## Specific Operationnal Criteria - Icthyosis and Palmoplantar Keratoderma

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.

## **Icthyosis and Palmoplantar Keratoderma**

		Code/ ICD/			
Rare Diseases(s)	Short description of the rare disease	Orphacode	Epidemiology	Incidence	Prevalence
	Inherited ichthyoses are monogenic				
	disorders of cornification due to				
	mutations in genes involved in skin				
	barrier function. Skin changes involve				
	most of the tegument, and are				Approximatel
	characterized by scales of various forms				y 13.3 per
	and severities, and these are often				million
	associated with erythema. The				people in
	classification should be clinically based,		Rare disease, no sexual or		Europ for
1. Hereditary	and distinguishes syndromic from		racial predominance, start at		moderate to
Ichthyosis	nonsyndromic ichthyoses.	7	9354 birth or in infancy		severe form
	Palmoplantar keratodermas comprise a				
	diverse group of hereditary disorders				No studies
2. Hereditary	marked by excessive thickening of the		Rare disease, no sexual or		were
Palmoplantar	epidermis of palms and soles. They are		racial predominance, start at		performed on
keratoderma	genetically heterozygous.	30	7141 birth or in infancy		prevalence

		Specific challenges	Specific challenges	Specific challenges associated with
	Specific challenges associated with the	associated with the	associated with the	care of these patients over their
Rare Diseases(s)	recognition of the condition	diagnosis	treatment	lifespan - Quality of life issues -

			There is no curative	A transition from	Quality of life
			treatment. The treatment is	childhood through to	severely
			symptomatic (local or	adulthood must be	affected as
		The diagnosis of the	systemic) and usually not	organized.	demonstrated
1. Hereditary	The recognition of the condition is	form of ichthyosis is	enough effective and	Adolescence is a	by several
Ichthyosis	usually straighforward	usually very difficult	burdensome	difficult period	publications
			There is no curative	A transition from	
		The diagnosis of the	treatment. The treatment is	childhood through to	Quality of life
		form of	symptomatic (local or	adulthood must be	severely
2. Hereditary		palmoplantar	systemic) and usually not	organized.	affected but
Palmoplantar	The recognition of the condition is	keratoderma is	enough effective and	Adolescence is a	no
keratoderma	usually straighforward	usually very difficult	burdensome	difficult period	publications

Rare Diseases(s)	Key Diagnostic Tests	Key Treatment, Resources or Procedures
1. Hereditary	Dermatopathology, electron microsopy,	Emollients, keratolytics, acitretin
2. Hereditary	Dermatopathology, electron microsopy,	
Palmoplantar	immunohistochemistry and molecular analysis (usually not	
keratoderma	available)	Emollients, keratolytics, acitretin

Please state the minimum/	optimum thresholds that Healthcare F	Providers within t	he network will need to meet to	maintain competence	and
Rare Diseases(s)	Minimum Number of patients treated per year at each HCP			Minimum Number of new patients	
	Adults	Paediatric*	Rationale for the threshold	Adults	Paediatric*
			Ichthyosis are rare diseases,		
			therefore no large numbers		
1. Hereditary			of patients can be expected in	1	
1. Hereditary Ichthyosis	5		5 a single center	2	. 2
			Palmo plantar keratodermas		
			are rare diseases, therefore		
2. Hereditary			no large numbers of patients		
Palmoplantar			can be expected in a single		
Palmoplantar keratoderma	4		4 center	2	. 2

Please list the necessary human resources and the profesional qualifications essential to the quality of patient care within the Network's				
			Minimun of number of	
		Training &	procedures per patient per	
Rare Diseases(s)				

1. Hereditary	Expert Dermatologist, psychologist, specialized nurse, ophtalmologist, pediatrician, ENT specialist, clinical	Clinical training in	Ichthyosis are very rare diseases, therefore no large numbers of patients can be expected in a single
Ichthyosis	Geneticist	rare skin disorders	10 center
2. Hereditary			Palmoplantar keratoderma are very rare diseases, therefore no large
Palmoplantar	Expert Dermatologist, psychologist,	Clinical training in	numbers of patients can be
keratoderma	specialized nurse, clinical Geneticist	rare skin disorders	8 expected in a single center

Rare Diseases(s)	Specialised equipment, infrastructure, and information technology	Threshold	Rationale
1. Hereditary	- Service / Unit Dermatology with dedicated locals and specialized nurses	- Service / Unit	
chthyosis	- Service / Pediatric Unit.	Dermatology with	
	- Service / neonatal unit, with experience in the care of patients with ichthyosis.	dedicated locals and	
	- Service / Unit nutrition and dietetics.	specialized nurses	
	- Service / ophthalmology unit.		
	- Service / otolaryngology unit.		
	- Psychologist		
	- Pathology and skin research lab (for collecting skin or hair samples, perform keratinocyte		
	culture, immunohistochemistry, RNA extraction etc)		
	- Service / Unit social workers.		
2. Hereditary	- Service / Unit Dermatology with dedicated locals and specialized nurses, psychologist,	- Service / Unit	
Palmoplantar	social workers; - Pathology and skin research lab (for collecting skin or hair perform	Dermatology with	
keratoderma	keratinocyte, immunohistochemistry, RNA extraction etc)	dedicated locals and	

## Please provide a summary explaining the approach or plans your group will undertake to produce good practice guidelines and implement outcome

1- Subgroup "clinical management": Our group has the following plan Organization of European guidelines for the therapy of ichthyosis.

These guidelines are currently under process under the coordination of the 2 coordinators of the ERN project (J Mazereeuw-Hautier J and A Hernàndez-Martin). European experts scattered in Europe have been identified and will participate to these guidelines. The topics were distributed into 5 subgroups. The guidelines will take place in Toulouse in April 2016. These guidelines will then be published and diffused among European colleagues. The next step will be to implement outcome measures and quality control. We plan to organize a survey in order to see if the guidelines are respected. We also plan to update the guidelines every 5 years

2- Subgroup "research": enclosed document