European Reference Network
for rare or low prevalence complex diseases

Network Intellectual Disability and Congenital Malformations (ERN ITHACA)

NHS
Manchester University
NHS Foundation Trust

ERN ITHACA: Expert Patient Care (formerly GUIDELINES)

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Manchester Centre For Genomic Medicine

Expert Patient Care Lead, ERN ITHACA

ITHACA

Expert Patient Care in ITHACA

What are we doing?

- Surveying Patients
- Translating existing documents (where possible)
- Working in multidisciplinary groups
- Developing Consensus Statements (with other ERN)
- Identifying knowledge gaps
- Encouraging participation in natural history study (GENIDA)

Patient Survey – Noonan Syndrome

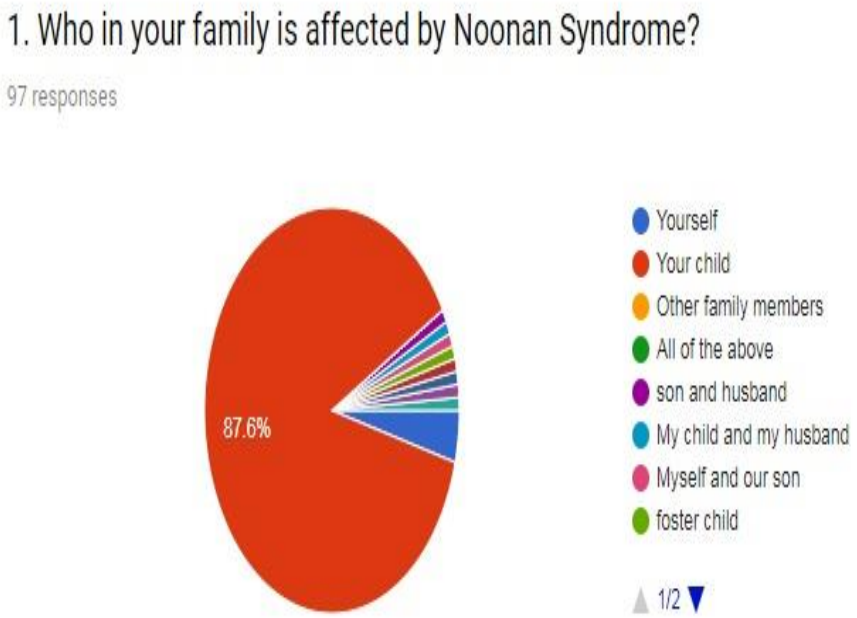
Short survey (10 questions) designed on **Google Forms** by ITHACA team in Manchester and distributed in March 18 to NS patient groups in:

- United Kingdom
- Spain
- Italy
- Netherlands
- France
- Germany

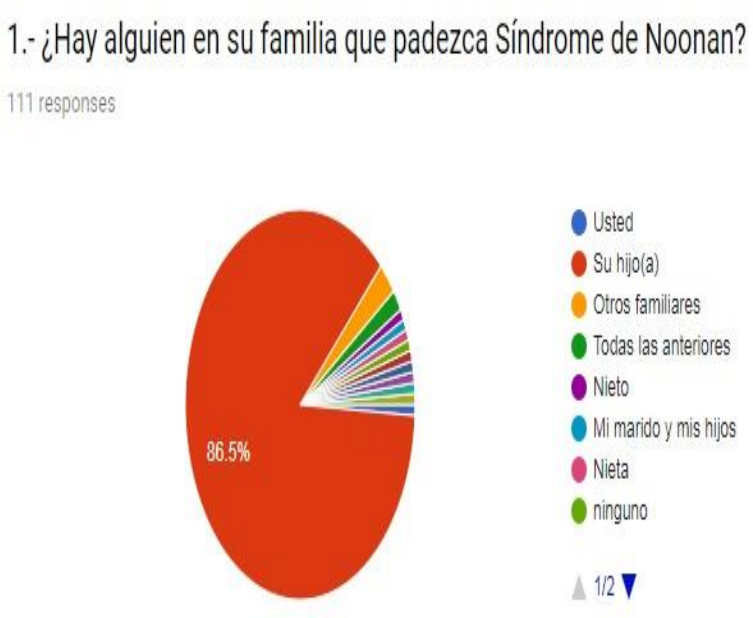
Our aim was to find out **who** uses NS care documents and **what they would find useful** in the future.

