Detailed Information of Transferring Data of PWH from the Thai Hemophilia Treatment

Centre Registry to the World Bleeding Disorders Registry of WFH

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Aim To avoid duplicate workload of medical personnel interested in entering data into the 'Hereditary Bleeding Disorders Registry (HBDR)' of the Thai Society of Hematology and the 'World Bleeding Disorders Registry (WBDR)' of the WFH, an electronic connection of the HBDR and the WBDR was created between January and December 2020. The minimal and extended dataset of PWH A and B will be transferred from the HBDR to the WBDR.

Methods The HBDR consists of 11 categories of data fields with 26 relational tables (Tables 1 and 2). The minimal and extended dataset of the WBDR is shown in Table 3. The minimal dataset includes 'baseline data' for basic demographic and clinical data; 'baseline visit' for retrospective clinical events experienced in the 6 months before the registration date, and 'follow-up visits' for the same data as the baseline visit prospectively at each follow-up visit following the registration date. They also include the information of hospitalization and replacement therapy. Additional extended datasets include inhibitor, musculoskeletal assessment and mortality.

The computerized program of MySQL (Version 5.7) and phpMyAdmin (Version 4.9.7) were used in this study. MySQL is the world's most popular open-source database, and is fast, reliable, scalable, easy to use and allowed us to define the data into tables, update and query data, and access data in the database. The phpMyAdmin, a web application, has also been used to handle the administration of MySQL over the web and is an open-source tool written in PHP. The combination of MySQL and phpMyAdmin eased our database management on the web.

Upon the completeness of data transfer designation, a virtual conference among HTC in Thailand was organized with the subsequent training of data entering for the physicians and medical personnel. An easy-to-understand instruction has been prepared in Thai and distributed to the participating HTC. HTCs have the alternative of opting out by simply not

pressing the button 'Connect to WBDR'. This may result in some HTCs not participating in data transfer; however and importantly, it also has the advantage that a data transfer from the HBDR to the WBDR will not be abandoned in the event that not all HTCs agree to participate.

To transfer selected data from the HBDR to the WBDR, two query screens were added to the HBDR for each user at the HTC to complete. First, 'Would you like to connect to the WDBR?' and if 'Yes', the second screen would ask: 'Does your department/hospital receive ethics approval from a Faculty Ethics Committee?' If 'No', the user will be asked to obtain ethics approval before connecting to the WBDR. If 'Yes', the user clicks a button called 'Connect to WBDR', the data of the PWH from HBDR would be transferred to 11 Excel tables of the WBDR (Tables 3 to 7).

Written informed consent must be obtained from the PWH and parents for enrolling in both the HBDR and WBDR. The retrospective baseline clinical data for the 6 months before registration will be obtained from medical records and haematology charts before the registration date was reviewed and entered. Upon each follow-up visit, data from the medical record were subsequently entered per calendar year, with no overlapping years permitted. This was deemed to be helpful for the summation of episodes of hospitalization, number of days of hospitalization, number of bleeds, number of joint bleeds as well as the used replacement therapy within one calendar year for the individual annual report (Figure 1).

Comment The Thai method is a novel approach of transferring patient data of the PWH from the HTC to the WBDR using computerized programs, namely, MySQL and phpMyAdmin. This method can be adapted for other existing registries in both economically developed and less developed countries. The real world data of PWH for the WBDR will be useful for the evidence-based advocacy initiatives to serve PWH globally.

Table 1 Eleven categories of HBDR data fields

1. Personal history	Name, sex, birth date, blood group, date of first bleed, date of diagnosis,
	severity, genetic analysis, age at first prophylaxis
2. Hemostatic tests	Levels of factor VIII, IX, von Willebrand's factor
3. Investigation	Infectious markers, chemistry, inhibitor.
4. Vaccination	Hepatitis A and B vaccination
5. Hospitalization	Date of admission and discharge, BW, height, chief complaint of bleeding,
	surgery, and dentistry, cause of bleeding, site of bleed, factor and nonfactor
	replacement therapy, adjuvant therapy
6. Home treatment	Date of start and stop bleeding and other information similar to
	hospitalization, person providing factor concentrate administration, outcome
	of early episodic treatment at home
7. Prophylaxis	Date of start and stop, type of prophylaxis, BW, unit of administered factor
	concentrate, frequency, total amount of factor concentrate, person providing
	factor concentrate administration, outcome of prophylaxis
8. Immune tolerance	Date of start and stop, initial and peak inhibitor, BW, unit of administered
induction (ITI)	factor concentrate, frequency, total amount of factor concentrate, person
	providing factor concentrate administration, outcome of ITI
9. Musculoskeletal	HJHS of bilateral knee, ankle, elbow, global gait, occurrence of target joints
system	
10. Quality of life	Using CHO-KLAT or Haemo-QoL
io. Quanty of file	Using Offic-NEAT of Flacifio-Que
11. Patient status	Date of last visit, status of follow-up, refer or death, cause of death

