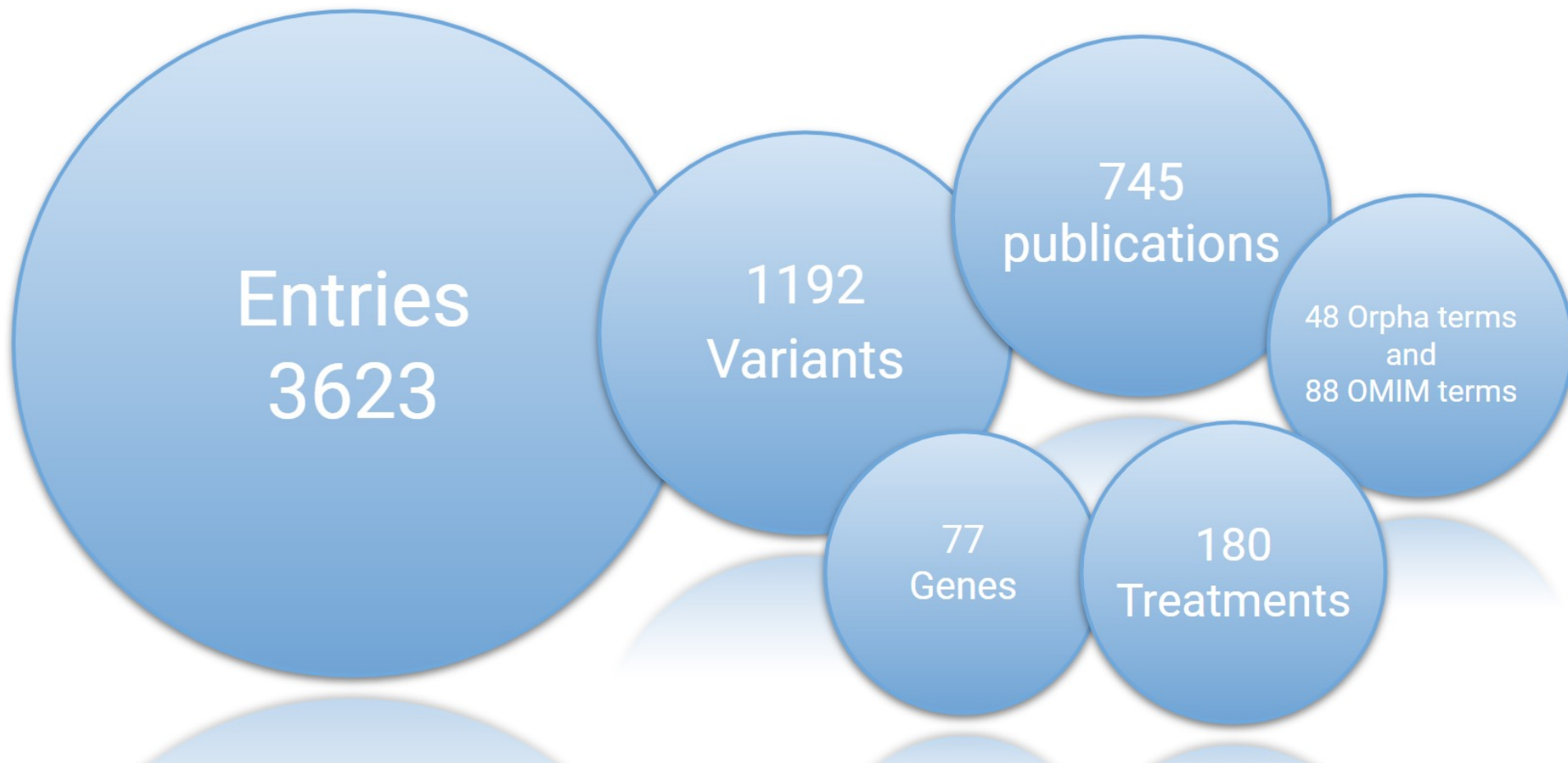
Beyond diagnoses



treatabolome
linking genotypes to treatments

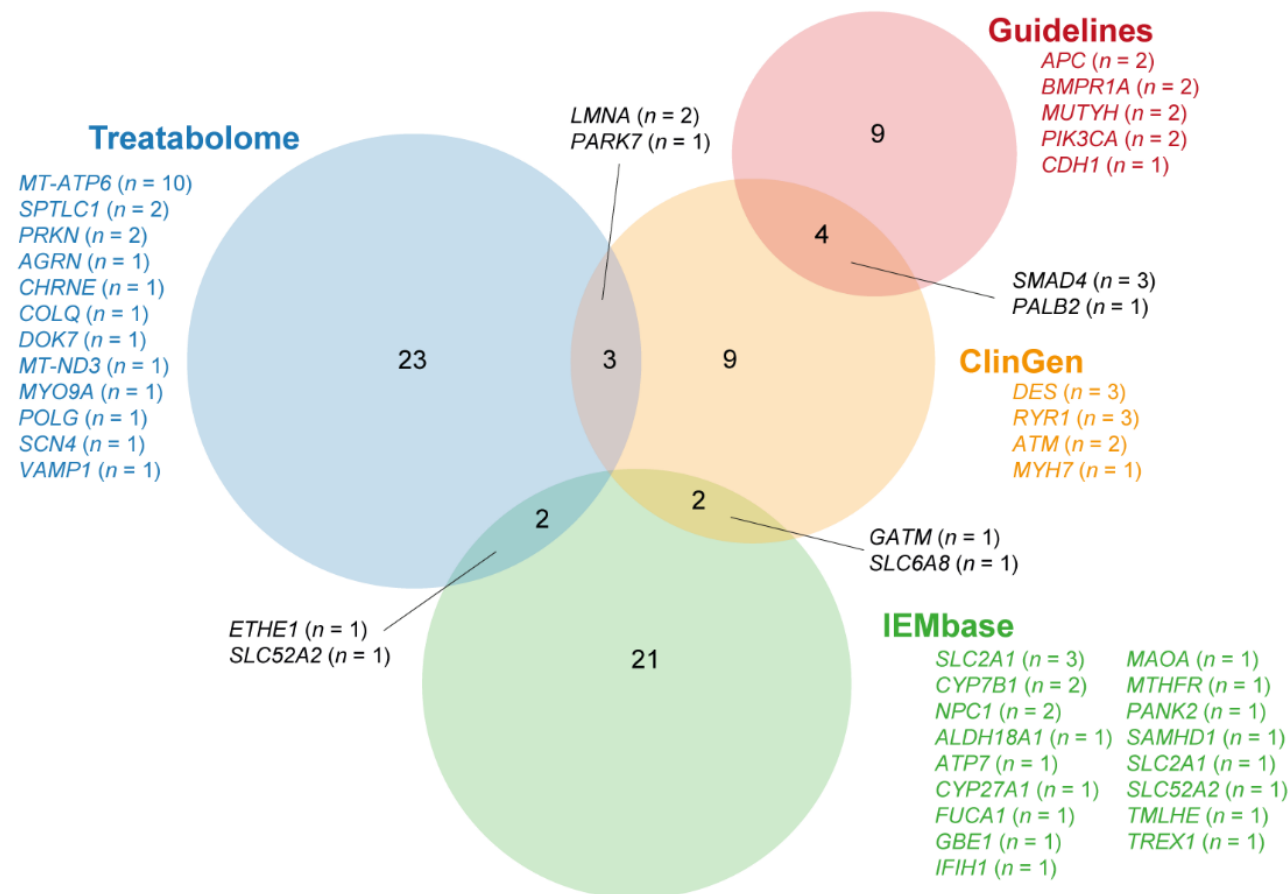
