

RaDiCo-ACOEIL - National cohort on congenital defects of the eye: natural history, genetic determinisms and improved ocular and extra-ocular outcome prediction for better patient management

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General

Identification

Detailed name National cohort on congenital defects of the eye: natural history, genetic determinisms and improved ocular and extra-ocular outcome prediction for better patient management

Sign or acronym RaDiCo-ACOEIL

CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation CCTIRS n° 16.051 / CNIL decision DR-2016-349

General Aspects

Medical area Disability/handicap
Neurology
Ophthalmology
Pediatrics
Rare diseases

Study in connection with Covid-19 No

Pathology (details) microphthalmia, anophthalmia, aniridia, other anterior segment dysgenesis: These ocular defects include a large spectrum of malformations mainly involving cornea or iris. They include the classical Peters, Rieger and Axenfeld anomalies^{8, 9}. Peters' anomaly corresponds to total or central clouding of the cornea associated with irido-corneal synechia. This malformation frequently leads to glaucoma or cataract. Peters anomaly can be isolated or frequently associated with a wide variety of extra-ocular features as with intellectual disability¹⁰. One syndromic form, Peters-plus syndrome is well defined and encompasses Peters anomaly, growth retardation, brachydactyly, intellectual disability, and various other malformations¹¹. Axenfeld-Rieger

anomaly corresponds to iris involvement (posterior embryotoxon, iris hypoplasia, corectopia, polycoria) and synechia between iris and trabecular meshwork. Once again, this ocular developmental defect may be isolated or associated with extra-ocular features and intellectual deficiency^{12, 13}. One syndromic form, Rieger syndrome, consists of Axenfeld-Rieger anomaly together with hypodontia, peg-shaped teeth, facial dysmorphism, and redundant periumbilical skin.

Health determinants

Genetic
Healthcare system and access to health care services
Medicine
Social and psychosocial factors

Keywords

Ophthalmic diseases, Rare diseases, Quality of life

Scientific investigator(s)
(Contact)

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Organization

French National Institute for Health and Medical

Research (Inserm)

Collaborations

Participation in projects, networks and consortia

Yes

Details

Healthcare Networks for Rare Diseases (National Rare Diseases Healthcare Networks): SENSGENE and ANDDIRARE

Others

Patient Associations: Microphthalmie France, Gêneris, Retina France

Funding

Funding status

Public

Details

RaDiCo received financial support from the State managed by the National Research Agency (ANR) under the Investments for the Future Program (PIA) with the reference "ANR" 10-COHO-0003.

Governance of the database

Sponsor(s) or organisation(s) responsible

French National Institute for Health and Medical Research (Inserm)

Organisation status

Public

Presence of scientific or steering committees

Yes

Labelling and database evaluation

Security audit certification of the database / Continuous Data Management and Quality Control.

Additional contact

Main features

Type of database

Type of database

Morbidity registers

Study databases (details)

Cohort study

Database recruitment is carried out by an intermediary

A selection of health institutions and services

Database recruitment is made on the basis of:

Another treatment or procedure

| | |
|--|--|
| Database recruitment is carried out as part of an interventional study | No |
| Additional information regarding sample selection. | <p data-bbox="654 224 1514 1164"> Patients from 0 to 7 years old We aim to include most patients born with a developmental ocular defect. Even if most ocular defects are diagnosed during the first months of age, patients could be included in the cohort until 7 years old (age at the first neuropsychological evaluation). Given the estimated incidence of microphthalmia and anophthalmia (~1/10.000), aniridia (~1/60.000), and other anterior segment dysgenesis (~1/30.000), 80 new patients should be born each year in France (800.000 births/year) with AM, 14 with aniridia, and 27 with other anterior segment dysgenesis. We planned to enrol at least half of these patients each year (50 patients: 25 with microphthalmia or anophthalmia, 10 with aniridia, and 15 with anterior segment dysgenesis). This estimation is based on our diagnostic activity during the past three years. Indeed, within this period, we recruited each year for diagnostic purpose, 43 unrelated patients (including 33 children) with microphthalmia/anophthalmia, 29 unrelated patients (including 14 children) with aniridia, and 25 unrelated patients (including 19 children) with anterior segment dysgenesis. </p> <p data-bbox="654 1198 1514 2089"> Patients over 8 years old Affected adults and children over 8 years old will not be included in the follow-up subgroup. However their phenotype (ocular defect, extra-ocular malformations, and visual and neurological outcome) will be retrieved in the database as retrospective cases to increase collected data about outcome of patients affected by these ocular defects. We retrieved historic patients (150 patients or families with microphthalmia/anophthalmia, 100 with aniridia and 80 with anterior segment dysgenesis) in our clinical database (CNIL authorisation 1458306V0 du 09-10-2010) through our diagnostics laboratory. These patients will be contacted again by their geneticist or ophthalmologist to participate to the standard evaluation procedure. In addition to these already known patients, we are still collecting each year about 30 ?novel? adult patients through this diagnostics activity. Combining the known cases, and the newly identified adult (or children over 8 years) cases, we could expect to enrol at least 30 patients each year in this subgroup. </p> |