Example of unsurprising finding

UK

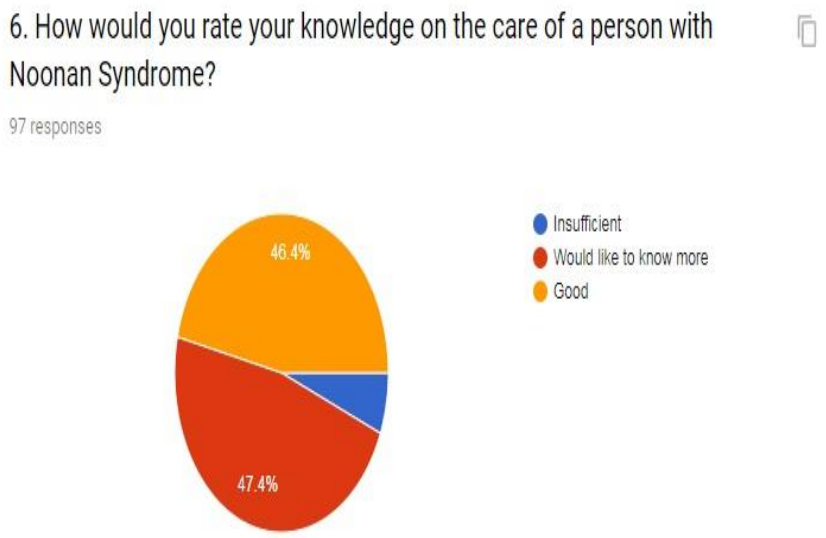


Spain



Examples of surprising findings – local disparities in knowledge

UK



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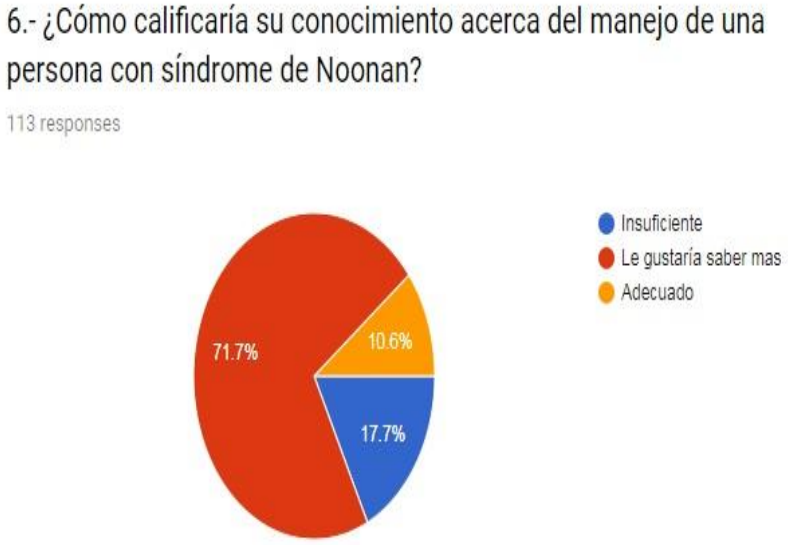
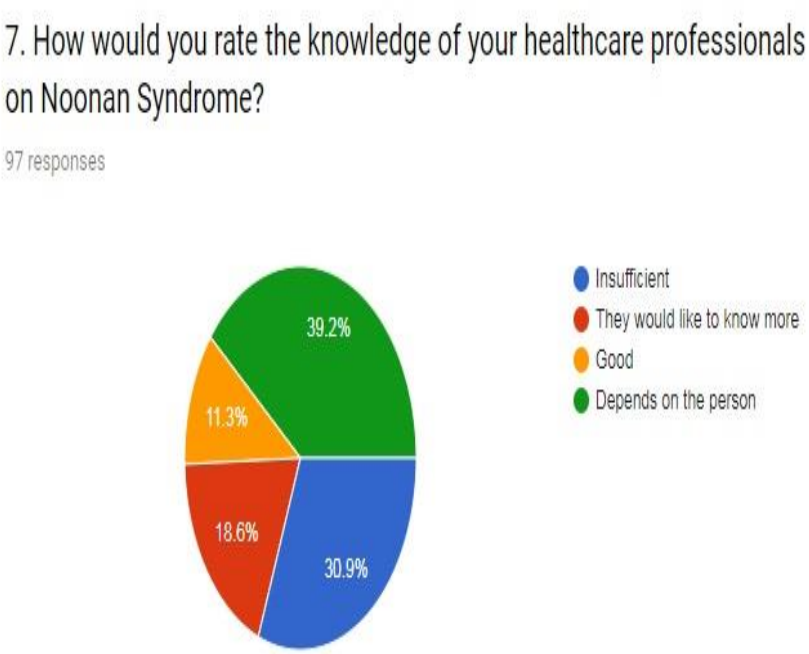


