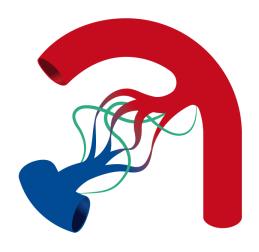


for rare or low prevalence complex diseases

Network
Vascular Diseases
(VASCERN)



Implementation of Work Packages

Discussion with the RDWG Chairs: Julie De Backer, Leema Robert, Robert Damstra, Miikka Vikkula, Ulrich Sure representing Claire Shovlin, moderated by Marine Hurard, and Q&A, sharing of best practices and interRDWG projects

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

Horizontal Work Packages				
WP1 Coordination / Project management	M36 Report on coordination activities			
WP2 Dissemination/ Communication	M1-36: website, newsletters, social media pages. M36 report			
WP3 Evaluation of the action implementation	M36 report (based on ERN monitoring reporting)			
Specific Work Packages related to the specific objectives of the action				
WP4 Sharing of experience: discussion of complex clinical cases	M36 report on dissemination activities about case discussions			
WP5 Patient pathways: improvements and updates	M18: mid-period improved pathways, M36: 5 or more published improved			
WP6 Mobile Application (updates, improvements, V2, V3)	M18: V2. M36: V3			
WP7 Pills of Knowledge	15 PoK / year (3*5 RDWGs)			
WP8 Registries	M18: mid-term report. M36 report			
WP9 Clinical trials & Research	M18: mid-term report. M36 report. Launch of 1 EU clinical trial/ year Research news all months			
WP10 Availability of videos on YouTube	M36: 90 added (including 45 POK)			
WP11 Multidisciplinary school for vascular disease (Y5)	M36: structured course by RDWG realised with the POK collection over 5y			
WP12 <u>Definition of clinical outcomes</u>	M18: mid-term report. M36 report			
WP13 Writing Clinical Practice Guidelines	M36: 4 new CPGs (expert consensus, recommendations published)			
WP14 Do's and Don'ts factsheets	M18: end of assessment for updates M36 publication of new / revised			
WP15 VASCERN Clinic days(Y5 -tbc)	Around M32-33: Event in 1 HCP			





Horizontal Work Packages	Milestones and Deliverables M18: September 2020, M36: February 2022
WP1 Coordination / Project management 2019 (Y3) 5 RDWG F2F meetings held Annual 2-Day Board seminar ongoing Monthly virtual RDWG meetings monthly ePAG, eHealth 1 COM Advisory TF additional RDWG Task Force meetings :HTAD Clinical Outcomes (3), VASCA Orphanet Classification (1), lymphangiography (1)	M36 Deliverable: Report on coordination activities including the number of meetings held (virtual and face to face) - Yearly: organisation of the annual Board « VASCERN Days » including RDWG F2F, and 1 * 5 RDWG additional Face to Face meeting Council: 3 /year, WG meetings: 81 (average 6.75 monthly meetings)
WP2 Dissemination/ Communication Update done for 2019 (Y3)	 M18 Milestone: Mid-term state of play report on activities conducted and communication, analysing impact, indicators, targets, results, analysis to implement corrective measures for M18-M36 M1-36: Deliverables: tools, website active and regularly updated with new content, monthly newsletters, active social media pages (facebook, twitter, linkedin, youtube) M34 Deliverable report on dissemination activities
WP3 Evaluation Update done with regard to the ERN Monitoring indicators for 2018 and 2019 (Y3)	M18 Milestone: mid-term evaluation analysis (will also include a report with regard to targets fixed in the 3 year action plan) M36 Deliverable: evaluation report (based on ERN monitoring data submission report)

