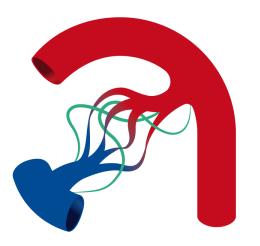


European Reference Network

for rare or low prevalence complex diseases

Network

Vascular Diseases (VASCERN)

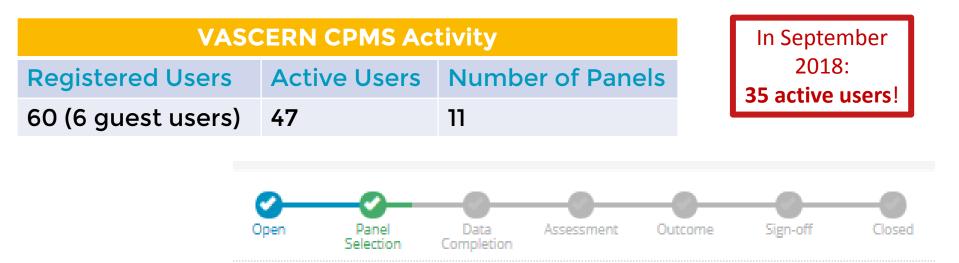


VASCERN DAYS 2018 PLENARY SESSION

10.35-12.00: Feedback & discussion on the Work Packages progress Rare Disease Working Groups Chairs (Prof Claire Shovlin, Prof Julie De Backer, Dr Leema Robert, Dr Robert Damstra, Prof Miikka Vikkula) Transversal WG Chairs (Dr Alessandro Pini, Prof Leo Schultze Kool), moderated by Marine Hurard

WP1 Sharing of experience: discussion of complex clinical cases on a secured Clinical Patient Management System <u>https://vascern.eu/what-we-do/cpms-discussion-of-complex-clinical-cases/</u>





Of the 11 panels opened for VASCERN: 1/11 have made it to the sign-off stage, 4/11 to the outcome stage, 7/11 to Assessment stage, 9/11 to data completion stage, all have made it to the panel selection stage.

Next steps:

- Resolve technical issues (videoconference tool tested by 4/5 RDWGs)
- Customisation of CPMS consultation form (per RDWG)
- IT helpdesk hired (CEF)

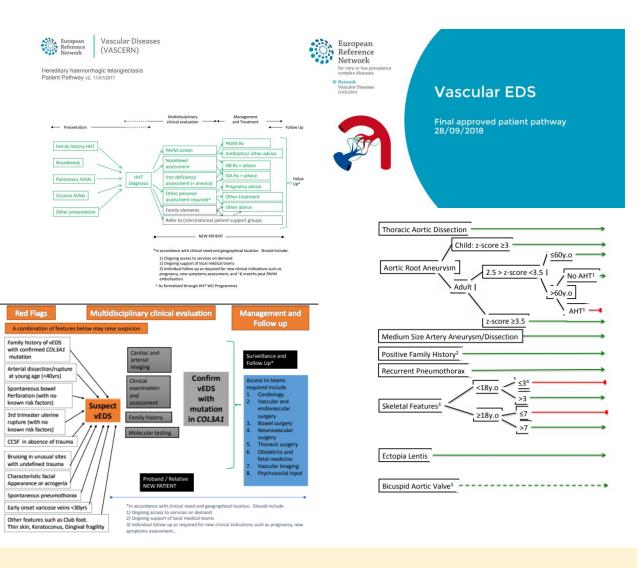
Feedback on experiences by RDWG Chairs

10-11 October 2018

WP2 Definition of (improved) patient pathways

https://vascern.eu/what-we-do/patient-pathways/

- HHT
 - 1st version published
- HTAD
 - Improved version published
- MSA
 - Improved version published
- PPL
 - Tested within WG
- VASCA
 - Several work ongoing

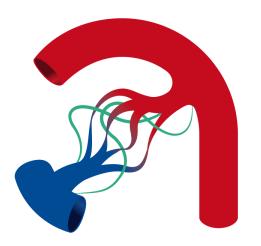




European Reference Network

for rare or low prevalence complex diseases

Network Vascular Diseases (VASCERN)

