

The European Clarkson's syndrome registry

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Data source

Human

Disease registry

Other

Administrative details

Administrative details

Data source ID

24877

Data source acronym

EurêClark

Data holder

[Institut E3M](#)

Data source type

Disease registry

Other

Data source type, other

exposure registry

Care setting

Hospital inpatient care

Hospital outpatient care

Secondary care – specialist level (ambulatory)

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

Data source website

<http://institut-e3m.aphp.fr/le-service-de-medecine-interne/>

Contact details

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Data source regions and languages

Data source countries

Austria

Belgium

Estonia

France

Germany

Italy

Spain

Switzerland

United Kingdom

Data source languages

English

French

Data source establishment

Data source established

01/01/1997

Data source time span

First collection: 01/01/1997

The date when data started to be collected or extracted.

Publications

Data source publications

[Intravenous Immunoglobulins Improve Survival in Monoclonal Gammopathy-Associated Systemic Capillary-Leak Syndrome](#)

[Myocardial dysfunction is frequent in systemic capillary-leak syndrome \(Clarkson disease\) severe episodes](#)

[The consequences of COVID-19 pandemic on patients with monoclonal gammopathy-associated systemic capillary leak syndrome \(Clarkson disease\)](#)

[Intravenous Immunoglobulins Tapering and Withdrawal in Systemic Capillary Leak Syndrome \(Clarkson Disease\)](#)

Studies

List of studies that have been conducted using the data source

Survey on the collection of data on adverse events related to medicinal products through registries

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

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.

Yes

Pregnancy and/or neonates

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

No

Hospital admission and/or discharge

Yes

ICU admission

Is information on intensive care unit admission available?

Yes

Cause of death

Captured

Prescriptions of medicines

Captured

Dispensing of medicines

Not Captured

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

Contraception

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

No

Indication for use

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

Not Captured

Medical devices

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

No

Administration of vaccines

Yes

Procedures

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

Not Captured

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.

No

Clinical measurements

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

Yes

Genetic data

Are data related to genotyping, genome sequencing available?

Not Captured

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

Patient-reported outcomes

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

No

Patient-generated data

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

No

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.

No

Unique identifier for persons

Are patients uniquely identified in the data source?

No

Diagnostic codes

Captured

Medicinal product information

Not Captured

Quality of life measurements

Not Captured

Lifestyle factors

Captured

Lifestyle factors

Alcohol use

Diet

Tobacco use

Sociodemographic information

Captured

Sociodemographic information collected

Age

Gender

Quantitative descriptors

Population Qualitative Data

Population age groups

Paediatric Population (< 18 years)

Preterm newborn infants (0 - 27 days)

Term newborn infants (0 - 27 days)

Infants and toddlers (28 days - 23 months)

Children (2 to < 12 years)

Adolescents (12 to < 18 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)

Estimated percentage of the population covered by the data source in the catchment area

<0.1%

Population

Population size

90

Active population size

40

Population by age group

Age group	Population size	Active population size
Paediatric Population (< 18 years)	10	2
Adults (18 to < 46 years)	10	5
Adults (46 to < 65 years)	50	23
Adults (65 to < 75 years)	10	5
Adults (75 to < 85 years)	10	5

Median observation time

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

15.00

Median time (years) between first and last available records for unique active individuals (alive and currently registered) captured

10.00

Data flows and management

Access and validation

Biospecimen access

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

No

Access to subject details

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

Yes

Description of data collection

Medical reports

Event triggering registration

Event triggering registration of a person in the data source

Disease diagnosis

Start of treatment

Event triggering creation of a record in the data source

Any relevant medical event

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

Data management specifications that apply for the data source

Data source refresh

Every 6 months

Informed consent for use of data for research

Other

Possibility of data validation

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

Yes

Data source preservation

Are records preserved in the data source indefinitely?

No

Approval for publication

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

Yes

Informed consent, other

There is a committee to evaluate requests for data access

Data source last refresh

01/01/2023

Common Data Model (CDM) mapping

CDM mapping

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

No