



The Australian MND Registry 10 years on: where to from here?



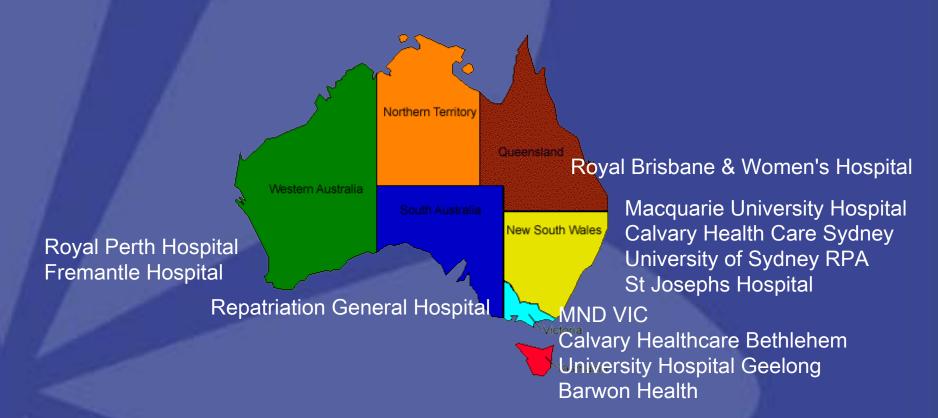
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AMNDR 2004-2014



Where to from here?



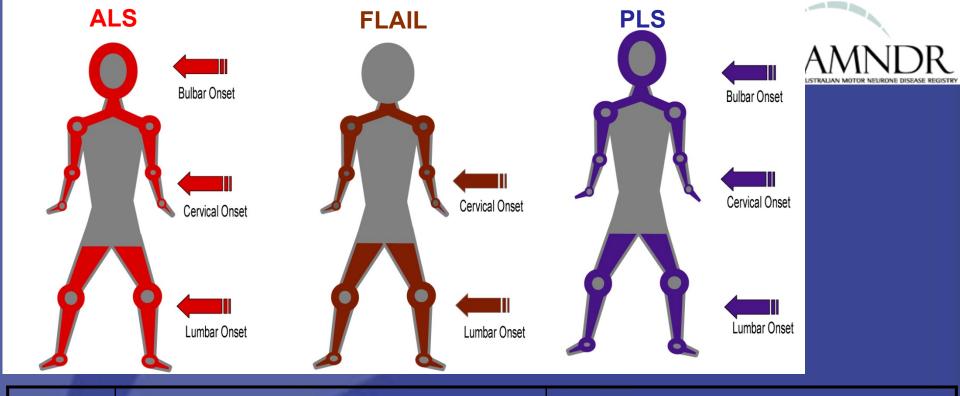


Registrations





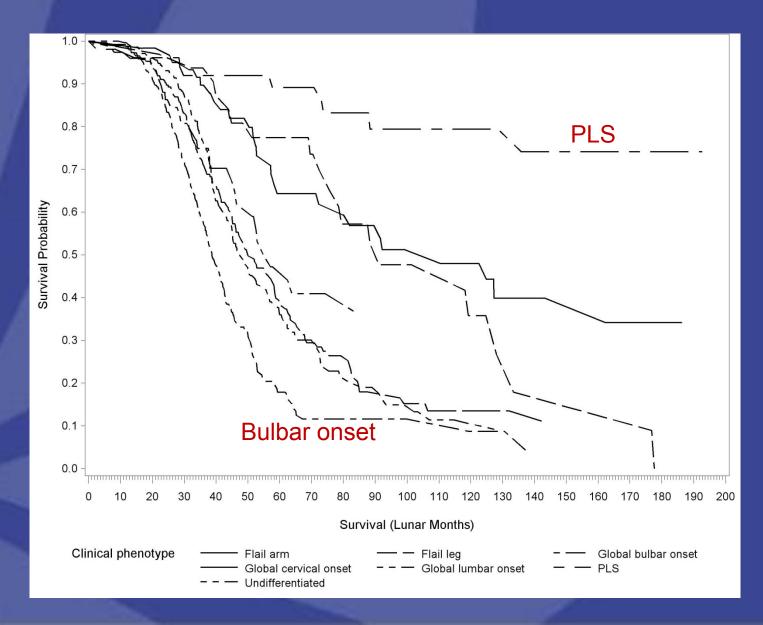




7	Upper-Motor Neuron Signs (UMN)	Lower_Motor Neuron Signs (LMN)
Bulbar	1 Jaw jerk positive 2 Palatal spasticity 3 Tongue spasticity	1 Facial fasciculations 2 Tongue wasting 3 Palatal weakness and fasciculations
Cervical	1 Increased tone 2 Hyper-reflexia 3 Preserved reflexes in wasted muscles	1 Fasciculations and weakness 2 Muscle wasting 3 Absent reflexes
Lumbar	1 Increase tone and or extensor plantars 2 Hyper-reflexia 3 Preserved reflexes in wasted muscles	1 Fasciculations and weakness 2 Muscle wasting 3 Absent reflexes

