

# HASI-PRO - Cohort on Acute Liver Failure without Identified Cause

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## General

### Identification

Detailed name Cohort on Acute Liver Failure without Identified Cause

Sign or acronym HASI-PRO

CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation

CNIL

### General Aspects

Medical area Anatomy - Cytology  
Biology

Health determinants Nutrition

Others (details) Acute Liver Failure

Keywords Rare disease, liver function, indeterminate acute liver failure, liver transplantation, criteria for transplantation, antibodies, toxicology, survival., cause, etiology, genetics

### Scientific investigator(s) (Contact)

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Unit	Centre Hépatobiliaire
Organization	Hôpital Paul
<b>Collaborations</b>	
<b>Funding</b>	
Funding status	Public
Details	APHP
<b>Governance of the database</b>	
Sponsor(s) or organisation(s) responsible	Centre hépatobiliaire Paul Brousse
Organisation status	Public
<b>Additional contact</b>	
<b>Main features</b>	
<b>Type of database</b>	
Type of database	Study databases
Study databases (details)	Cohort study
Database recruitment is carried out by an intermediary	A selection of health institutions and services
Database recruitment is carried out as part of an interventional study	No
Additional information regarding sample selection.	Comprehensive (all patients presenting in the Centre hépatobiliaire Paul Brousse and matching the inclusion criteria).

## Database objective

### Main objective

Acute liver failure predictive factors known and validated and the default for patients admitted in a context of acute liver failure without identified cause and includes liver transplantation. The identification of new prognostic criteria which is essential for better care and improved survival of patients admitted for acute liver failure. Principal objective: - To determine early prognostic factors of mortality in patients admitted for acute liver failure without identified cause. Secondary objectives: - Describe the evolution of acute liver failure without identified cause in 3 months. - Search posterior rare acute liver failure causes: genetic study (polymorphism of the genes encoding cytokeratins 8 and 18), detection of novel antibodies by serum proteome analysis, toxicological study by mass spectrometry.

### Inclusion criteria

- Over the age of 18 - cytolysis and/or cholestasis WITH prothrombin time less than 50% or greater than 1.5 INR - signed informed consent by the patient or trusted person - without chronic underlying liver disease - cause of acute liver failure not identified at admission - non-participation in a therapeutic study may alter the patient's prognosis

## Population type

### Age

Adulthood (19 to 24 years)  
Adulthood (25 to 44 years)  
Adulthood (45 to 64 years)  
Elderly (65 to 79 years)  
Great age (80 years and more)

### Population covered

Sick population

### Gender

Male  
Woman

### Geography area

Local

### French regions covered by the database

Île-de-France

### Detail of the geography area

Centre Hépatobiliaire Paul Brousse, Villejuif, France.

## Data collection

### Dates

Date of first collection (YYYY or 2013

MM/YYYY)

Date of last collection (YYYY or MM/YYYY) 2016

## Size of the database

Size of the database (number of individuals) < 500 individuals

Details of the number of individuals 100

## Data

Database activity Current data collection

Type of data collected Clinical data  
Biological data

Clinical data (detail) Direct physical measures

Biological data (detail) DNA collection, urine and serum for future research into genetic and toxic factors.

Presence of a biobank Yes

Contents of biobank Serum  
Fluids (saliva, urine, amniotic fluid, ?)  
DNA

Details of biobank content DNA, urine, serum

Health parameters studied Health event/morbidity  
Health event/mortality  
Health care consumption and services

Care consumption (detail) Hospitalization

## Procedures

Data collection method Systematic collection of clinical and biological data J0, J1, J2, J3, J5, J7, M1, M3 and during HT (data already collected as part of the treatment). Etiological research depth to M1. Blood and urine J0 for the formation of biological collections. Freezing of tissue for liver biopsy sample or a native liver sample in the case of HT.

Participant monitoring Yes

Details on monitoring of J0, J1, J2, J3, J5, J7, M1, M3 and during liver

participants	transplantation.
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Links to administrative sources	No
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## Promotion and access

### Promotion

Link to the document	<a href="http://www.ncbi.nlm.nih.gov/pubmed/21465508">http://www.ncbi.nlm.nih.gov/pubmed/21465508</a>
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### Access

Terms of data access (charter for data provision, format of data, availability delay)	Contact the scientist in charge.
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Access to aggregated data	Access on specific project only
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Access to individual data	Access on specific project only
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