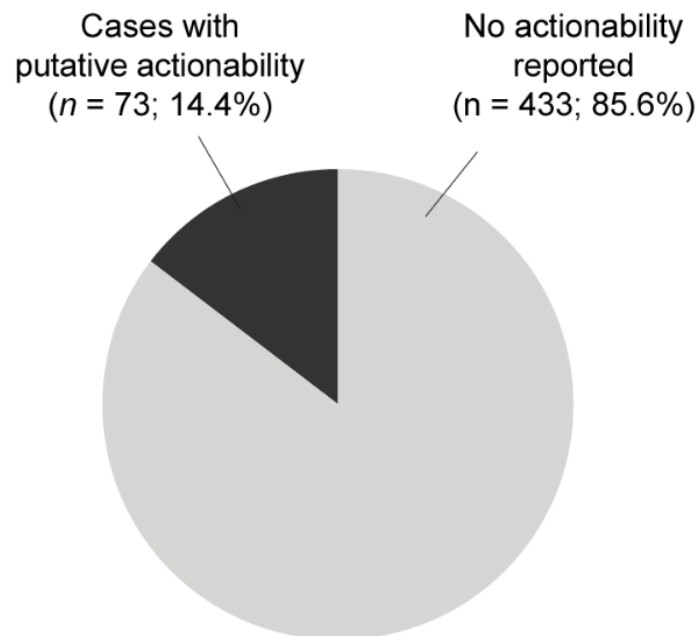
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Beyond diagnoses

