Specific Operationnal Criteria

The requested information will be used to define the specific criteria for our project proposal for a European Reference Network (ERN) for Rare and Undiagnosed Skin Disorders. Please note that, each health care provider member of our ERN will have to fulfil these criteria. These criteria have to be realistic/reasonable while ensuring a high level patient management. These criteria have to be based on the evidence and consensus of the scientific, technical and professional community.

NB: A sample of healthcare providers will be selected for on-site audits to validate the information

ERN Skin / ALLOCATE

Rare Diseases(s)	Short description of the rare disease	Code/ ICD/ Orphacode	Epidemiology	Incidence	Prevalence
1. Adamantiades-Behçet's disease	Adamantiades-Behçet disease is a multi-system inflammatory disease of unknown etiology, classified as systemic vasculitis involving all types and sizes of blood vessels and characterized clinically by recurrent oral aphthous and genital ulcers, skin lesions, and iridocyclitis/posterior uveitis, occasionally accompanied by arthritis and vascular, gastrointestinal, neurologic, or other manifestations.	ICD-10: M35.2 / Orphacode: 117	Equal male : female ratio. Disease onset peak at the 3rd decade of life.	0.75-1 / 100 000 inhabitants per year	0.27-1.18 / 100 000 (northern Europe), 1.5-7.5/100 000 (southern Europe)

3. Malignant atrophic papulosis (Degos disease)	Malignant atrophic papulosis (MAP) is a rare, chronic, thrombo-obliterative vasculopathy characterized by papular skin lesions with central porcelain-white atrophy and a surrounding teleangiectatic rim. Systemic lesions affecingt the gastrointestinal tract and the central nervous system (CNS) are potentially lethal. Lungs and eyes may also be involved.	ICD-10: I77.8 / Orphacode: 679	Less than 400 cases have been described in the literature. Male : female ration 1:1.4. Disease onset peak at the 4th decade of life (own data). If long-term solely cutaneous involvement, benign course. Systemic disease has a 55% 5-year survival rate.	unknown	<1 / 1 000 000
Rare Diseases(s)	**Specific challenges associated with the recognition of the condition**	**Specific challenges associated with the diagnosis**	**Specific challenges associated with the treatment**	**Specific challenges associated with care of these patients over their lifespan - Quality of life issues - Gaps accross the care continuum**	

2. Adamantiades-Behçet's disease	Delayed diagnosis (7 years). International clinical diagnostic criteria published by the group. No biomarker available.	Disease not expected in patients of caucasian origin. Sex- and age-associated variability of the clinical picture.	Cyclosporin A and azathioprine registered for ocular involvement only. Off label evidenced-based treatments, mostly resticted to the involved organ.	Chronic, recurrent disease. A severe course (blindness, meningoencephalitis, hemoptysis, intestinal perforation, severe arthritis) occurs in approx. 10%. Blindness may be prevented with early aggressive therapy of posterior uveitis. Lethal outcome in 0-6% of patients. Central nervous system, pulmonary and large vessel involvement, bowel perforation are major life-threatening complications. Markers of severe prognosis: HLA-B51 positivity, male gender, early systemic signs.
3. Malignant atrophic papulosis (Degos disease)	Clinical diagnosis through characteristic skin lesions. No biomarker available.	The rarity of the disease leads to limited expertise world wide.	No drug registered. No therapeutic studies performed.	Chronic, usually progressive disease. A few expert centers exist world wide, the patients have to travel internationally for confirmation of diagnosis. International expert network involving established.

Rare Diseases(s)	**Key Diagnostic Tests**	**Key Treatment, Resources or Procedures**
2. Adamantiades-Behçet's disease	Pathergy test	Registered treatment for ocular invovement: Cyclosporin A, azathioprine. Off label treatments: Prednisolone, colchicine, interferon-alpha, methotrexate, infliximab, adalimumab, cyclophosphamide, chlorambucil, depending on the

3. Malignant atrophic papulosis (Degos disease)	Clinical diagnosis	Off label treatments: ASS, dipyridamole (skin involvement), eculizumab, treponistil (systemic involvement)

Please state the minimum/optimum thresholds that Healthcare Providers within the network will need to meet to maintain competence and expertise. List the measure, threshold, and rationale for this threshold

Rare Diseases(s)	**Minimum Number of patients treated per year at each HCP**			**Minimum Number of new patients diagnosed per year at each HCP**	
	Adults	Paediatric*	Rationale for the threshold	Adults	Paediatric*
2. Adamantiades-Behçet's disease	25 patients of any age	Not relevant	Rare disease	2 of any age	Not relevant
3. Malignant atrophic papulosis (Degos disease)	1 patient of any age	Not relevant	Very rare disease	0 to 1 of any age	Not relevant

Please list the necessary human resources and the profesional qualifications essential to the quality of patient care within the Network's area of expertise.

Rare Diseases(s)	**Health Care Professional (type)**	**Training & Qualifications**	**Minimun of number of procedures per patient per year**	**Rationale**
2. Adamantiades-Behçet's disease	Dermatologist / rheumatologist or internal medicine physician / Ophalmologist / Neurologist	Experience in the disease	2	Dermatological manifestations are the leading and most common sign. Regular opthalmological examination is essential.

3. Malignant atrophic papulosis (Degos disease)	Dermatologist / Rheumatologist (Neurologist, Gastroenterologist, Abdominal Surgeon may be occasionally required).	Experience in the disease	1	Dermatological manifestations are the leading and always onset sign.

Please list the specialised equipment, infrastructure, and information technology required to support the rare or complex disease(s), condition(s) or highly specialised intervention(s) and describe the importance of each

Rare Diseases(s)	Specialised equipment, infrastructure, and information technology	Threshold	Rationale		
2. Adamantiades-Behçet's disease	Center with clinical expertise and interdisciplinary follow-up of the patients	Specialized weekly outpatient clinics	Clinical experience and interdisciplinary approach		
3. Malignant atrophic papulosis (Degos disease)	Center with clinical expertise	Specialized outpatient departments	Clinical experience		

undertake to produce good practice guidelines and implement outcome measure and

1. For Adamantiades-Behçet's disease a new set of diagnostic criteria and guidelines for treatment already exist at international level (work of our group). Harmonization of treatment is necessary at the EU level. There is a need for registered treament and for future clinical trials. Increasing awareness will speed up diagnosis and increasing experience will improve the treatment of difficult cases. The Deutsches Register Morbus Adamantiades-Behçet e.V. (German Registry for Adamantiades-Behçet's disease) is established and cooperates at an international level. - 2. For malignant atrophic papulosis prognostic criteria and guidelines for diagnostic procedures already exist at international level (work of our group). Availability of the active drugs is required, since they are all off label applications. There is a need for registered treament and for future clinical trials. Increasing awareness will speed up diagnosis and increasing experience will improve the treatment of difficult cases. The Degos Registry is established (work of our group) and cooperates at an international level. - 3. Close cooperation with patient associations has been established.