All outputs are on the website https://vascern.eu/what-we-do/



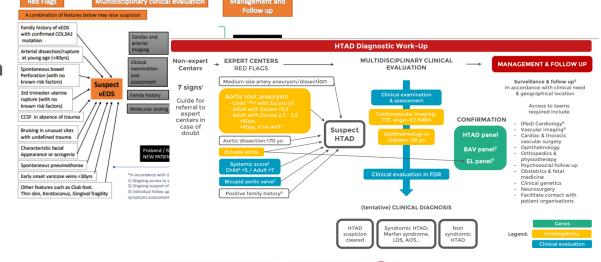
WHAT WE DO	NEWS - CONTACT	REFERRAL OF PATIENTS TO CPMS		
CLINICAL GUIDELINES & EXPERT CONSENSUS STATEMENTS			N	
CLINICAL OUTCOMES MEASURES				
CLINICAL TRIALS & RESEARCH STUDIES			ll for new HCP full	
CPMS: DISCUSSION OF COMPLEX CLINICAL CASES			Cal	members
DO'S & DON'TS FACTSHEETS FOR RARE VASCULAR DISEASE PATIENTS				Elllowwee
MOBILE APP (VASCERN APP)			EU languages	
PATIENT PATHWAYS		Do's 8	Do's & Don'ts Factsheets for rare vascular disease patients	
PATIENT REGISTRIES				
PILLS OF KNOW	LEDGE VIDEOS FOR PATIEN	TS AND HEALTHCARE PROFESSIONAL	LS	

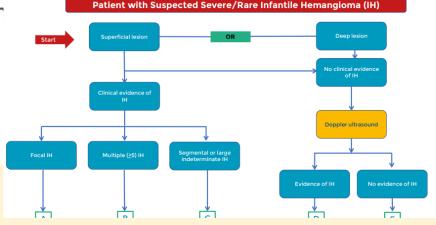
WP5 Definition of (improved) patient pathways



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

- HHT
 - 1st version published translated in French
- HTAD
 - Improved version 2 published 08/2019- translation in several languages will be launched
- MSA
 - Discussions on v2 updates ongoing
 - Translations in 4 languages launched this summer, ongoing
- PPL
 - V1 tested within WG
 - Final improved version 2 under finalisation for publication
- VASCA
 - 1 patient pathways published and translated in 3 languages, 3 other ongoing
 - 3 patient pathways almost finalised
 - 3 other ones planned for 2020





WP6 VASCERN App Version 2.1

Will be presented by Alessandro Pini & Raffaella Gaetano https://vascern.eu/what-we-do/mobile-app/



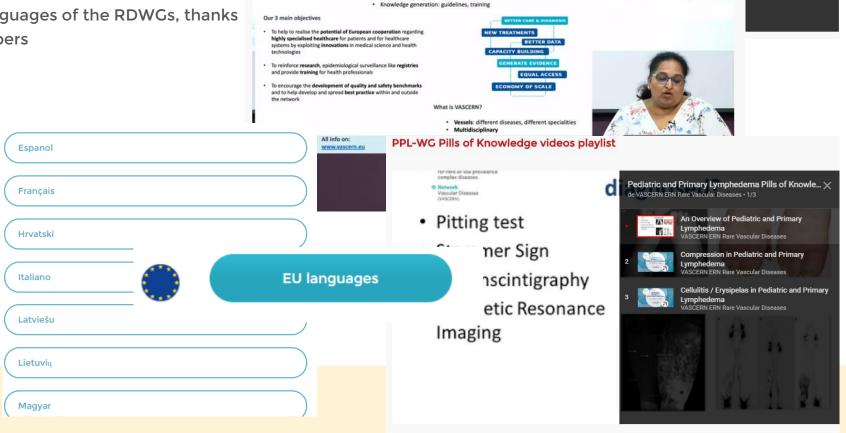
Version 2.1:

- Multilanguage: ongoing translation work
- •Affiliated Partners will be added
- Increase of the number of ePAG
- Non ERN Members

WP7 Pills of Knowledge

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

- 14 new (VASCERN days videos = Y2 report)
 - 1 VASCERN with subtitles in all EU official languages
 - 3 MSA. 3 HTAD. 2 PPL. 4 VASCA. 1 HHT
 - Subtitles added in various EU languages of the RDWGs, thanks to the translation work of the members
- Y3 (as of March 2019) foreseen
 - 16 MSA new PoK videos
 - 3 VASCA new PoK videos
 - HTAD: 6 in the making
 - PPL working on several PoK
 - HHT?



What are the aims of an ERN?

