#### February 2023

# **GUARD-Heart**

**Gateway to Uncommon And Rare Diseases of the Heart** 

**ERN GUARD-HEART NEWSLETTER – SPECIAL EDITION** 

### **Clinical Patient Management System (CPMS)**

#### **Amsterdam, February 2023**

This special edition newsletter is completely focussed on CPMS. The system was built for the 24 ERNs in order to discuss rare disease patients across borders in a secure web-based application. Currently a complete new version is under construction, however this will take quite some time. All of us discuss cases among each other on a weekly basis and it would be so nice of we can upload our cases in the current CPMS system. After all, the EU considers the use of CPMS as a parameter of esteem (see last page of this newsletter). For the 23 HCPs which join our ERN since last year, this might still be new and therefore we will try to summarize all the information and instructions in this newsletter. For those who were already used to the system, we possibly have a lot of 'old news'. However: the number of patients entered to the CPMS should increase significantly. Hopefully this will boost the initiative and take away your questions.

#### Accessing the CPMS

To be able to start the first requirement is an EU login. In order to register for the one, first go to https://cpms.ern-net.eu/login/ and click on the link to create an EU login.

For a detailed description, please follow the steps in document: 'Requesting access to CPMS', which is attached separately. It is important to follow all the steps, otherwise it is not possible to approve the account. Once you requested access, the ERN management team can approve it and (usually within a few hours max.) you can enter the system. The initial 'CPMS userguide' is attached as well. 🛡

#### **Approval of CPMS by your HCP**

All the HCPs have to approve CPMS by HCPs Medical their own Ethical Committee (MEC) or Data Protection Officer (DPO). The centres who started in 2017 have done this already, the centres who came into the ERN last year, will receive the background information and approval form separately by e-mail, directly after receiving this news-letter. Please return the signed form to our project management team

(<u>n.hofman@amsterdamumc.nl</u>).

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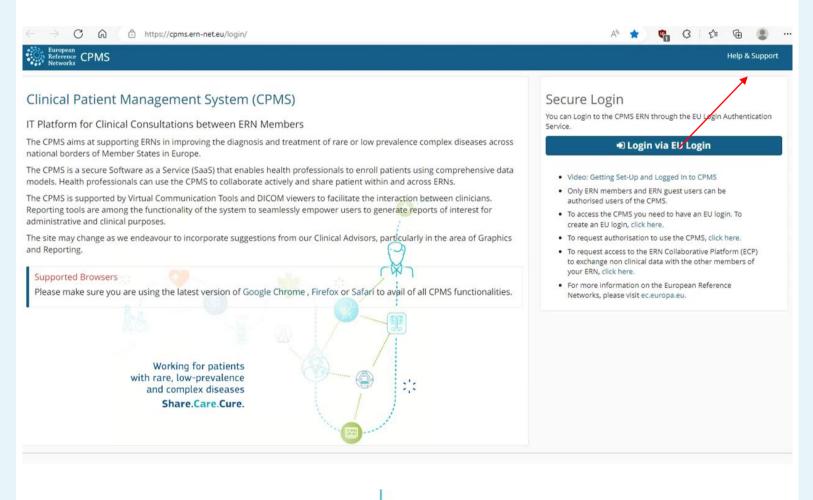


#### **ERN Informed Consent Forms**

Informed consent must always be obtained in order to be allowed to enroll your patient in the CPMS. Consent for care is obligated, consent for ERN registries and (to be contacted for) research is optional. There are specific ERN consent forms available in 25 European languages. They can be found in the CPMS homepage (<u>https://cpms.ernnet.eu</u>, under the button 'help and support' in the upper right corner (see screenshot below). ♥

#### **User de-activation**

Keeping the CPMS open for users comes with a significant cost. Therefore the CPMS-support team will de-activate the accounts of those users that have been inactive (have not logged in the CPMS) in the past 12 months to free space for recent access requests. The concerned users will be locked in SAAS. Don't worry if your account is inactive: with a short request-e-mail to the ERN GUARD-Heart projectmanagers (n.hofman@amsterdamumc.nl) your account can be re-activated easily again without repeating all the administrative steps. ♥





European Reference Networks Working for patients with rare, low-prevalence and complex diseases

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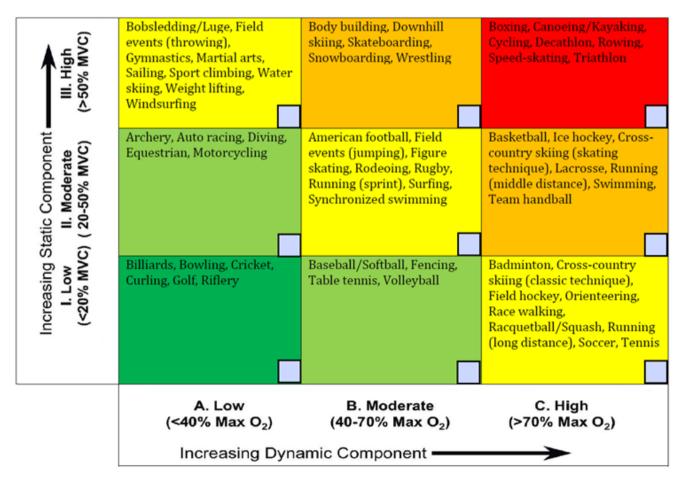
#### Project on LQT Syndrome and Sports

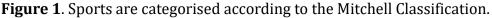
In 2021, ERN GUARD-Heart has relaunched the project inviting physicians to seek advice on sports participation for their patients with Long QT Syndrome (LQTS). Physicians can do this by entering their patients diagnosed with LQTS who wish to participate in sports and exercise into the Clinical Patient Management System (CPMS) and inviting several experts from the Advisory Panel to provide recommendations on the following key questions 1) Should the patient with the diagnosis of LOTS limit or restrict his or her participation in sports and exercise?; If so: 2) To what limit should participation in sports be restricted (answer in minutes/hours per week)? 3) What types of sports can the patient still do (see Figure 1.  $\rightarrow$  A1, AII, AIII, B1, BII, BIII, C1, CII, CIII)? 4. Is the patient allowed to take part in a competitive sport or a recreational? Cases are uploaded and presented to the expert panel using the CRF and a PDF.