506 newly diagnosed families





The Solve-RD project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 779257.



**178
Organisations**

40 funders

**81 research performing
organisations**

9 patients' organisations

3 research infrastructures

**22 private for-profit partners
(industry & SME)**

**23 other (univ, hospital,
non-profit, public
administration)**

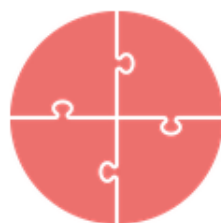
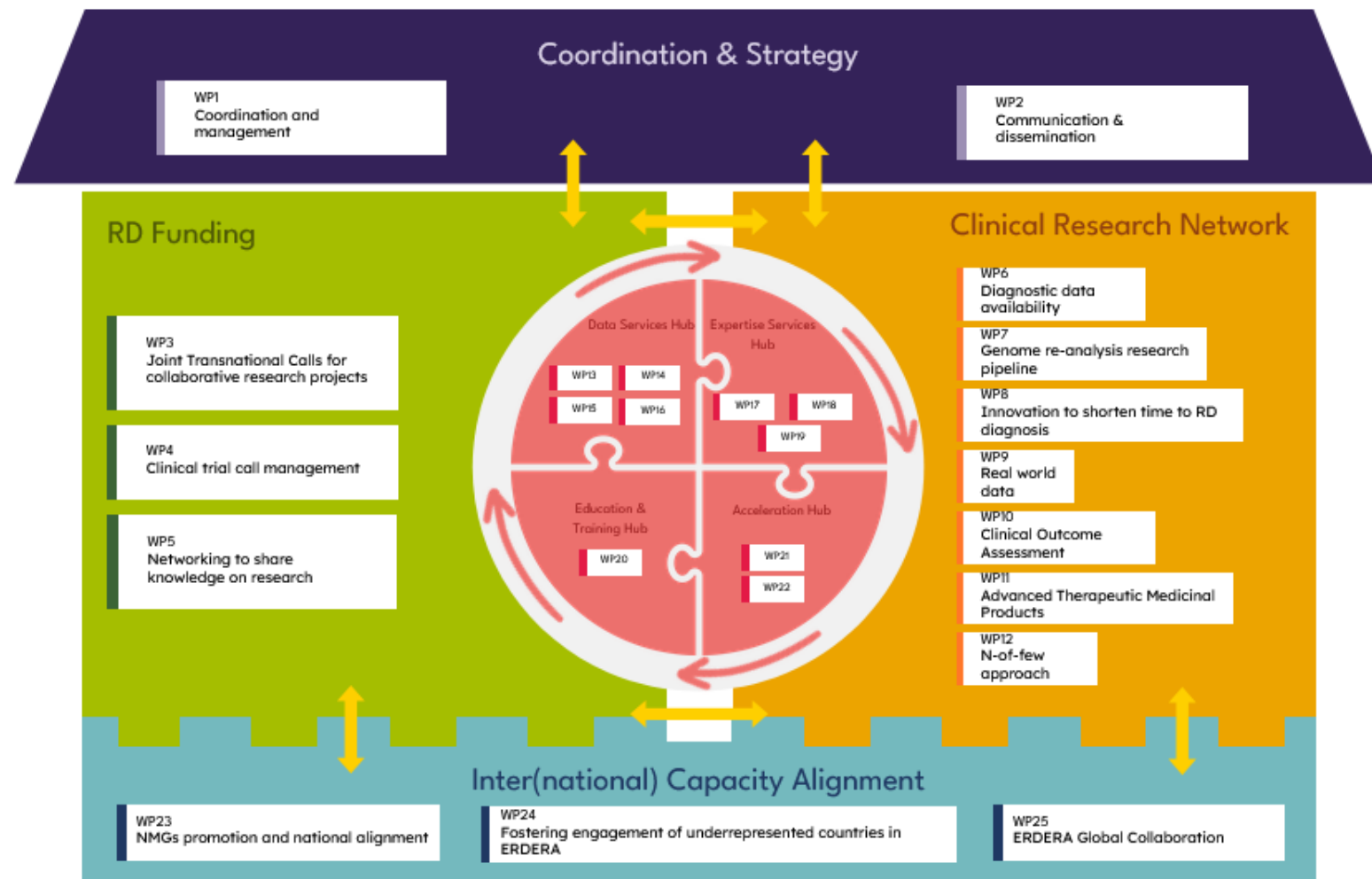
37 Countries