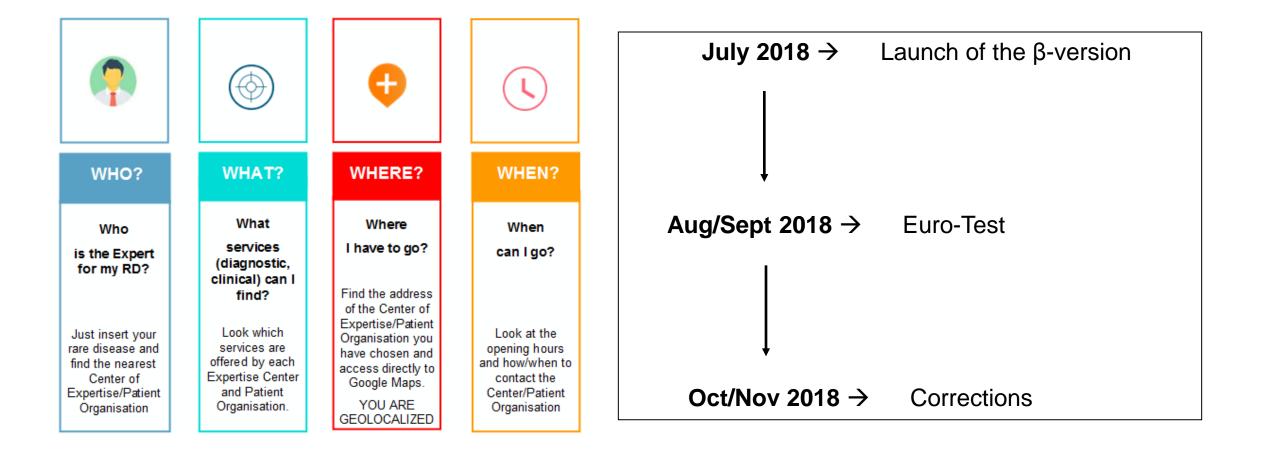


WP3 VASCERN App https://vascern.eu/what-we-do/mobile-app/

Dr Alessandro Pini eHealth, Training & Education WG Chair

wp3 Cross-Border pathway: Mobile Application





wp3 Cross-Border pathway: Mobile Application

Dec 2018	Feb 2019	Sept 2019
 Official launch of the VASCERN App on both IOS & Android Platform Back end activity 	 Back end activity: Implementation Further corrections 	 Version 2.1: Multilanguage Increase of the number of HCPs/ePAG Increase of diseases Structural Amelioration

WP4 Pills of Knowledge

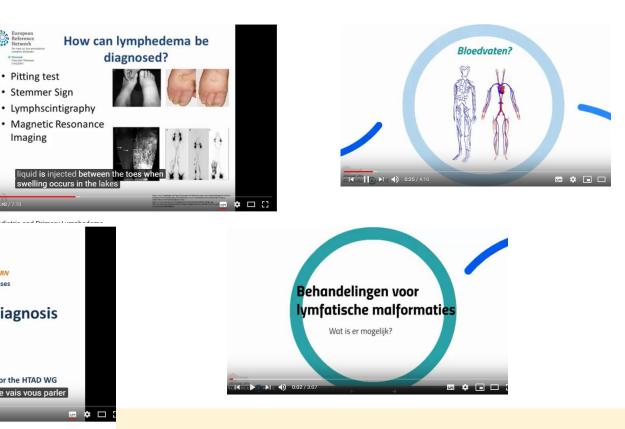
https://vascern.eu/what-we-do/pills-of-knowledge/

- 6 PoK video on YouTube, with subtitles added in different • languages (ongoing process)
 - Ex: 6 languages + English subtitles added for Julie De Backer's • PoK on the diagnosis of Marfan Syndrome
- 13 to be filmed during VASCERN days 2018!



An Overview of Hereditary Haemorrhagic Telangiectasia (HHT) by Prof Claire Shovlin 770 vues 1 8 ♥ 0 PARTAGER =+ ...