Examples of surprising findings – local disparities in knowledge 2

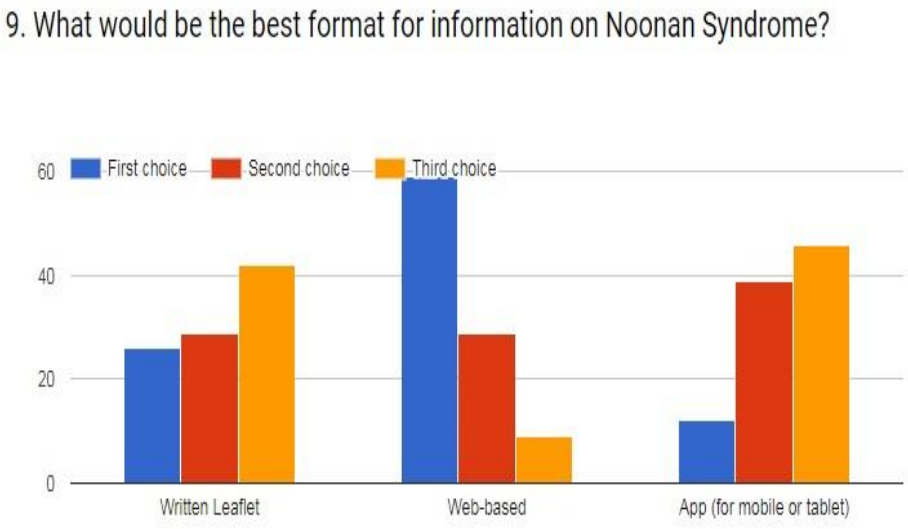
UK



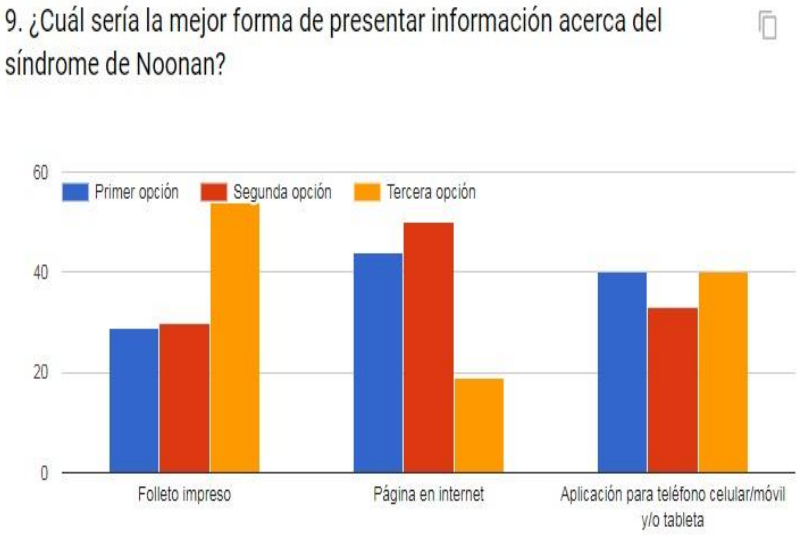
Spain

A new preference for non-paper based formats

UK



Spain

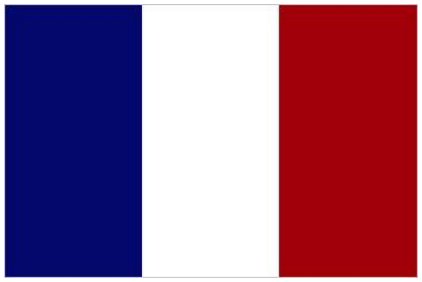
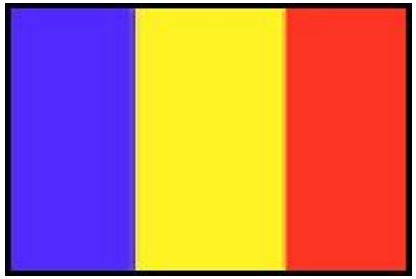


How will we use this data?

