

# OFSEP - French registry on Multiple Sclerosis

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## General

### Identification

Detailed name French registry on Multiple Sclerosis

Sign or acronym OFSEP

CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation CNIL 914066v2

### General Aspects

Medical area Neurology

Pathology (details) Multiple sclerosis

Keywords Pharmacoepidemiology

### Scientific investigator(s) (Contact)

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Organization Université Claude Bernard Lyon 1, Hospices Civils de Lyon, Fondation Eugène Devic

### Collaborations

Participation in projects, networks and consortia Yes

Details Projet Big MS Data gathering European registers

## Funding

Funding status Public

Details ANR "Investissements d'avenir"

## Governance of the database

Sponsor(s) or organisation(s) responsible Université Claude Bernard Lyon 1

Organisation status Public

Sponsor(s) or organisation(s) responsible Hospices Civils de Lyon (HCL)

Organisation status Public

Sponsor(s) or organisation(s) responsible Fondation Eugène Devic EDMUS

Organisation status Private

Presence of scientific or steering committees Yes

## Additional contact

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Unit OFSEP

Organization Fondation EDMUS

## Main features

Type of database

Type of database	Study databases
Study databases (details)	Cohort study
Database recruitment is carried out by an intermediary	A selection of health care professionals A selection of health institutions and services
Database recruitment is carried out as part of an interventional study	No
Additional information regarding sample selection.	Cohort open to all French neurologists willing to participate. The medical care of French MS patients is provided by two specialized, complementary and closely interconnected networks : the 28 university hospital neurology departments (expert centres) and the 18 regional health care networks dedicated to MS. This organization ensures a dense and homogeneous nationwide coverage.

## Database objective

Main objective	<ul style="list-style-type: none"> <li>- Maintain and develop the national cohort of MS patients (currently more than 40,000 patients) registered at the EDMUS format (database that can be used as an electronic medical record, specifically designed to process the data of MS patients) and enrich the clinical data currently available with biological samples, MRI data and socio-economic data.</li> <li>- Provide a continuously updated "photograph" of MS in France, thus allowing a better understanding of the personal, professional and social consequences of the disease, and of the effect of disease modifying treatments (DMTs) in MS care in France. It is ideally suited for nationwide epidemiological studies on MS.</li> <li>- Maintain and develop existing nested cohorts ("historical" Lyon cohort on the natural history of MS, KIDMUS cohort on MS with childhood onset, TYSEDMUS cohort on patients treated with Tysabri, etc.) and implement new ones, addressing specific issues such as pharmaco-epidemiology of recently introduced DMTs and their cost effectiveness.</li> </ul> <p>To develop the new OFSEP-HD cohort</p>
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Inclusion criteria	MS patients treated by any neurologist involved in the OFSEP project
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## Population type

Age	Infant (28 days to 2 years) Early childhood (2 to 5 years)
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Childhood (6 to 13 years)  
Adolescence (13 to 18 years)  
Adulthood (19 to 24 years)  
Adulthood (25 to 44 years)  
Adulthood (45 to 64 years)  
Elderly (65 to 79 years)  
Great age (80 years and more)

Population covered Sick population

Pathology G35 - Multiple sclerosis

Gender Male  
Woman

Geography area National

Detail of the geography area Metropolitan France and French overseas departments and territories

## Data collection

### Dates

Date of first collection (YYYY or MM/YYYY) 1992

### Size of the database

Size of the database (number of individuals) Greater than 20 000 individuals

Details of the number of individuals 62 000

### Data

Database activity Current data collection

Type of data collected Clinical data  
Declarative data  
Paraclinical data  
Biological data  
Administrative data

Clinical data (detail) Direct physical measures  
Medical registration

Details of collected clinical data Neurological episodes, handicap scale, MRI (results and pictures), disease modifying treatments, medical history, etc.

Declarative data (detail) Face to face interview

Paraclinical data (detail)

1. Results of additional tests for the diagnosis and during routine follow-up (brain and spinal cord MRI, evoked potentials...) registered in the EDMUS software. 2. Electronic storage of brain and spinal cord images on the Shanoir Platform (<http://shanoir.org>). A common and feasible brain and spinal cord acquisition protocol has been defined by the MRI Work Group and the major MRI manufacturers have agreed to provide the dedicated collection of sequences as an 'OFSEP box' with every software upgrade or new MRI machine in order to guarantee the standardisation of data.