10-11 October 2018

Marfan Syndrome - Diagnosis by Prof Julie De Backer 196 vues

0:03

European Reference Network

· Pitting test Stemmer Sign Lymphscintigraphy

Imaging

An Ourselian of Dadiatria and Driman Lumanhada

2:48 /

VASCERN The European Reference Network ERN on rare multisystemic vascular diseases

Marfan Syndrome – diagnosis

www.VASCERN.eu

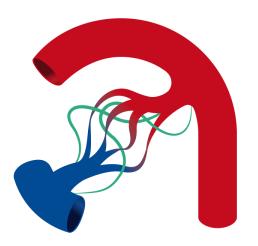
Julie De Backer, MD, PhD - For the HTAD WG Bonjour, je m'appelle Julie De Backer, et je vais vous parler



European Reference Network

for rare or low prevalence complex diseases

Network Vascular Diseases (VASCERN)



WP5 **Patient Registries** https://vascern.eu/what-we-do/patient-registries/

Prof Leo Schultze Kool, Patient Registry WG Chair

WP6 Clinical trials & Research



- HHT
 - Research project ongoing, multicentric clinical trial proposal
- HTAD
 - F101G
- MSA
 - European vEDS RaDiCo Cohort project ongoing
- PPL
 - Work on collecting research projects
- VASCA
 - Several research projects and clinical trials ongoing

WP7 Availability of videos on YouTube https://www.youtube.com/channel/UC1sI4_ingiaLhjNhktiN7ZA





VASCERN ERN Rare Vascular Diseases 49 abonnés



- Currently 75 videos
- Submit/ share with us if you are filmed
- RDWG Chairs and eHealth WG Chair

- Video collection
 - Medical content: Pills of Knowledge
 + meetings
 - Discussion about content:
 - Transversal WG (e-health + training education)
 - RDWGs validation

VASCERN related

- Interviews during the year (new scientific publications, patient representatives, etc.)
- Meetings filmed

WP8 Definition of clinical outcomes

https://vascern.eu/what-we-do/clinical-outcomes-measures/



• HHT

 Shovlin, Buscarini et al, European Reference Network for Rare Vascular Diseases (VASCERN) **Outcome Measures for Hereditary Haemorrhagic Telangiectasia (HHT)**

• HTAD

- Ongoing
- MSA
 - Ongoing
- PPL
 - Ongoing
- VASCA
 - Ongoing

Shovin et al. Orshanet Journal of Bare Diseases (2018) 13:136 https://doi.org/10.1186/s13023-018-0850-2

Orphanet Journal of Rare Diseases

POSITION STATEMENT



European Reference Network For Rare Vascular Diseases (VASCERN) Outcome Measures For Hereditary Haemorrhagic Telangiectasia (HHT)

Claire L. Shovlin^{1,2*} Elisabetta Buscarini^{1*}, Anette D. Kjeldsen⁴, Hans Jurgen Mager⁵, Carlo Sabba⁶, Freya Droege⁷, Urban Geisthoff^{7,11}, Sara Ugolini[®] and Sophie Dupuis-Grod^{9,10}

Abstract

Hereditary haemonhagic telangiectasia (HHT) is a multisystemic vascular dysplasia that leads to nosebleeds, anaemia due to blood loss, and arteriovenous multiormations (XVMs) in organs such as the lungs, liver and brain. HHT is estimated to affect 85,000 European citizens, but most health care providers have limited prior HHT exposure or training. Outcome Measures were developed and implemented by the HHT Working Group of the European Reference Network. for Rare Vascular Diseases (VASCERN), in order to maximise the number of platents receiving good care. The measures specifically target areas where optimal management reduces morbidity and mortality in 10-IT patients, and were designed to be robust to emerging new evidence. Thresholds are the percentage of patients in particular settings who have been recommended screening, or provided with written advice. The 5 Outcome Measures cover (1) pulmonary AVM screening, (2) written novebleed advice; (3) assessment of iron dieliciency; (4) antibiotic prophylaxis prior to dental and surgical procedures for patients with pulmonary AVMs, and (5) written advice on pregnancy. They are not a blueprint for detailed HHT management, but are suitable for all clinicians to be aware of and implement. In summary, these 5 Outcome Measures provide metrics to identify healthcare providers of good care, and encourage care improvement by all healthcare providers.