HBDR, hereditary bleeding disorders registry; HJHS, haemophilia joint health score

Table 2. Eleven categories of HBDR defined in 26 relational tables

Categories of HBDR	Relational tables	Common data used to relate
		tables
1.Personal history	1.1 Identification number	Identification number
	1.2 Birth date, sex, blood group,	
	date of registration & address	
	1.3 Nationality	
	1.4 Family history	
	1.5 Diagnosis, severity, mutation	
	1.6 Site of first bleed	
2. Hemostatic tests	2.1 Coagulation factor	Identification number
	2.2 Other hemostatic tests	
	2.3 Platelet study	
3. Investigation	3.1 Inhibitor assessment	Identification number
	3.2 Infectious marker	
	3.3 Chemistry	
4. Vaccination	4. Hepatitis A & B vaccination	Identification number
5. Hospitalization	5.1 Chief complaint of bleeding,	Identification number
	surgery, dental, other; site of	Date of admission
	bleeding, spontaneous/trauma/	Date of discharge
	unknown, days of hospitalization,	
	BW & height	
	5.2 Amount of replacement	
	therapy	
	5.3 Other treatment e.g.,	
	desmopressin, fibrin glue	
6. Home treatment	6.1 Site of bleeding, spontaneous	Identification number
	/trauma	Date of start
	6.2 Amount of replacement	Date of stop
	therapy, BW, outcome of	
	treatment	
7. Prophylaxis	7.1 Dose of replacement, type of	Identification number
	prophylaxis, duration, BW	Date of start
	7.2 Amount of replacement	Date of stop
	therapy, outcome of treatment	

8. Immune tolerance induction	8.1 Levels of inhibitor, BW,	Identification number
	outcome of ITI	Date of start
	8.2 Amount of replacement	Date of stop
	therapy	
9. Musculoskeletal assessment	9. HJHS score &	Identification number
	presence/absence of target joint	
10. Quality of life	10. Tests and score	Identification number
11.Patient status	11.1 Patient status of follow-up,	Identification number
	refer, death	
	11.2 Cause of death	

HBDR, hereditary bleeding disorders registry; HJHS, haemophilia joint health score; WBDR, world bleeding disorders registry

Table 3. Data transferred from HBDR to the 11 Excel tables of WBDR

	WBDR	Data transferred from HBDR
	Minimal dataset	
1.	Baseline data	sex, birth date, date of first bleed, date of diagnosis, level of
		FVIII:C/IX:C, genetic analysis, age of first prophylaxis
2.	Baseline visit	number of total bleeds, joint, muscle, CNS and other site bleed for the
		previous 6 months before the registration date
3.	Follow-up visit	similar to baseline visit but included the data after the registration date
		to the end of the year for the first year of registration. For the
		consecutive year, the data from January to December of the same year
		were collected.
4.	Baseline hospitalization	days of hospitalization, cause and sites of bleeding and outcome for
		the previous 6 months before the registration date
5.	Follow-up hospitalization	similar to baseline hospitalization but included the data after the
		registration date to the end of the year for the first year of registration.
		For the consecutive year, the data from January to December of the
		same year were collected.
6.	Baseline treatment	total amount of replacement therapy for the previous 6 months before
		the registration date from hospitalization, early episodic treatment,
		prophylaxis and ITI.
7.	Follow-up treatment	similar to baseline treatment but included the data after the registration
		date to the end of the year for the first year of registration. For the
		consecutive year, the data from January to December of the same year
		were collected.
8.	Weight and height	date of measurement for weight and height
Ext	ended dataset	
9.	Inhibitor assessment	date of test, levels of inhibitor titer in Bethesda units (BU)
	Musculoskeletal system	HJHS score and presence/absence of target joints.
11.	Mortality	date of last communication, patient status of follow-up, referred, or
		death and the cause of death.