26 EU member states

8 associated countries

3 non-EU*

* at the time of proposal submission



WP13
Rare Diseases-Virtual Platform
(RD-VP): Finding and accessing the
data ecosystem

WP14
Data readiness services

WP15
Data sharing and analysis services

WP16
Knowledge bases and ontologies for
RD research

WP17
Mentoring and consultancy

WP18
Regulatory support service

WP19
Methodological Support

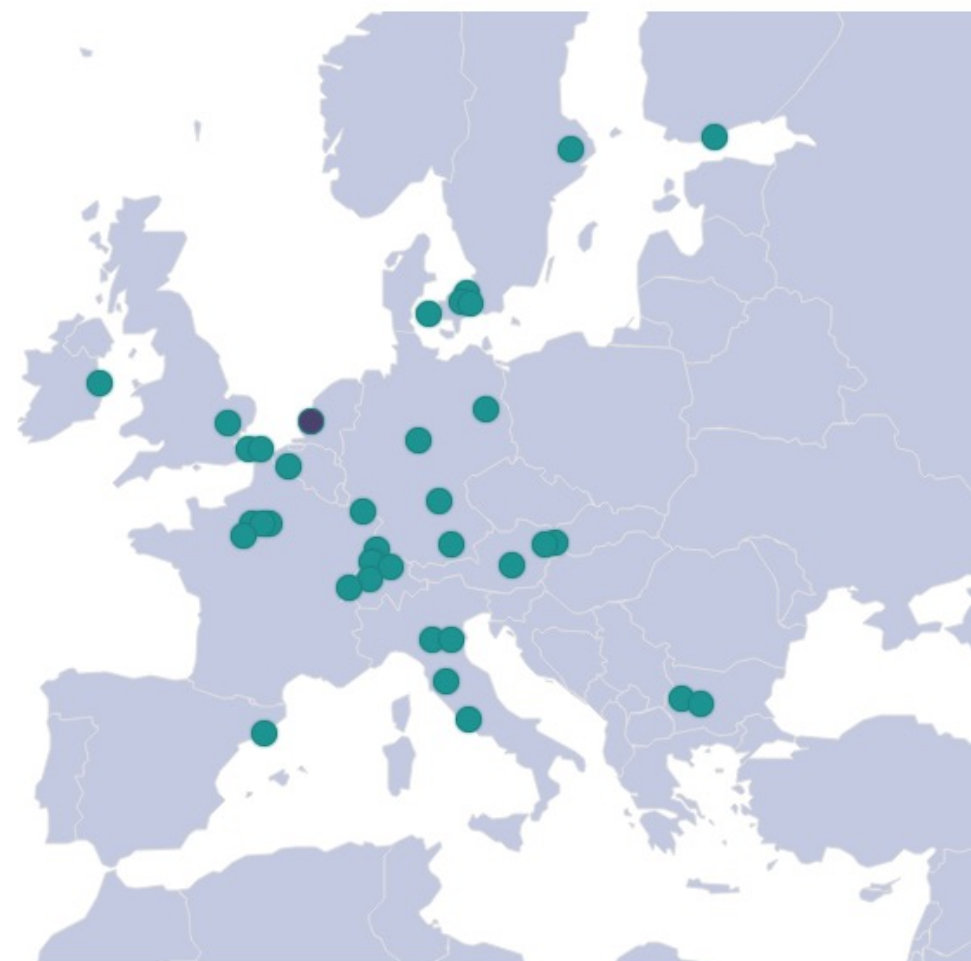