Keywords: Anaemia, Antibiotic prophylaxis, Epistaxis, Iron deficiency, Nosebleeds, Pulmonary arteriovenous malformations, Pregnancy

Background

Development and implementation of Outcomes Measures are an effective part of Quality and Safety Frameworks Measures are particularly important for rare multisystemic that lead to Service Improvements. More specifically, if conditions. the Outcome Measures are carefully selected, their dissemination and implementation can directly improve patient care, including that from health care providers

Considering a showing regard as all eleaterta base are glave over a to Retry urbibling-single-singly-

Respiratory Medicine, and WECOW1047 Langean Released e Centre. ammenumenth Hospital, Imperial College Healthcare NHS Trust, London, UK troentmology Department and VAGCERN HHT European Reference Centre, Maggicier Hospital, AUST Crema, Gerna, Kaly Program Culti de Lyon, Hitgital Femime Mine-Enfants, Senate de Gernitupae. and WUCDN HHT Durignue Televerur Centre/ Lenne de Nélévérur pour la stadie de Rendu Olier, F-68677 Bron, Funcer Full list of author information is available at the end of the article



tisystemic vascular dysplasia that leads to telangiectasia and arteriovenous malformations (AVMs) in visceral and mucocutanous vascular beds [1]. Based on a conservative population prevalence of 1 in 6000 [2-4], HHT is estimated to affect approximately 85,000 European citizens. The main goal of management is to maximise the number of affected individuals receiving safe and effective preventative strategies in order to limit the number and severity of HHT complications. The reason this is

with limited prior exposure or training on the specific dis-

ease. Therefore simple, clinical practice-based Outcome

The current statement refers to one specific rare disease,

hereditary haemorrhagic telangiectasia (HHT; Online

Mendelian Inheritance in Man' #1873001, which is a mul-

The Authoritic 2018 Open Access This unlide to distributed unlike the terms of the Orishid Commons Intelligion 42 immitted loans (http://www.exervins.org/loanst.fe/k05, which permit: unenticed use, deributer, and reproduction in any members provided you pay appropriate press, to the original authority and the stance, provide a link to The Deadler Derevers Norse, and Industry F changes were made. The Deadler Common Public Doman Dedication asses Interfaced economics apply 24 deviate here 101 applies to the data made wallable it that while, while otherwise sense

WP9 Writing Clinical Practice Guidelines

(expert consensus statements, recommendations)

https://vascern.eu/what-we-do/clinical-guidelines/

ovlin et al. Ophanet Journal of Bare Diseases (2018) 13:136 tos/16ss.org/16.1186/s13023-018-0850-2 Orphanet Journal of Rare Diseases

European Reference Network For Rare Vascular Diseases (VASCERN) Outcome Measures For Hereditary Haemorrhagic Telangiectasia (HHT)

Claire L. Shovlin^{1,3*} Elisabetta Buscarini¹⁺, Anette D. Kjeldsen⁴, Hans Jurgen Mager⁶, Carlo Sabba⁶, Freya Droege han Geisthoff^{3,11} Sara Upplini⁸ and Spohle Dupuis-Gind

Abstract

uses for patients with pulmonary AVMs, and (5) written advice on pregnancy. They are not a blues courage care improvement by all healthcare providers. wwords: Anaemia Antibiotic procholasis, Ecistasis, Iron deficiency, Novebleeds, Pulmonary and

cular bods [1]. Based on

agement is to maxi

se. Therefore simple, clinical practice-based Out n effective part of Quality and Safety Frame lead to Service Improvements. More specifically, if ures are carefully selected, their endelian Inheritance in Man' #187300), which is a mul are, including that from health care providers invstemic vascular dysplasia that leads to telangiectas

lation prevalence of 1 in 6000 [2-4], HHT is est ated to affect approximately 85,000 European citizen ntative strategies in order to limit the number as severity of HHT complications. The reason this