HBDR, hereditary bleeding disorders registry; HJHS, haemophilia joint health score; WBDR, world bleeding disorders registry

Table 4. Baseline data transferred from HBDR to WBDR

Ва	seline data fields in WBDR	Data transferred to the WBDR	Data sent from relational
			tables of the HBDR
Α.	Identification	Identification	Personal history 1.1
B.	Consent to participate in WBDR	Yes	Written informed consent
C.	Date of registration in WBDR	Date	Personal history 1.2
D.	Clinic	Name of department, hospital	Information of the enrolling physician
E.	Date of birth	Date	Personal history 1.2
F.	Sex	Male/Female	Personal history 1.2
G.	Country of residence	Thailand	Information of the enrolling physician
H.	Date of first visit to HTC	Date	Haemostatic test: date of the first test 2.1
I.	Date of diagnosis	Date	Personal history1.5
J.	Haemophilia type	Haemophilia A/B	Personal history 1.5
K.	Severity	Mild/ Moderate/ Severe	Personal history 1.5
L.	Factor level (%)	FVIII/FIX (%)	Hemostatic test 2.1
M.	Date of test	Date	Hemostatic test 2.1
N.	Bleeding history	Ecchymosis, joint, etc.	Personal history 1.6
Ο.	Age at first bleed (month)	Months	Access from database of Personal history 1.6
P.	Joint bleed history	Yes/No	Personal history 1.6: first bleed with haemarthrosis
Q.	Age of first joint bleed (month)	Months	Personal history 1.6: the same age as 'O' if patient exhibited haemarthrosis
R.	Blood group	A, B, O, AB	Personal history1.2
S.	Rh	Positive/Negative	Personal history 1.2
T.	Date of genetic testing	Date	Personal history1.5
U.	DNA variant	Mutation	Personal history: genetic defect 1.5

HBDR, hereditary bleeding disorders registry; HJHS, haemophilia joint health score; HTC, haemophilia treatment center; WBDR, world bleeding disorders registry

Table 5. Baseline visit transferred from HBDR to WBDR

D.	seline visit fields in WBDR	Data transferred to the WBDR	Data cont from rolational
			Data sent from relational tables of the HBDR
Α.	Identification	Identification	Personal history 1.1
B.	Date of baseline visit	Date	Personal history 1.2: date of registration
C.	Total number of bleeds experienced in the past 6 months	Summation of E+G+I+K	Hospitalization & home treatment
D.	Location of bleeds experienced in the past 6 months	Bleeding sites of E+G+I+K	Hospitalization & home treatment
E.	Indicate number of bleeds for joint	Number	Count the number of joint bleeds*
F.	Of these joint bleeds, how many were traumatic?	Number	Count the number of joint bleeds with traumatic cause*
G.	Indicate number of bleeds for muscle	Number	Count the number of muscle bleed*
H.	Of these muscle bleeds, how many were traumatic?	Number	Count the number of muscle bleed with traumatic cause*
I.	Indicate number of bleeds for CNS	Number	Count the number of CNS bleed (brain & spine)*
J.	Of these CNS bleeds, how many were traumatic?	Number	Count the number of CNS bleed with traumatic cause*
K.	Indicate number of bleeds for others	Number	Count the number of other bleeds excluding joint, muscle & CNS*
L.	Of these other bleeds, how many were traumatic?	Number	Count the number of other bleeds with traumatic cause, excluding joint, muscle & CNS*
M.	Inhibitor assessment in the past 6 months	Yes/No	Investigation: inhibitor 3.1
N.	Please enter further information in the module inhibitor assessment below	Fill the inhibitor in Bethesda units	Investigation: inhibitor 3.1

O. Target joint	Yes/No/Unknown	Count the number of target joints: Musculoskeletal HJHS Yes, if ≥1; No, if 0; Unknown, if no data
P. Indicate the number of target joint	Number	Count the number of target joints: Musculoskeletal HJHS
Q. Admission to hospital in the past 6 months	Yes/No	See Table 6 'Baseline hospitalization'
R. Treatment received in the past 6 months	Yes/No	See Table 7'Baseline treatment'

(* refer to Table 3: Relational tables: Hospitalization 5.1 & Home treatment 6.1)

HBDR, hereditary bleeding disorders registry; HJHS, haemophilia joint health score; WBDR, world bleeding disorders registry