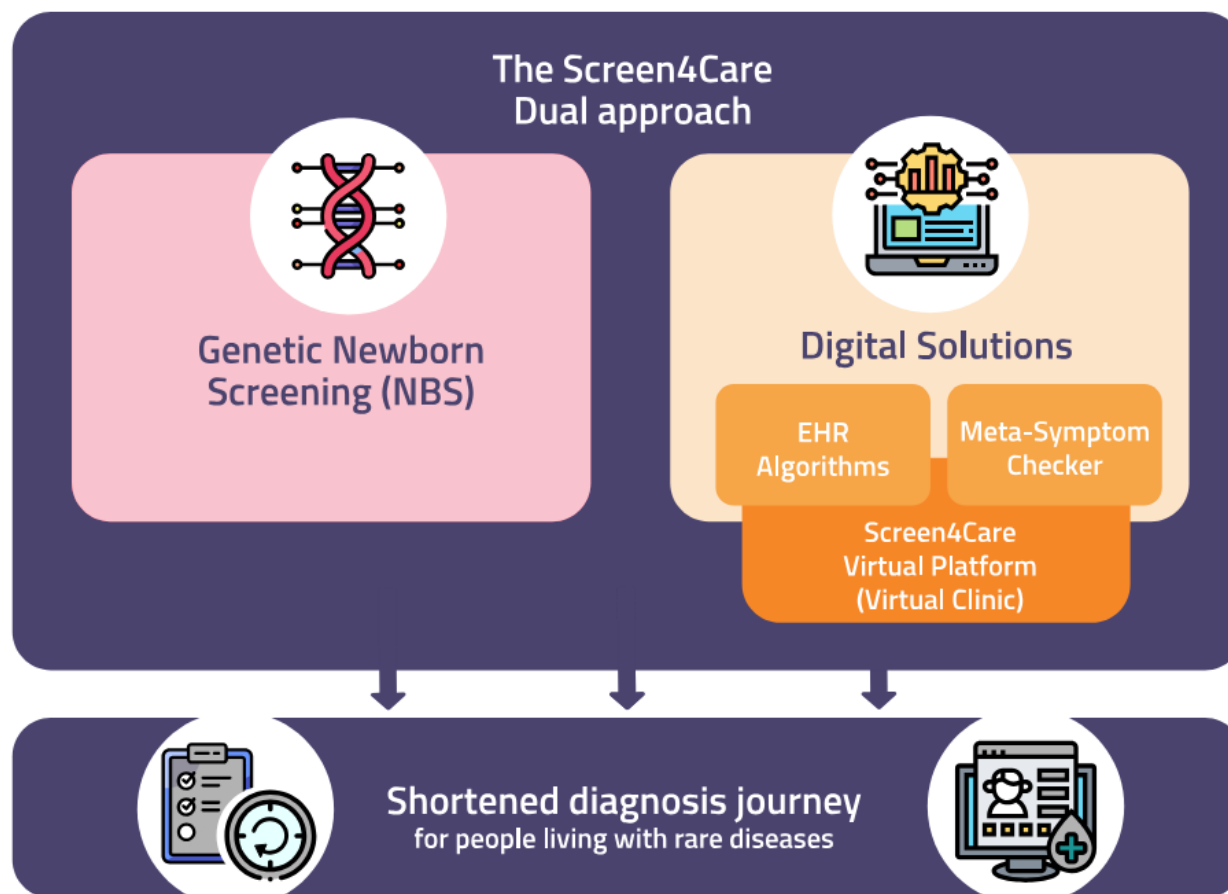
WP20
Education and training in rare
diseases research

WP21
Technology accelerator

WP22
Public-Private Collaboration
Accelerator

Screen4care – the project

The Innovative Medicines Initiative (IMI) is Europe's largest public-private initiative aiming to improve health by speeding up the development of, and patient access to, innovative medicines, particularly in areas where there is an unmet medical or social need.