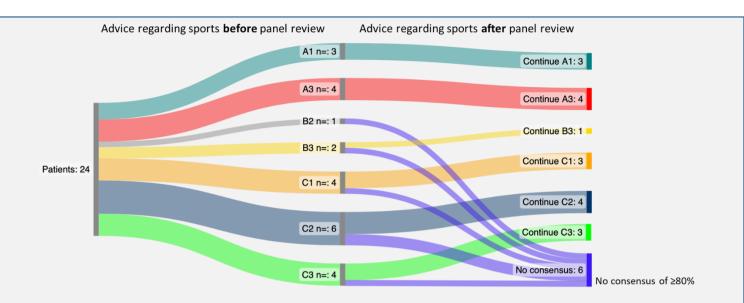
The CRF and PDF contain data on the patient's personal background, personal and family history, current sporting activities (type, level and hours/week), use of medication, genetic mutation (if present), ECGs over time (including measured QTc times), X-ECG (preferably including measured QTc times at rest, peak exercise and recovery) with maximum watts or METS and Holter monitoring if available.

Last month, we conducted a small sample analysis of patients already reviewed by the Panel, which demonstrates the challenge and lack of consensus in advice on sports and exercise for patients with LQTS, as shown in Figures 2 and 3.

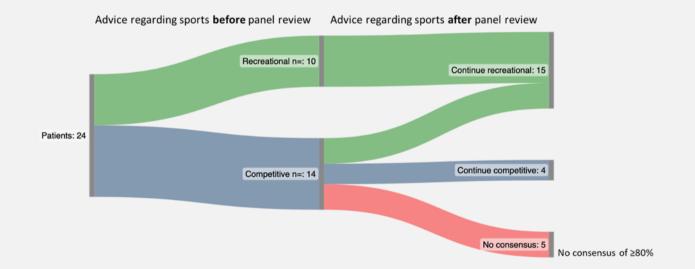
This year we hope to include at least 100 LQTS patients to analyse these results and to show and learn from the challenge of advising on sports participation in patients with LQTS. We would like to encourage **all** ERN GUARD-Heart members to upload cases to the CMPS system for the LQTS Sports Expert Advisory Panel. If you need help uploading your cases, please contact us (j.c.vanhattum@amsterdamumc.nl). ♥







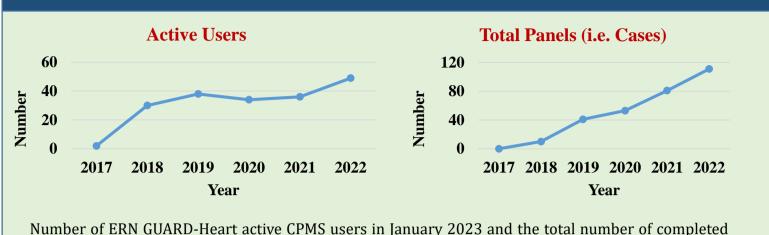
**Figure 2.** Transition plot showing sports advice before (left) and after (right) CMPS panel review of 24 patients with LQTS classified according to the Mitchell classification (Figure 1). Low dynamic sports (A1-A3) show panel consensus ( $\geq$ 80 of panel experts) in all patients. In contrast, panel consensus was not reached in all patients with LQTS participating in medium-or high-dynamic sports.



**Figure 3.** Transition plot showing advice regarding recreational and competitive level of sports before (left) and after (right) CMPS panel review in 24 patients with LQTS. Patients participating at a recreational level showed panel consensus (≥80 of panel experts) in all patients. In contrast, no consensus was reached after panel review of all patients with LQTS participating in competitive sports.



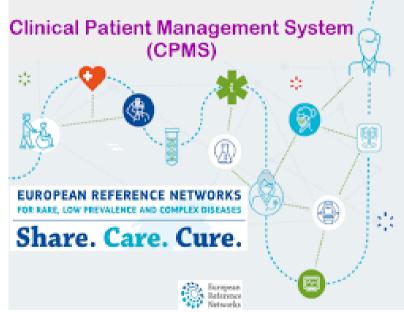
#### **CPMS update ERN GUARD-Heart**



cases. 🛡

# EU-Pilot with budget for CPMS cases

CPMS activity is an important indicator within the ERNs. During the current grant-period (until September 2023) there is budget available for a (small) fee for completed CPMScases. As presented during the ERN GUARD-Heart board-meeting last August in Barcelona, we propose that each HCP presents at least 5 cases in CPMS (before September 2023) and when these cases are completed (outcome report available) the HCP can reimburse 200 EURO per case. In principle there is not a maximum number of reimbursable cases per HCP. This money is only available for the HCP, and cannot be transferred to private accounts. At the end of the summer an invoice can be sent to the projectmanagement team for the reimbursement of the number of completed cases. It is unsure if the reimbursement per case will remain after the pilot period.



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