Table 6. Baseline hospitalization transferred from HBDR to WBDR

Hospitalization fields in WBDR	Data transferred to the WBDR	Data sent from relational
		tables of the HBDR
A. Identification	Identification	Personal history 1.1
B. Start date	Date	Date of admission**
C. Number of days of	Number	Number of days of
hospitalization		hospitalization**
D. Reason for hospitalization	Bleeding/Surgery/Dental/other	Chief complaint of bleeding,
		surgery dental, or other**
E. Haemophilia related	Bleeding at the joint, mucosa,	Bleeding at the joint, mucosa,
hospitalization	CNS, etc. excluding muscle,	CNS, etc. excluding muscle,
	surgery and dental procedure	surgery and dental procedure**
F. Other-please specify	Dental procedure	Dental procedure of scaling,
		filling, extraction**
G. Other bleed-please specify	Bleeding at other sites excluding	Bleeding at other sites excluding
	muscle, surgery and dental	muscle, surgery and dental
	procedure	procedure**
H. Other muscle bleed-please	Bleed at upper and lower	Bleeding at upper and lower
specify	extremities, iliopsoas, and other	extremities, iliopsoas, and other
	muscles	muscles**
I. Surgery-please specify	Surgery	Surgery of orthopedic, general or
		other surgeries**

^{(**} refer to Table 2: Relational tables: Hospitalization 5.1)

HBDR, hereditary bleeding disorders registry; WBDR, world bleeding disorders registry

Table 7. Baseline treatment transferred from HBDR to WBDR

Tre	eatment fields in	Data	sent from relation	nal tables of the HBD	DR .
WE	BDR	Hospitalization	Home	Prophylaxis	ITI
			treatment		
Α.	Identification	Personal history 1.1	Personal history	Personal history	Personal history
			1.1	1.1	1.1
B.	Indication	Episodic	Episodic	Prophylaxis	ITI
C.	Drug	Factor VIII, PCC,	Factor VIII,	Factor VIII, PCC,	Factor VIII,
		factor IX, aPCC,	PCC, factor IX,	factor IX, aPCC,	factor IX
		rFVIIa, FFP, frozen	aPCC, rFVIIa	rFVIIa, nonfactor	
		or lyophilized cryoprecipitate, cryo-removed		replacement	
		plasma			
D.	Strength	Total amount	Total amount	Total amount	Total amount
		administered:	administered:	administered:	administered:
		Hospitalization 5.2	Home treatment 6.2	Prophylaxis 7.2	ITI 8.2
E.	Unit	Unit/mg/mL:	Unit/mg:	Unit/mg:	Unit:
		Hospitalization 5.2	Home treatment 6.2	Prophylaxis 7.2	ITI 8.2
F.	Start date	Admission date:	Date start:	Date start:	Date start:
		Hospitalization 5.2	Home treatment 6.2	Prophylaxis 7.2	ITI 8.2
G.	End date	Discharge date:	Date stop:	Date stop:	Date stop:
		Hospitalization 5.2	Home treatment 6.2	Prophylaxis 7.2	ITI 8.2
Н.	Reason for	On demand	Good, fair, fail:	Good, fair, fail	Success, partial
	stopping	treatment complete	Home treatment	Prophylaxis 7.2	success,
	treatment.	when discharge	6.2		ongoing, fail:
					ITI 8.1

HBDR, hereditary bleeding disorders registry; ITI, Immune Tolerance Induction; WBDR, world bleeding disorders registry

Figure 1. Individual person with haemophilia annual report

Patient ID	Birt	:h		_Diagnosis _		Severity			
Date of registra	ation	Age	yea	rs BW date	÷	BWk	g HT	cm	
Last inhibitor D	ate			Result	BU				
Patent status D	oate		_	Status		- .			
Annual hospit	alization								
Hospitaliz	ation		episodes	6					
Number o	of days		days						
Annual bleedi	ng rate				Annua	l joint bleedi	ng rate		
Year 2020			episodes	6		Year 2020	·	episodes	
			episodes	6		Year 2020	-	episodes	
Year 2020		PCC (IU)	episodes	APCC (IU)	rFVIIa (mg)	Year 2020 Cryoppt (U)	FFP (ml)	episodes Lyophilized cryo (bottle)	CRP (ml
Annual replac	ement		,		rFVIIa (mg)				CRP (ml
	ement FVIII (IU)	PCC (IU)	FIX (IU)	APCC (IU)	333 production and 200	Cryoppt (U)	FFP (ml)	Lyophilized cryo (bottle)	5
Annual replace	ement FVIII (IU) 0	PCC (IU)	FIX (IU)	APCC (IU)	0	Cryoppt (U)	FFP (ml)	Lyophilized cryo (bottle)	0
Annual replace Hospitalization Prophylaxis	ement FVIII (IU) 0 0	PCC (IU) 0 0	FIX (IU)	APCC (IU) 0 0	0	Cryoppt (U) 0	FFP (ml)	Lyophilized cryo (bottle) 0	0