

EPHEGREN - Longitudinal Pharmacoeconomical Study on Kidney Transplantation Patients

Head :Marquet Pierre, INSERM UMR-S850 « Pharmacologie des immunosuppresseurs et de la transplantation
»Service de pharmacologie, toxicologie et pharmacovigilance, CHU de Limoges
Marie Essig, INSERM UMR-S850 « Pharmacologie des immunosuppresseurs et de la transplantation
»Service de pharmacologie, toxicologie et pharmacovigilance, CHU de Limoges

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General	
Identification	
Detailed name	Longitudinal Pharmacoeconomical Study on Kidney Transplantation Patients
Sign or acronym	EPHEGREN
CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation	CNIL DR-2012-476
General Aspects	
Medical area	Urology, andrology and nephrology
Study in connection with Covid-19	No
Keywords	immunosuppressive strategies (IS), kidney transplants, assessment, impact, health insurance
Scientific investigator(s) (Contact)	
Name of the director	Marquet
Surname	Pierre
Address	2 avenue Martin Luther King 87042 Limoges cedex
Phone	+ 33 (0)5 55 05 60 17
Email	pierre.marquet@unilim.fr
Unit	INSERM UMR-S850 « Pharmacologie des immunosuppresseurs et de la transplantation »Service de pharmacologie, toxicologie et pharmacovigilance, CHU de Limoges

Organization	CHU
Name of the director	Marie
Surname	Essig
Address	2 avenue Martin Luther King 87042 Limoges cedex
Phone	+ 33 (0)5 55 05 60 17
Email	marie.essig@inserm.fr
Unit	INSERM UMR-S850 « Pharmacologie des immunosuppresseurs et de la transplantation »Service de pharmacologie, toxicologie et pharmacovigilance, CHU de Limoges
Organization	CHU
Collaborations	
Funding	
Funding status	Public
Details	2011 Interregional Hospital Clinical Research Programme (PHRC), Limoges University Hospital Centre (UHC).
Governance of the database	
Sponsor(s) or organisation(s) responsible	CHU Limoges
Organisation status	Public
Additional contact	
Main features	
Type of database	
Type of database	Study databases
Study databases (details)	Longitudinal study (except cohorts)
Database recruitment is carried out by an intermediary	A selection of health care professionals A selection of health institutions and services
Database recruitment is made on the basis of:	Another treatment or procedure

Database recruitment is carried out as part of an interventional study	No
Additional information regarding sample selection.	700 de novo renal transplant patients and 300 patients from a previous cohort of kidney transplant recipients
Database objective	
Main objective	The main aim of the EPHEGREN study is to assess the pharmacoeconomic impact of different immunosuppressive strategies (IS) on kidney transplant patients from a hospital, health insurance and societal perspective. The secondary objectives of the EPHEGREN study: To assess the cost-effectiveness of different preventative and curative strategies for reactivation and cytomegalovirus (CMV) disease in CMV+ kidney transplant patients (serologic status of recipient when receiving transplant) from a hospital, health insurance and societal perspective. To determine predictive pharmacological factors for long-term renal function outcome. To determine predictive pharmacological factors for the onset of cancer, diabetes and cardiovascular diseases. To validate the impact of genetic polymorphisms on metabolic enzymes, membrane transporters and proteins targeting immunosuppressants on exposure and the therapeutic and side effects of treatment. To prospectively validate urinary biomarker candidates for current or future acute rejection, or for chronic renal allograft dysfunction.
Inclusion criteria	Adult patients of either sex during the first month of kidney transplantation who are able to complete the study questionnaire.
Population type	
Age	Adulthood (19 to 24 years) Adulthood (25 to 44 years) Adulthood (45 to 64 years)
Population covered	Sick population
Pathology	Z94 - Transplanted organ and tissue status
Gender	Male Woman

Geography area	National
Detail of the geography area	6 hospitals (Limoges, Bordeaux, Toulouse, Rouen, Poitiers and Amiens).
Data collection	
Dates	
Date of first collection (YYYY or MM/YYYY)	2013
Date of last collection (YYYY or MM/YYYY)	2017
Size of the database	
Size of the database (number of individuals)	[500-1000[individuals
Details of the number of individuals	1,000
Data	
Database activity	Data collection completed
Type of data collected	Clinical data Declarative data Administrative data
Clinical data (detail)	Direct physical measures
Declarative data (detail)	Paper self-questionnaire
Presence of a biobank	Yes
Contents of biobank	Whole blood Fluids (saliva, urine, amniotic fluid, ?)
Details of biobank content	Other fluids (saliva, urine, amniotic fluid, etc.).
Health parameters studied	Health event/morbidity Health event/mortality Health care consumption and services Quality of life/health perception
Care consumption (detail)	Hospitalization Medical/paramedical consultation
Procedures	

Data collection method	In the patient medical file and from a patient questionnaire: on observance, adverse effects and quality of life, and socio-demographic datas
Classifications used	adverse events coded with MEDDRA
Quality procedure(s) used	eCRF developped with ENNOV CLINICA
Participant monitoring	Yes
Monitoring procedures	Monitoring by contact with the referring doctor
Details on monitoring of participants	1, 3, 6, 12, 18, 24 months post-transplantation and then annually.
Followed pathology	Z94 - Transplanted organ and tissue status
Links to administrative sources	Yes
Linked administrative sources (detail)	DIM for medico-economic datas (PMSI)
Promotion and access	
Promotion	
Access	
Terms of data access (charter for data provision, format of data, availability delay)	Upon reasonable request.
Access to aggregated data	Access on specific project only
Access to individual data	Access on specific project only