Study duration

- Up to ten year follow-up of patients under 7 years old at time of inclusion (incident subgroup): two evaluations after inclusion (at 6-7 years old and 9-11 years old)
- Unique evaluation of patients over 8 years old (? prevalent subgroup?) at time of inclusion.

Database objective

Main objective

Main objective

The principal objective of this study is to delineate the long term outcomes of the patients with ocular developmental defects, focusing on visual and neuro-developmental issues.

Secondary objectives

- I) Identification of prognostic factors (such as ocular defects, unilateral or bilateral involvement, extra-ocular malformations) that would be associated with unfavourable visual and/or neurologic outcome. These data will be essential for the formulation of recommendations to enhance diagnosis and patient management.
- II) Repercussions of the ocular developmental defects on patients and families quality of life.

Exploratory objectives

Searching for potential genotype/phenotype correlations to unravel

- the frequency of implication of each gene in these ocular developmental defects;
- the phenotypic spectrum associated with mutations in these genes;
- the identification of novel genes involved in these ocular developmental defects.

Given genotyping will not be mandatory to participate to the cohort; this objective will involve only the patients who accepted it.

Inclusion criteria

Patients from 0 to 7 years old

- Newborns and/or children from birth to 7 years old, affected with the following ocular defects:

? anophthalmia,

? microphthalmia

? aniridia

? anterior segment dysgenesis

whose parents will have properly evaluated risks (those related to the actual standard of care for these pathologies) and benefits (improvement of knowledge and standard of care) of the study, and will be given an informed consent to participate the protocol.

- Patients affiliated to the "Régime National d'Assurance Maladie"
- Inclusion of foreign patients will be possible through the French inclusion centers when they agreed to be charged for all medical fees.

Patients over 8 years old

- Children from 8 years old, affected with the following ocular defects :

? anophthalmia,

? microphthalmia

? aniridia

? anterior segment dysgenesis

whose parents will have properly evaluated risks and benefits of the study, and will be given an informed consent form to participate to the protocol.

- Patients affiliated to the "Régime National d'Assurance Maladie"

- Inclusion of foreign patients will be possible through the French inclusion centres when they agreed to be charged for all medical fees.

Adult Patients

- Adults affected with the following ocular defects :

? anophthalmia,

? microphthalmia

? aniridia

? anterior segment dysgenesis

- Adult patients under guardianship whose guardians will have properly evaluated risks (those related to the actual standard of care for these pathologies) and benefits (improvement of knowledge and standard of care) of the study, and will be given an informed consent to participate the protocol. Indeed, intellectual disability may be associated with the ocular defects and we will need to include these patients in order to evaluate incidence of this event.

- Adult patients able to properly evaluate risks (those related to the actual standard of care for these pathologies) and benefits (improvement of knowledge and standard of care) of the study and to give their informed consent to participate to the protocol.

- Adult parents of an affected child participating to the study and willing to participate to the inheritance study (results of DNA analysis).

- Patients affiliated to the "Régime National d'Assurance Maladie".

- Inclusion of foreign patients will be possible through the French inclusion centres when they agreed to be charged for all medical fees.