BMC

VASCERN Consensus Statement: ACTA2-Related Vasculopathy

European Reference

Reference

for rare or low pre

Network

VASCERN HTAD working group Members: Ingrid van de Laar*, Eloisa Arbustini, Kalman Benke, Erik Bjo nink, Marlies Kempers, Yskert von Kodolitsch, Bar ys, Barbara Mulder, Lise Murphy, Guglielmina Pepe, Alessa Guillaume Jondeau, Julie De Back



• HHT

 Shovlin, Buscarini et al, European Reference Network for Rare Vascular Diseases (VASCERN) **Outcome Measures for Hereditary Haemorrhagic** Telangiectasia (HHT)

• HTAD

- ACTA2 finalised, to be submitted to scientific journal
- MSA
 - Work on pregnancy in vEDS
- PPL
 - Collection of guidelines, new projects?
- VASCA
 - Not prioritised for Y2. Working first on VASCA classification



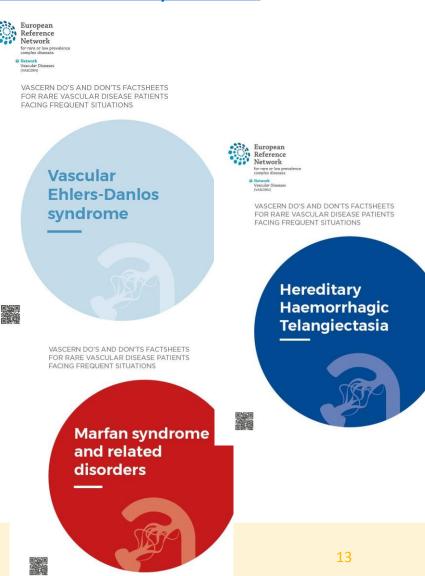


WP10 Do's and Don'ts factsheets for rare vascular disease patients facing frequent situations