Screen4care – gNBS: TREAT panel

245 genes

Saier, C., Sansen, S., Berghout, J. et al. Orphanet J Rare Dis 20, 231 (2025).



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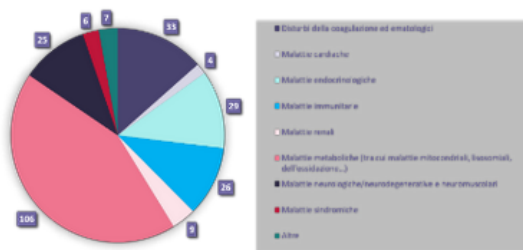
Disease category	Number of genes
Blood and coagulation disorders	33
Cardiological disorders	4
Endocrinological disorders	29
Immunological disorders	26
Kidney disorders	9
Metabolic disorders	106
Neurologic, neurodegenerative and neuromuscular disorders	25
Syndromic disorders	6
Others	7

**SCREEN
4CARE**



QUALI SONO LE MALATTIE DELLO SCREENING GENETICO NEONATALE?

Sono patologie di vari tipi, metaboliche, neuromuscolari, endocrinologiche, immunologiche e così via!
Se lo chiedi, ti verrà fornito l'elenco intero!



QUALI SONO I VANTAGGI E QUALI I RISCHI?

I benefici per il TREAT-panel sono la possibilità di uno screening per una diagnosi precoce, che consente l'accesso a centri di riferimento (ERN, European Reference Networks) per le terapie e le cure disponibili, oltre alla possibilità di compiere delle scelte per future gravidanze.

L'WGS consente la **diagnosi tempestiva di malattia genetica** in caso di sintomi e, come il TREAT-panel, l'accesso a centri di riferimento e la possibilità di scegliere consapevolmente per future gravidanze.

Relativamente ai rischi, come per ogni prelievo, c'è un minimo rischio associato al prelievo di sangue dal tallone per il TREAT-panel (già previsto per legge per lo screening metabolico) o dalla vena per il WGS (che è uguale a tutti i prelievi di sangue).

Potrebbero emergere per il TREAT-panel e in misura maggiore per il WGS, **risultati incidentali** (inattesi), come accade per ogni analisi genetica. Tali risultati vi saranno comunicati in Italia solo su esplicita richiesta. Infine, bisogna considerare le possibili **implicazioni** emotive di una diagnosi precoce di una malattia genetica nei propri figli.



This project has received funding from the Innovative Medicines Initiative 2 Joint Undertaking [10] under grant agreement No 101019723. The IJ receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA. Neither the IJ nor the IJ is liable for any content or for any use of the information contained in this publication. Any dissemination of results must indicate that it reflects only the author's view and that the IJ is not responsible for any use that may be made of the information contained.

**SCREEN
4CARE**



WHICH DISEASES ARE INCLUDED IN THE SCREENING?

The screening tests for diseases of various types: metabolic, neuromuscular, endocrinological, immunological and many others! If you ask, you will be provided with the whole list.



WHAT ARE THE ADVANTAGES AND RISKS?

The benefits of the TREAT-panel are the possibility of screening for **early diagnosis**, which allows access to **reference centres** (European Reference Networks, ERNs) for **available therapies and treatments**, as well as the possibility of making informed decisions for **future pregnancies**.

WGS allows for the timely diagnosis of genetic disease in the event of symptoms and, in the case of the TREAT-panel, access to reference centers and the ability to consciously choose for future pregnancies.

With regard to the risks, as for any blood collection, there are minimal risks associated with taking blood from the heel (already required by law for metabolic screening) for the TREAT-panel, or intravenously for WGS (same risks as for all blood draws).

Incidental (unexpected), or secondary (not related to the specific disease) results may emerge from the TREAT-panel and to a greater extent for WGS. These findings will be reported to you according to the guidelines of the scientific societies (SIGU, ESHG, ACMG). Carrier status for recessive diseases may be reported if explicitly stated in the informed consent.



