

- Registre des patients thalassémiques en France (Registre qualifié)

Head :Badens Catherine, Laboratoire de Génétique Moléculaire, Hôpital d'enfants de la Timone

Last update : 06/07/2012 | Version : 2 | ID : 248

General

Identification

Detailed name Registre des patients thalassémiques en France (Registre qualifié)

CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation CNIL 04-1396 (30/11/2004)

General Aspects

Medical area Hematology
Internal medicine
Pediatrics
Rare diseases

Health determinants Genetic

Keywords CohortClinical research

Scientific investigator(s) (Contact)

Name of the director Badens

Surname Catherine

Address Laboratoire de Génétique Moléculaire, Hôpital d'enfants de la Timone, 13385 Marseille cedex 5

Phone + 33 (0)4 91 38 77 87

Email catherine.badens@ap-hm.fr

Unit Laboratoire de Génétique Moléculaire, Hôpital d'enfants de la Timone

Organization Assistance Publique-Hôpitaux de

Collaborations

Funding

Funding status Public

Details Le centre de référence Thalassémies, une subvention INVS/INSERM pour 2009, 2010, 2011 et 2012 dans le cadre de la labellisation des registres maladies rares.

Governance of the database

Sponsor(s) or organisation(s) responsible Assistance Publique-Hôpitaux de Marseille

Organisation status Public

Additional contact

Main features

Type of database

Type of database Morbidity registers

Additional information regarding sample selection. Cases are identified from the following structures-sources:

- Pediatric, pediatric hematology, hematology and internal medicine departments
- Hematopoietic stem cell transplant departments
- The 4 neonatal screening laboratories for sickle-cell anemia
- French blood centers
- Accredited molecular genetics laboratories for diagnosing hemoglobin anomalies

Cases are validated by Dr Thuret before entry, with the attending physician being contacted when necessary.

Database objective

Main objective

- Obtain national epidemiological data on the disease, particularly its morbidity and, over the longer term, its mortality, which reflect the quality of overall patient care
- Monitor treatment trends over time - especially the increasing use of orally administered active chelators and the spread of new techniques for evaluating tissue overload by heart and liver MRIs.
- Compare conventional treatment results combining transfusions and iron chelation with those obtained from hematopoietic stem cell transplants.
- Conduct more basic research projects

Inclusion criteria

Beta-thalasseмии (TM) major and intermediate (TI), including HbE/thalassaemia composite heterozygosity and thalassaemia patients who have had a HSC transplant.

Diagnosis of a severe form of beta-thalassaemia is formally established on the basis of data from a biochemical study of hemoglobin with no real differential diagnosis. Distinguishing between thalassaemia major and intermediate requires the combination of 3 consensual criteria:

? for TM: Severe anemia indicating the setup of a systematic transfusion routine (at least 8 transfusions/year) before the age of 4.

? for TI: Moderate or medium intensity anemia that have no or only occasional need for transfusion.

The date and circumstances of the diagnosis are asked for upon inclusion and the characteristics of the transfusion treatment upon inclusion and when each follow-up sheet is completed. Identification of the beta-thalassaemia mutations or type of beta 0 or beta + mutation are available in most cases, allowing for a complementary approach - even if the TM or TI diagnosis retains a clinical definition.

HbE/thalassaemia composite heterozygosity is of biological definition (biochemical or molecular) and can lead to an intermediate or major form of thalassaemia: as a result they are subject to the same classification according to the same clinical criteria (age at diagnosis and transfusion needs).

Population type

Age

Newborns (birth to 28 days)
Infant (28 days to 2 years)
Early childhood (2 to 5 years)
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)

Population covered

Sick population

Gender

Male
Woman

Geography area

National

Detail of the geography area

France

Data collection

Dates

Date of first collection (YYYY or MM/YYYY) 2005

Size of the database

Size of the database (number of individuals) [500-1000[individuals

Details of the number of individuals 287 (2008)479 (2010)515 (2012)

Data

Database activity Current data collection

Type of data collected Clinical data
Biological data

Clinical data (detail) Direct physical measures

Biological data (detail) examination of the medical record

Presence of a biobank Yes

Contents of biobank Cell lines
DNA

Details of biobank content We offer to store a DNA sample, and possibly a cell line for each patient included in the registry, at the biological resource center (CRB) in Marseilles. There are currently some one hundred samples stored in this collection.

Health parameters studied Health event/morbidity
Health event/mortality
Others

Other (detail) Professional activities or schooling

Procedures

Data collection method Inclusion or follow-up sheet posted by standard delivery to Marseilles. The data is then entered into the database before being validated.

Participant monitoring Yes

Details on monitoring of participants A follow-up sheet comprising the same items as the inclusion sheet, along with noting down of the patient's death when it arises and cause of death, is

sent to clinicians every 18 months.

Links to administrative sources No

Promotion and access

Promotion

Link to the document <http://www.chu-lyon.fr/web/2652>

Link to the document <http://www.haematologica.org/cgi/content/full/95/5/724>

Link to the document <http://tinyurl.com/PUBMED-RPT>

Description Liste des publications dans Pubmed

Access

Terms of data access (charter for data provision, format of data, availability delay)

Results access procedure: Publications and scientific communications at conferences
Data access procedure for external teams: a request must be submitted to the registry manager (C. Badens) and to the 2 coordinators of the Thalassemia reference center (I. Thuret and C. Pondarré). Acceptance criteria currently being defined.

Access to aggregated data Access on specific project only

Access to individual data Access on specific project only