. Priority: care of the patient · Research: registry, clinical trials





cic Aortic Disease

es in a European

Diseases

WP9 Clinical trials & Research

https://vascern.eu/what-we-do/clinical-trials-research/



HHT

 Research projects ongoing, multicentric clinical trial in set up (SAIPAN)

HTAD

 Several collaborative research projects, F101 Genomes; Myocardial function

MSA

 2 clinical trial protocols being considered for replication in other countries

PPL

 Work on gathering and informing of national research projects

VASCA

 Several collaborative research projects and clinical trial (VASE) ongoing

Clinical Trials & Research Studies

VASCERN aims to promote European cooperation for scientific research and clinical trials. We collect information within the Rare Disease Working Groups (RDWGs) about clinical trials and research projects currently ongoing and perform regular bibliographical searches in order to report on collaborative research publications involving members from our 30 HCPs.

Read:

Work Package 6 Deliverable - Clinical Trials and Research studies (Year 1)

Work Package 6 Deliverable - Clinical trials and Research (Year 2)

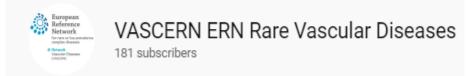
We now also have a **Research News page** where you can access articles featuring the latest collaborative scientific publications from our members that have been reported in our monthly newsletter. Take a look here.



WP10 Availability of videos on YouTube



http://www.youtube.com/c/VASCERNERNRareVascularDiseases





- Currently 112 videos
- Submit/ share with us if you are filmed

- Video collection, e.g.
 - Medical content: Pills of Knowledge
 + scientific meeting presentations
 - VASCERN related
 - Patient advocate/association videos, other meetings filmed

2018: 75 → 2019: 112

WP12 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 work in F2F meeting: 1 Clinical -1 Patient driven
- MSA
 - Ongoing work
- PPL
 - Decided during F2F meeting in Sept
- VASCA
 - Ongoing

Shovilin et al. Orohaner Journal of Rave Diseases (2018) 13:136 https://doi.org/10.1186/s13023-018-0850-2

Orphanet Journal of Rare Diseases

POSITION STATEMENT

Open Access



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

Claire L. Shovlin 13' O. Elisabetta Buscarini 7', Anette D. Kjeldsen 4, Hans Jurgen Mager 5, Carlo Sabba 6, Freya Droege 7, Urban Geisthoff^{0,11}, Sara Ugolini⁸ and Sophie Dupuis-Grod^{0,16}

Abstract

Hereditary haemonhagic telangiectasia (HHT) is a multisystemic vascular dysplasia that leads to nosebleeds, anaemia due to blood loss, and arteriovenous multiormations (AWMs) in organs such as the lungs, liver and brain. 1941 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 6/ASCERNS, in order to maximise the number of patients receiving good care. The measures pecifically target areas where optimal management reduces morbidity and mortality in HHT 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 prophylaris 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 prophylaris, Epistaxis, Iron deficiency, Nosebleeds, Pulmonary arteriovenous malformations, Pregnancy

Development and implementation of Outcomes Measures 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

with limited prior exposure or training on the specific disease. Therefore simple, clinical practice-based Outcome are an effective part of Quality and Safety Frameworks Measures are particularly important for rare multisystemic

The current statement refers to one specific rare disease, hereditary haemorrhagic telangiectasia (HHT: Online Mendelian Inheritance in Man' #187300i, which is a multisystemic vascular dysplasia that leads to telangiectasia and arteriovenous mulformations (AVMs) in visceral and mucocutanous vascular beds [1]. Based on a conservative population prevalence of 1 in 6000 [2-4], HHT is estimuted 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

- recentory Medicine, and VASCORY HALF Surgeger Reference Control nerometri Hospital, Virgorial College Heidthcare NHS Trust, Condon, UK logy Department and VASCERN HIST European Reference mine Maggiore Hospital, AUST Crema, Germa, Italy
- ignon Culti de Lyon, relatal Femme Mine Enfanti, Senore de Génitropie, and WALCERS HAIT European Relimence Ceremi cerem de Référence pour la adie de Rendu Olân, F-61677 Bron, France