The project has received funding from the Innovative Medicines Initiative 2 Joint Undertaking (J2) under grant agreement No 101019040. The J2 receives support from the European Union's Horizon 2020 research and innovation programme and ICHOP. Neither the J2 nor the ICHOP is responsible for any use that may be made of the information it contains.

20,000 newborns

At birth centers in Germany, Italy and France during pregnancy and after birth:

- Flyers in different languages to explain complicated concepts in an “easy” way
- Videos
- Follow-up

Yakup's Journey to Hope

<https://www.youtube.com/watch?v=GLgB6mvVx5E>

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#SequencingForABetterLife

Other international initiatives where CNAG participates



Enabling responsible genomic data sharing for the benefit of human health

The Global Alliance for Genomics and Health (GA4GH) is a policy-framing and technical standards-setting organization, seeking to enable responsible genomic data sharing within a **human rights framework**.



Genomic Data Toolkit



Regulatory & Ethics Toolkit



Data Security Toolkit



Patient matchmaking to confirm diagnosis

Matchmaker Exchange

Genomic discovery through the exchange of phenotypic & genotypic profiles

 **Global Alliance**
for Genomics & Health
Collaborate. Innovate. Accelerate.

 **IRDiRC**
INTERNATIONAL
RARE DISEASES RESEARCH
CONSORTIUM



Question: Do you have a patient with similar phenotype and genotype to “mine”?

Answer: a list of scored matches and the possibility of contacting the submitter of the dataset for follow-up.

Needs:

- Tagged genetic variants
- Machine-readable phenotypic information

1+ Million Genomes

Declaration for delivering cross-border access to **genomic database**



1 million **genomes accessible** in the EU by 2022



Linking access to existing and future genomic database across the EU



Providing a sufficient scale for **new clinically impactful** associations in research

Leveraging European infrastructures to access 1 million human genomes by 2022

Gary Saunders¹, Michael Baudis², Regina Becker^{1b3}, Sergi Beltran^{4,5}, Christophe Bérout^{6,7}, Ewan Birney⁸, Cath Brooksbank⁸, Søren Brunak^{9,10}, Marc Van den Bulcke¹¹, Rachel Drysdale¹, Salvador Capella-Gutierrez^{1b12}, Paul Flicek^{1b8}, Francesco Florindi¹³, Peter Goodhand^{14,15}, Ivo Gut^{4,5}, Jaap Heringa¹⁶, Petr Holub^{1b13}, Jef Hooyberghs¹⁷, Nick Juty¹⁸, Thomas M. Keane⁸, Jan O. Korbel¹⁹, Ilkka Lappalainen^{1b20}, Brane Leskosek²¹, Gert Matthijs²², Michaela Th. Mayrhofer^{1b13}, Andres Metspalu²³, Arcadi Navarro^{24,25,26}, Steven Newhouse⁸, Tommi Nyrönen²⁰, Angela Page^{15,27}, Bengt Persson²⁸, Aarno Palotie²⁹, Helen Parkinson⁸, Jordi Rambla²⁶, David Salgado⁶, Erik Steinfelder¹³, Morris A. Swertz³⁰, Alfonso Valencia^{12,31}, Susheel Varma^{1b8}, Niklas Blomberg¹ and Serena Scollen^{1b1*}

Since its launch on [Digital Day 2018](#), the “1+ Million Genomes” initiative has grown into a real cooperation mechanism involving all 20 signatory Member States and Norway. These countries meet on a regular basis in order to make sure that the aim of the declaration – having at least 1 million sequenced genomes available in the EU by 2022- is achieved.

<https://ec.europa.eu/digital-single-market/en/european-1-million-genomes-initiative>

Nature Reviews Genetics volume 20, pp 693–701 (2019)

The Genome of Europe

The Genome of Europe initiative aims to build a European network of national genomic reference cohorts of at least 500,000 citizens. These reference cohorts will be selected to be representative of the European population.

To achieve this, each country involved will establish a population cohort that reflects the genetic composition of its population, including both healthy and diseased individuals. The country will then connect this data into a European cohort, thus establishing a collective European reference dataset.

The 500,000 sequenced genomes collected will contribute to the million genomes aimed for in the 1+MG initiative.

Find out more

- [Support to 1+MG](#)
- [1+MG Roadmap](#)
- [1+MG Partner projects](#)