- Pregnant women can be included in the study (as examination proposed have no interference or

adverse effect during pregnancies).

Non-inclusion Criteria

- Patients with ocular developmental defects other than the ones listed above.
- Patient or patients' parents/tutor not able to approve or declining participation to the protocol.
- French patients not affiliated to the "Régime National d'Assurance Maladie" or foreign patients not willing to pay charges of medical services.

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) Great age (80 years and more) |
|-----|--|

| | |
|--------------------|-----------------|
| Population covered | Sick population |
|--------------------|-----------------|

| | |
|-----------|--|
| Pathology | Q11 - Anophthalmos, microphthalmos and macropthalmos |
|-----------|--|

| | |
|--------|---------------|
| Gender | Male Woman |
|--------|---------------|

| | |
|----------------|----------|
| Geography area | National |
|----------------|----------|

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|------------------------------|--|
| Detail of the geography area | All French territory via rare disease reference and competence centers |
|------------------------------|--|

Data collection

Dates

| | |
|--|------|
| Date of first collection (YYYY or MM/YYYY) | 2016 |
|--|------|

| | |
|---|------------|
| Date of last collection (YYYY or MM/YYYY) | up to 2036 |
|---|------------|

Size of the database

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

| | |
|--------------------------|-----|
| Details of the number of | 800 |
|--------------------------|-----|

individuals

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

clinical data, as well as biological, uniform molecular and comparative data of patients suffering from ocular congenital malformations. The retrieved data are dedicated to:- Implement the family history including the pregnancy and delivery follow-up; - The description of patient's phenotype (either ocular and extra-ocular); - The collection of paraclinic investigations data; - The description of visual and neurologic status;; - The evaluation of sociological state and quality of life

Declarative data (detail)

Paper self-questionnaire
Internet self-questionnaire
Face to face interview

Details of collected declarative data

SF-36 (adults) / SF-10 (children)

Biological data (detail)

For patients agreeing to have such analysis, molecular screening for diagnosis purposes will be performed by the genetic diagnosis laboratory led by the two principal investigators at the CHU (University Hospital) Toulouse. These analyses include the high-throughput sequencing of, to date, 25 genes known to be involved in these pathologies (ALDH1A3, B3GALTL, BCOR, C12ORF57, CYP1B1, FOXC1, FOXE3, MAB21L2, MFRP, OTX2, PAX2, PAX6, PITX2, PITX3, PRSS56, PXDN, RARB, RAX, RCN1, SIX6, SMOC1, SOX2, STRA6, TENM3, VSX2), and possibly more once new genes will be identified. These analyses are performed by Sanger, targeted sequencing (NGS).; Further molecular analysis for research purposes that may be required for identification of new or modulator genes, will be performed by the EA-4555 research laboratory (research laboratory of the two principal investigators). These analyses will be performed by whole exome and whole genome sequencing.

| | |
|---|---|
| Presence of a biobank | No |
| Health parameters studied | Health event/morbidity Health event/mortality Quality of life/health perception Others |
| Quality of life/perceived health (detail) | SF-36 (adults) / SF-10 (children) |
| Procedures | |
| Data collection method | Electronic Case Report Form (eCRF) using REDCap EDC; Cloud-based platform, accessible via the web, secure by design. Certified Health Data Hosting resource (HADS). |
| Classifications used | HPO, ICD10, Snomed CT, Orpha Codes and ORDO, Drug dictionary (DCIs) |
| Quality procedure(s) used | Continuous data management; Data Management Plan and Data Validation Plan. Native controls and Query system |
| Participant monitoring | Yes |
| Monitoring procedures | Monitoring by convocation of the participant Monitoring by contact with the referring doctor |
| Followed pathology | Q11 - Anophthalmos, microphthalmos and macrophthalmos |
| Links to administrative sources | No |
| Promotion and access | |
| Promotion | |
| 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 requests to RaDiCo -AC OEIL data (rough / structured), or to analytic reports will be examined by the scientific committee following submission of a Specific Research Project (SRP) synopsis, as defined in the Resource Access Charter. Must be sent to ac-oeil@radico.fr |
| Access to aggregated data | Access on specific project only |

Access to individual data

Access on specific project only