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WP13 Writing Clinical Practice Guidelines

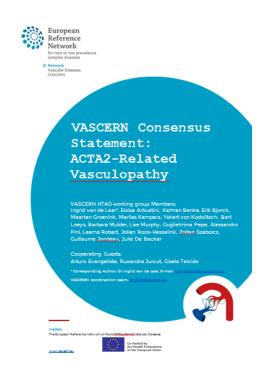
(expert consensus statements, recommendations)

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



HHT

- 2 consensus statements published in scientific journal
- HTAD
 - ACTA2 finalised, submitted to OJRD
- MSA
 - Work on pregnancy in vEDS
- PPL
 - Project of consensus statement for compression in children
- VASCA
 - Not prioritised. Working first on VASCA classification and 7 patient pathways



WP14 Do's and Don'ts factsheets for rare vascular disease patients facing frequent situations

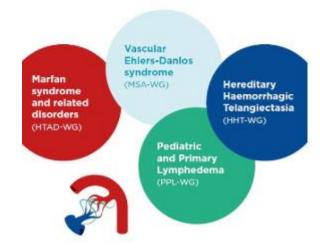


https://vascern.eu/what-we-do/dos-donts-factsheets-for-rare-vascular-disease-patients/

- HHT
 - Y1-2: 12 Factsheets <u>published</u>
 - Y3: Translated in DA, DE, IT, NL, ES
- HTAD
 - Y1-2: 23 Factsheets <u>published</u>
 - Y3: Translated in HU, IT, NL, ES. Asap DE & SU
 - Y3: New set of Factsheets! LDS pre-final
- MSA
 - Y1-2: 17 Factsheets <u>published</u>
 - Y3: revision of English expected to published revised + start translations
- PPL
 - Y2: 13 Factsheets <u>published</u>
 - Translated in <u>DE</u>, <u>NL</u>, <u>ES</u>. Further translation will be initiated with ePAG.



VASCERN DO'S AND DON'TS FACTSHEETS FOR RARE VASCULAR DISEASE PATIENTS FACING FREQUENT SITUATIONS



https://vascern.eu/wp-content/uploads/2019/05/Fiches_do_dont-web-FINAL-2019.pdf

- VASCA
 - Ongoing work

HTAD implementation of WP's



WP1	Coordination/ project management	NA
WP2	Dissemination/ communication	NA
WP3	Evaluation of the action implementation	NA
WP4	Sharing of experience: discussion of difficult clinical cases	Monthly
WP5	Patients Pathways: improvements and updates	Version 2.0 published
WP6	Mobile Application	NA
WP7	Pills of Knowledge	6 in the making
WP8	Registries	ROPAC; database
WP9	Clinical trials & Research	101 Genomes; Myocardial function
WP10	Availability of videos on YouTube	NA
WP11	Multidisciplinary school for multisystemic vascular disease (Year 5)	NA
WP12	Definition of clinical outcomes	1 Clinical – 1 Patient driven
WP13	Writing Clinical Practice Guidelines	ACTA2 paper in press OJRD
WP14	Do's and Don'ts factsheets	Marfan OK – LDS pre-final
WP15	VASCERN clinic days (year 5)	NA

RDWG F2F meetings: sharing best practices



- HHT (1 day)
 - Educational discussions in order to initiate expert consensus statements (e.g NOACs)
 - Clinician only part for clinical cases discussion
- HTAD (1 day)

Extensive expert consensus discussions

- HTAD patient pathway v1 and v2
- ACTA 2 expert consensus statement
- MSA (1 day)
 - vEDS Study Day educational event.
 Open to external doctors.
 - Production of 16 MSA Pills of Knowledge videos / webinars (donation EDS Society)

- PPL (1,5 day)
 - 2018 and 2019: Lymphedema clinic visit Clinician only part for clinical case discussion
 - Educational discussions to work on expert consensus statement
- VASCA (1,5 day)
 - Extensive work on several patient pathways
 - Discussions on Orphanet classification
 - Sharing best practices for new treatment, launching a new VASCA Lymphography Task Force with interventional radiologists