All cases with a date of death





Registrations per year

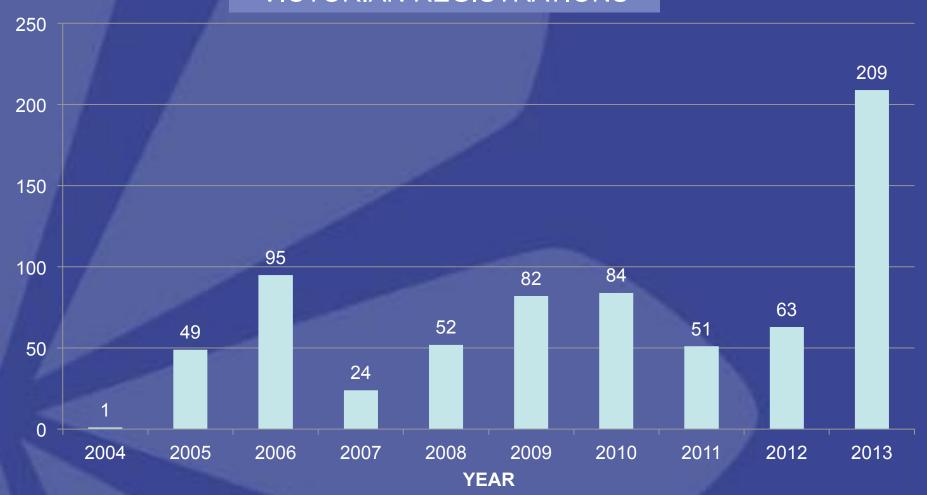




Victorian Registrations

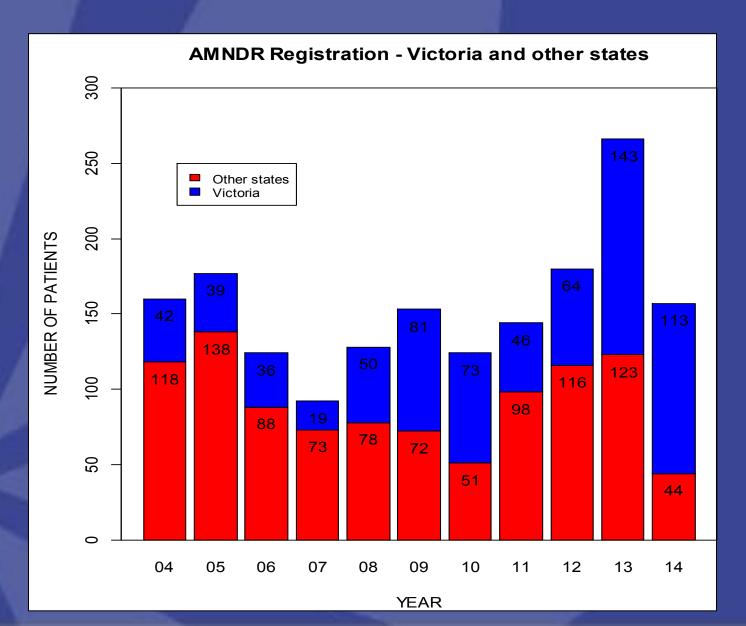


VICTORIAN REGISTRATIONS



REGISTRATIONS







AMNDR 2014: 10 years on



Identified challenges:

- 1. allocation of staff time at the clinical sites to input data
- 2. lack of reporting to the sites, people with MND and MND associations
- 3. lack of published papers
- 4. absence of a manager/research assistant





Where to from here?

Employment of a manager/ RA to provide:

- a. administration support
- b. implement opt out process nationally
- c. coordinate meetings
- d. support the registering sites
- e. promote use of data for research
- f. assist with development of publications
- g. write grant applications
- h. provide a link to tissue banks and Project MinE
- i. analyse data and report back to participants, sites and MND associations

AMNDR: The future



- 1. Secure ongoing funding
- PublicationsClinical phenotype data
- 3. Update website
- 4. Review data input and analysis
- 5. Data reports
- 6. Bio-banking links
- 7. Research projects
- 8. International collaboration



Who benefits?



People with MND and carers

- HOPE
- State MND Associations play a central role linking people with MND to AMNDR
- Best practiceBenchmarking
- Information sharing

Researchers

CURE

- Case ascertainment; enrollment into trials
- Health economics

MND Australia

ADVOCATE





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