We aim to develop management recommendations for NS based on this survey, our other discussions with patient groups (inc. at EHSG in June) and work carried out by our Expert Patient Care WP - which contains clinicians and patient reps from…






NS Consensus Doc; ? Agreed generic minimum

General	Complete age appropriate physical and neurological examination at diagnosis and annually
	Infancy; 3 monthly assessments of growth (including Head circumference) and feeding. Refer if feeding difficulty for swallowing and dietetic assessment. Consider gastro-oesophageal reflux as contributor Refer if cryptorchidism present Refer if craniosynostosis
	Genetics; refer at diagnosis for confirmation of clinical diagnosis and consideration of genetic testing. Refer at adolescence and in adult life for discussion of reproductive options
	At-risk pregnancy; prenatal diagnosis available. Additional scans in at-risk pregnancy of unknown status to monitor of hydrops, pleural effusions, congenital heart disease and polyhydramnios.
Growth	Regular assessment. Use NS growth charts. Refer for specialist evaluation in presence of poor growth rate Screen adults and older children for thyroid antibodies every 3-5 years.
Development	Refer for assessment in second six months of life. Neuropsychological assessment at any point of concern, primary and high school entry as a minimum. Comprehensive assessment in presence of anxiety, or if cognitive impairments suspected at any age.
Hearing	At diagnosis; then annual until high school age. Reassess if clinical concerns
Vision	At diagnosis, then annual
Cardiology	At diagnosis; if normal, cardiac echo annually until age 3, then at age 5 and 10 years. Repeat in adolescence and adult life if normal every 5 years for later onset cardiomyopathy, aortic valve disease, aortic dilatation.
Haematology	Specific mutations, 3 monthly assessments for splenomegaly, FBC until age 5. Coagulation studies prior to surgery or at age 5+
Renal	Ultrasound at diagnosis
Orthopaedic	Assess for talipes. Monitor spine for scoliosis. Refer to physiotherapy for hypermobility, poor motor planning.
Dental	Annual assessment Remember giant cell tumours of jaw; if present, refer for expert management
Skin	Manage using emollients, keratolytic agents as necessary
Lymphoedema	Assess for presence at each examination; refer to specialist clinic if present
Neurology	In presence of increasing head circumference or headache or other neurological symptoms, consider possibility of Chiari malformation, hydrocephalus, moya moya disease and refer for specialist opinion and MRI scanning.

Other Guideline/ECP work: Fetal Valproate Syndrome - Workshop – Manchester 28/3/18

European ITHACA working group contains FVS patient reps and medical specialists in:

- Genetics
- Psychiatry
- Paediatric medicine
- Anaesthesia
- Speech therapy
- ENT surgery
- Neonatal medicine
- Ophthalmology
- General practice
- Teratology

Using ARGEE II, the group reviewed and scored existing literature via email/group spreadsheet and met to agree management recommendations for FVS.

They plan to publish both a short 2-page summary and a longer set of recommendations in 2019.

Gaps and challenges

- Rare diseases; very few clinical trials therefore evidence is mostly expert
- Languages, translation – no resource to do this; we rely on goodwill of members.
- Volume of medical literature, mostly descriptive and lit. review is labour intensive, even with AGREE II
- Different care systems between countries; regulation around “guideline” terminology
- Demonstrating evidence base versus utility
- Level of address – for patient, clinician or both?
- Working with patient groups – how to involve patients? They have a crucial voice and we must ensure that it is heard.

Summary

- Rare disease guidelines are challenging to develop
- Collecting and assessing existing, methodologically robust guidelines
- Consensus meetings; FVS April, Noonan syndrome in June
- Aiming for a user-friendly format
- Make sure they comply with AGREE II guidelines