

# European Venous Registry

**First published:** 24/03/2025

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Data source

Human

Disease registry

## Administrative details

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#### **PURI**

<https://redirect.ema.europa.eu/resource/1000000508>

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#### **Data source ID**

1000000508

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#### **Data source acronym**

EVeR

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#### **Data holder**

[European Society for Vascular Surgery \(ESVS\)](#)

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#### **Data source type**

Disease registry

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## Main financial support

Funding from public-private partnership

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## Care setting

Hospital inpatient care

Hospital outpatient care

Primary care – specialist level (e.g. paediatricians)

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## Data source qualification

If the data source has successfully undergone a formal qualification process (e.g., from the EMA, ISO or other certifications), this should be described.

No

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## Data source website

[EVeR registry](#)

## Contact details

Nhi Cao

Main

[info@esvs.org](mailto:info@esvs.org)

Nhi Cao

Alternate

[nhi@esvs.org](mailto:nhi@esvs.org)

## Data source regions and languages

### **Data source countries**

European Union

Norway

Portugal

Sweden

Switzerland

Türkiye

United Kingdom

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### **Data source languages**

English

## Data source establishment

### **Data source established**

23/07/2024

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### **Data source time span**

**First collection:** 01/01/2025

The date when data started to be collected or extracted.

**Last collection:** 31/12/2035

If data collection in the data source has ceased, the date new records last entered the data source.

## Data elements collected

The data source contains the following information

## **Disease information**

Does the data source collect information with a focus on a specific disease? This might be a patient registry or other similar initiatives.

Yes

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## **Disease details**

Deep vein thrombosis

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## **Disease details (other)**

undefined

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## **Rare diseases**

Are rare diseases captured? In the European Union a rare disease is one that affects no more than 5 people in 10,000.

No

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## **Pregnancy and/or neonates**

Does the data source collect information on pregnant women and/or neonatal subpopulation (under 28 days of age)?

No

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## **Hospital admission and/or discharge**

Yes

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## **ICU admission**

Is information on intensive care unit admission available?

Yes

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## **Cause of death**

Not Captured

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## **Prescriptions of medicines**

Captured

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## **Prescriptions vocabulary**

ATC

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## **Dispensing of medicines**

Not Captured

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## **Advanced therapy medicinal products (ATMP)**

Is information on advanced therapy medicinal products included? A medicinal product for human use that is either a gene therapy medicinal product, a somatic cell therapy product or a tissue engineered products as defined in Regulation (EC) No 1394/2007 [Reg (EC) No 1394/2007 Art 1(1)].

No

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## **Contraception**

Is information on the use of any type of contraception (oral, injectable, devices etc.) available?

No

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## **Indication for use**

Does the data source capture information on the therapeutic indication for the use of medicinal products?

Captured

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## **Indication vocabulary**

ICD-10

SNOMED CT

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## **Medical devices**

Is information on medicinal devices (e.g., pens, syringes, inhalers) available?

Yes

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## **Administration of vaccines**

No

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## **Procedures**

Does the data source capture information on procedures (e.g., diagnostic tests, therapeutic, surgical interventions)?

Captured

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## **Procedures vocabulary**

SNOMED CT

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## **Healthcare provider**

Is information on the person providing healthcare (e.g., physician, pharmacist, specialist) available?  
The healthcare provider refers to individual health professionals or a health facility organisation licensed to provide health care diagnosis and treatment services including medication, surgery and medical devices.

Yes

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## **Clinical measurements**

Is information on clinical measurements (e.g., BMI, blood pressure, height) available?

No

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## **Genetic data**

Are data related to genotyping, genome sequencing available?

Not Captured

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## **Biomarker data**

Does the data source capture biomarker information? The term “biomarker” refers to a broad subcategory of medical signs ( objective indications of medical state observed from outside the patient), which can be measured accurately and reproducibly. For example, haematological assays, infectious disease markers or metabolomic biomarkers.

Not Captured

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## **Patient-reported outcomes**

Is information on patient-reported outcomes (e.g., quality of life) available?

Yes

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## **Patient-generated data**

Is patient-generated information (e.g., from wearable devices) available?

No

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## **Units of healthcare utilisation**

Are units of healthcare utilisation (e.g., number of visits to GP per year, number of hospital days) available or can they be derived? Units of healthcare utilisation refer to the quantification of the use of services for the purpose of preventing or curing health problems.

Yes

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## **Unique identifier for persons**

Are patients uniquely identified in the data source?

Yes

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## **Diagnostic codes**

Captured

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## **Diagnosis / medical event vocabulary**

SNOMED CT

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## **Medicinal product information**

Captured

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## **Medicinal product information collected**

Dosage regime

Dose

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## **Medicinal product vocabulary**

ATC

SNOMED

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## **Quality of life measurements**

Captured

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## **Quality of life measurements vocabulary**

EQ5D

other

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## **Quality of life measurements, other**

VEINES

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## **Lifestyle factors**

Not Captured

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## **Sociodemographic information**

Not Captured

# Quantitative descriptors

## Population Qualitative Data

### **Population age groups**

Adult and elderly population ( $\geq 18$  years)

Adults (18 to  $< 65$  years)

Adults (18 to  $< 46$  years)

Adults (46 to  $< 65$  years)



Elderly ( $\geq 65$  years)

Adults (65 to  $< 75$  years)

Adults (75 to  $< 85$  years)

Adults (85 years and over)

## Median observation time

**Median time (years) between first and last available records for unique individuals captured in the data source**

10.00

## Data flows and management

### Access and validation

#### **Biospecimen access**

Are biospecimens available in the data source (e.g., tissue samples)?

No

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#### **Access to subject details**

Can individual patients/practitioners/practices included in the data source be contacted?

No

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#### **Description of data collection**

The EVer Registry (European Venous Registry) collects structured clinical data on patients with deep venous disease across multiple hospital-based vascular centers in Europe. The primary objective is to evaluate patient outcomes, track treatment efficacy, and facilitate research on venous interventions. Patients are

enrolled based on specific inclusion criteria and must provide explicit consent to have their data recorded in the registry. Enrollment occurs in specialized hospital settings, including vascular surgery, interventional radiology, and hematology units.

## Event triggering registration

### **Event triggering registration of a person in the data source**

Disease diagnosis

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### **Event triggering de-registration of a person in the data source**

Death

End of treatment

Loss to follow up

Other

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### **Event triggering de-registration of a person in the data source, other**

Patient opting out

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### **Event triggering creation of a record in the data source**

A new record is created in the EVeR Registry (European Venous Registry) when a qualifying patient event occurs within a participating hospital-based vascular center. The primary event that triggers data entry is a confirmed diagnosis or a new clinical intervention related to deep venous disease, along with the patient's consent to be included in the registry.

## Data source linkage

### **Linkage**

Is the data source described created by the linkage of other data sources (prelinked data source) and/or can the data source be linked to other data source on an ad-hoc basis?

No

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## Data management specifications that apply for the data source

### **Informed consent for use of data for research**

Required for all studies

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### **Possibility of data validation**

Can validity of the data in the data source be verified (e.g., access to original medical charts)?

Yes

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### **Data source preservation**

Are records preserved in the data source indefinitely?

No

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### **Data source preservation length (years)**

20 years

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### **Approval for publication**

Is an approval needed for publishing the results of a study using the data source?

Yes

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## Common Data Model (CDM) mapping

### **CDM mapping**

Has the data source been converted (ETL-ed) to a common data model?

No