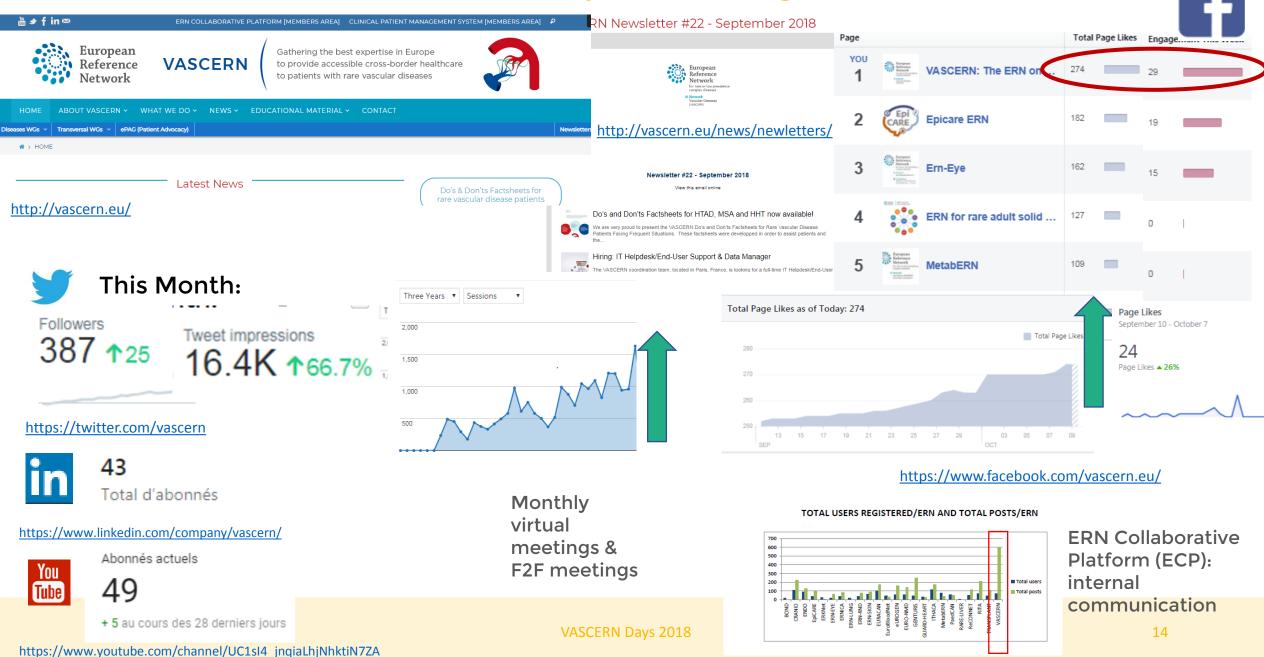


https://vascern.eu/what-we-do/dos-donts-factsheets-for-rare-vascular-disease-patients/

- HHT
 - 12 Do's and Don'ts Factsheets published
- HTAD
 - 23 Do's and Don'ts Factsheets published
- MSA
 - 17 Do's and Don'ts Factsheets published
- PPL
 - 13 Do's and Don'ts Factsheets finalised, ready for graphical layout, publication by the end of the year
- VASCA
 - Work in progress



WP11 Communication and project management



WP11 Communication and project management

- New specific VASCERN visual identity
 - Visual « vascular » added to the official ERN logo
 - Templates (PPT, word, letter)
 - Graphical chart additional colours
- Material will be sent to members for their VASCERN presentations

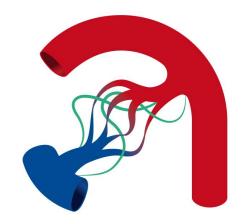


European Reference Network

for rare or low prevalence complex diseases

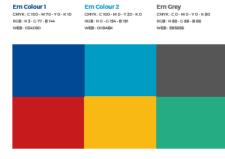
Network

Vascular Diseases (VASCERN)





Primary and secondary colours



Secondary colours

Red	Orange	Green
CMYK: C20 - M 100 - Y 100 - K 0	CMYK: C D - M 3D - Y 95 - K D	CMYK: C75-M 0-Y6D-K D
RCB : R 197 - G 26 - B 27	RGB: R 251 - G 106 - B O	RGB:R35-G174-B132
WEB : CSIAIB	WEB: FBBADO	WEB: 22AD84

Main typography

The typography used is Montserrat It can be used on all branded, printed and digital communication media.

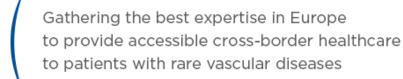
Light / Light italic Regular / Italic Medium / Medium Italic Bold / Bold Italic

Alphabet

A B C Ć Č D Đ E F G H I J K L M N O P Q R S Š T U V W X Y Z Ž a b c č ć d đ e f g h i j k I m n o p q r s š t u v w x y z Ž Å Ê Ô ă â ê ô 1234567890'?'*!'(%)[#]{@}/&<-+×=>®©\$€£¥¢:;..*











VASCERN, the European Reference Network on Rare Multisystemic Vascular Diseases, is dedicated to gathering the best expertise in Europe in order to provide accessible cross-border healthcare to patients with rare vascular diseases (an estimated 1.3 million concerned). These include arterial disease (affecting aorta to small arteries), arterio-venous anomalies, venous malformations, and lymphatic diseases.

VASCERN currently consists of 31 highly specialised multidisciplinary Healthcare Providers (HCPs) from 11 EU Member States and of various European Patient Organisations and is coordinated in Paris, France.

Through our 5 Rare Disease Working Groups (RDWGs) as well as several thematic WGs and the ePAG – European Patient Advocacy Group, we aim to improve care, promote best practices and guidelines, reinforce research, empower patients, provide training for healthcare professionals and realise the full potential of European cooperation for specialised healthcare by exploiting the latest innovations in medical science and health technologies.

More information available at: <u>https://vascern.eu</u>

Follow us on Twitter, Facebook, YouTube and LinkedIn



VASCERN