Biological data (detail)

1. Results of additional tests for the diagnosis and during routine follow-up (lumbar puncture, blood tests...) registered in the EDMUS software. 2. Biological samples (blood, cerebrospinal fluid, urine...) stored in specific (REFGENSEP for genetics) or generic ("MS collection") Biological Resources Centres. Treatment and conservation of biological samples have been standardised. The groups of patients to be followed are defined according to research projects.

Administrative data (detail)

Medico-economic data : 1. Places of birth and residence 2. Domestic status (lives alone/with spouse or partner/with another family member/in health institution) 3. Education level.

Presence of a biobank

Yes

Contents of biobank

Whole blood  
Serum  
Plasma  
Fluids (saliva, urine, amniotic fluid, ?)  
Cell lines  
DNA  
DNAC/RNAm  
Others

Details of biobank content

- Minimum samples : serum, plasma EDTA, DNA, PBMC, urine. - Additional samples : cerebrospinal fluid and feces

Health parameters studied

Health event/morbidity  
Health event/mortality  
Health care consumption and services  
Quality of life/health perception  
Others

Care consumption (detail)

Hospitalization

## Procedures

### Data collection method

1/ Clinical data. Data are collected using the EDMUS software. According to the physician's convenience, medical data can be restricted to minimum data (specified by the community of EDMUS users) or be comprehensive, thus constituting a real electronic medical record. Clinical symptoms are deliberately described from a functional angle first, then from an objective examination angle if necessary. This ensures a homogeneous integration of information, either retrospective or prospective, from the patients, their family circle, their GP or neurologist. Only crude data are also deliberately recorded in the system. All inferred data, such as the level of diagnostic ascertainment or classification of disease course (recurring-remitting, secondary progressive, primary progressive) are automatically generated with algorithms integrated in the software. This approach has many advantages : time-saving, uniform classification, automatic update of classifications each time new data are entered in a patient's record. Changes in the classifications that may be decided by the medical and scientific community can also be taken into consideration by changing the algorithms. Data can be entered directly using the software or using the standardized form called "OFSEP minimal data". 2/ MRI. MRI (realized according to OFSEP standard during the clinical follow-up of the patient) are uploaded on Shanoir platform from PACS or CD of patients. 3/ Biological samples. Biological samples are collected during clinical follow-up of patients. They are stored locally by CBR participating to the OFSEP project.

### Participant monitoring

Yes

### Details on monitoring of participants

Inclusion of a patient in the OFSEP cohort does not mean any change in his/her routine follow-up. Data are collected during the visits and hospitalizations required for the patient's follow-up, usually at least twice a year for patients receiving an immuno-active treatment, once a year for other patients. Additional tests may be done according to clinical requirements. The samples stored in the biological resources centers are surpluses from these routine tests. However, in the OFSEP project, a minimum clinical, biological and MR follow-up will be recommended for all patients in the cohort. For

nested cohorts (particularly for the monitoring of immuno-active treatments), a specific follow-up included in the routine follow-up will be proposed.

Links to administrative sources Yes

Linked administrative sources (detail) CNAM-TS systematic agreement for the interconnection with individual reimbursement data collected by health insurance systems(SNIIR-AM). Definition of practical and regulatory terms on going.

## Promotion and access

### Promotion

Link to the document [OFSEP\\_Dissemination des résultats\\_2019-09-04\\_VF.pdf](#)

Link to the document <http://www.hal.inserm.fr/OFSEP>

Description List of publications in HAL

Link to the document <http://tinyurl.com/Publi-Pubmed-OFSEP>

Description List of publications in Pubmed

Link to the document [OFSEP\\_Access to a powerful epidemiological tool\\_V1.0\\_2019-07-19.pdf](#)

### Access

Presence of document that lists variables and coding procedures Yes

Terms of data access (charter for data provision, format of data, availability delay) Access to the OFSEP cohort data is made available to outer institutions (academic or industrial, public or private, French or foreign). Requests should be made to the OFSEP National Coordination Centre (request form available on the OFSEP web site <http://www.ofsep.org/en/data-access> or on request at [contact@ofsep.org](mailto:contact@ofsep.org)). Projects are assessed by the OFSEP Scientific Committee and the National Coordination Centre on the basis of their scientific rationale, quality of the protocol and feasibility. Compliance with good practices, ethical aspects and compliance with the current regulations will also be taken into consideration. Decisions are approved by the OFSEP Steering Committee. A signed data transfer agreement between OFSEP and the applicant is required before any transfer of data.

Access to aggregated data Access on specific project only

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Access to individual data

Access on specific project only