Information on the processing of personal data
Legal representative (guardian)
Improving knowledge of the natural history of patients with Kosaki/Penttinen syndrome and the impact of treatment with tyrosine kinase inhibitors

IKKoPeS - Improvement of Knowledge on Kosaki and Penttinen Syndromes

Person directing and supervising the research: Pr Laurence FAIVRE

Data controller: CHU DIJON BOURGOGNE

Dear Sir or Madam,

The purpose of this information notice is to provide you with transparent information about the data processing we would like to carry out the health data concerning **the adult whom you represent as guardian.**
Before making a decision, it is important that you read these pages carefully, as they will provide you with the necessary information on the various aspects of this research. Do not hesitate to ask any questions you may have.
The participation of the person you represent in this research is entirely voluntary, and you have the right to refuse his or her participation. In this case, they will continue to benefit from the best possible medical care, in line with current knowledge and recommendations.

1. Context and purpose of the study

KOSAKI and Penttinen syndromes and their family of genetic conditions are very rare genetic diseases that affect the whole body. In 2023, around 30 patients worldwide have been diagnosed with these syndromes.

Penttinen syndrome (PS), also known as Penttinen-type premature aging syndrome, was first described in Finland in 1997. KOSAKI syndrome, also known as Kosaki Overgrowth Syndrome (KOGS), was first described in Japan in 2015.

In the light of current knowledge, Kosaki and Penttinen syndromes are two progressive multisystem (affecting several organs) syndromes secondary to mutations in the same gene, and sharing multiple clinical features. Thus, although these two syndromes were initially described as two distinct clinical entities, they are now grouped together as a single entity called "PDFRB-related diseases".

Both diseases affect a wide range of organs, which explains the different symptoms, such as damage to the bones, skin, nails and hair, or the brain. Other symptoms are more syndrome-specific. These different symptoms are all complications that can arise during the course of the disease.

Mutations causing Kosaki and Penttinen syndromes can occur de novo (spontaneously in an individual) or be inherited from a parent. This gene codes for a protein, PDGFRβ, which plays an indispensable role in tissue and organ development, being involved in the processes of cell proliferation and division in various tissues (skin, bone and vessels). When a mutation occurs, this protein becomes permanently active, leading to deregulation of these cell proliferation and division processes, and explaining the symptoms described above.

Preliminary data from the scientific literature concerning certain treatments targeting this protein (Tyrosine Kinase Inhibitors (TKIs)) have led us to question the value of prescribing them

We believe it is essential to bring together doctors and patients to form the largest international cohort of KOGS/PS patients, **in order to improve our knowledge of the natural history of the disease, and to evaluate the efficacy and safety of treatments used (for example TKIs) in KOGS/PS.**

General presentation

In 2019, a group of international experts met as a multidisciplinary consortium, at the initiative of Pr Laurence FAIVRE (CHU Dijon Bourgogne and ERN ITHACA) bringing together doctors who manage patients with

KOGS/PS and researchers working on PDGFRB. **In September 2022, the members of the consortium agreed on follow-up recommendations** for the patients concerned, in the light of data from the literature.
As of September 2023, the consortium included 21 international teams from 12 countries: France, Belgium, Italy, Spain, the UK, Poland, Sweden, Norway, Turkey, the USA, Australia and Japan. The consortium supports this international, multi-center observational study, which aims to enrich our knowledge of the natural history of these syndromes.

Participation in this study

This study is a **real-life observational study**, which means that it does not modify the care provided to the person you represent. We are simply collecting data from their medical follow-up to enrich a database of patients.
Their doctor will organize their medical care according to the consortium's recommendations in terms of check-ups, examinations, specialized consultations, imaging and quality-of-life questionnaires, and will also decide on the implementation of drug treatments, independently of this study.
The minimum duration of the study and of patient participation has been extended by the consortium to 25 years, in order to optimize the collection of data concerning these very rare diseases.
No visits or examinations specifically linked to the protocol are planned; participation of the preson you represent consists in agreeing to the collection of medical follow-up data from past and future medical consultations.
Participation is free and voluntary, and you have the right to refuse or withdraw your agreement at any time without justification or impact on the care provided.

2. How do we obtain the personal data of the person you represent?

If you agree to the participation of the person you represent in the study, you consent to their medical data, taken from their medical file, being recorded in the **pseudonymized database** of our IKKoPeS study (i.e. recognized by a code that does not allow them to be directly identified), and to be processed and analyzed.
These data are of two types: administrative data (such as year of birth, gender); and medical data (such as genetic diagnosis, state of health, results of biological and radiological examinations, diagnosed disease, family history, medicinal and non-medicinal treatments, quality of life, etc.).
This database will be digital and hosted on a secure server. Each patient's follow-up data will be entered on this server by the referring physician, using a secure identification procedure with personal identifiers specific to each referring physician. To ensure maximum security for data transfer to the coordinating center, each participating center will be bound by a contract with the coordinating center (CHU Dijon Bourgogne, France), stipulating the terms and conditions for transferring patient follow-up data via a document known as the Data Transfer Agreement.

3. Who will have access to the data of the person you represent?

As a healthcare establishment, we are bound by medical and professional confidentiality and can only share patient data under strict conditions and with your consent. This same principle of confidentiality applies to all those involved, whether they are our employees, our service providers, our partners or their own staff.
A referring physician will be assigned to each participating center.
The data of the person you represent, as described in point 2, will be accessible only to your referring physician and their team, and to persons participating in the research at the CHU Dijon Bourgogne, represented by Professor Laurence FAIVRE (laurence.faivre@chu-dijon.fr; 03 80 29 53 13), coordinating investigator of the IKKoPeS study, and her team, in particular for database entry and data analysis.
Physicians from the centers participating in the study may propose to carry out a specific study using the data in the database (for example, to work specifically on the ocular complications of KOGS/PS). In this case, the request will be submitted to the consortium, and the pseudonymized data will be securely transferred to the doctor to carry out the work. You can keep up to date with specific studies and results by visiting https://www.kosakipenttinen.org/. The results will be published in scientific journals, but the identity of the person you represent will never be revealed.

4. Why do we process this data?

The medical data of the person you represent, combined with the data from other patients who have the same disease, will be processed electronically. Analysis of this data will improve medical knowledge, and the results will be shared with the scientific community through scientific publications and conference presentations.

5. How long will the data be kept?

This study has been designed as a long-term project in order to provide the best possible answers to the many unanswered questions about these diseases. The database will be kept for at least 25 years after the start of the study.

6. How do we ensure data security and confidentiality?

Given the personal nature of the data and the risks involved in processing it, we take the necessary technical and organizational measures to ensure data security, and in particular to prevent it from being distorted, damaged or accessed by unauthorized third parties, or to prevent any improper use. Access to the database is individual and nominative. Each participating center only has access to its own patient data, and only the coordinating center has global access to pseudonymized data. Patient identities are never indicated in the database.

7. Where do we store the data?

The file containing the pseudonymized patient data is stored on a secure server named OVH via Cleanweb®, in France. Only professionals participating in the project can access it. This file may not be copied in its entirety.

8. Your rights

This study will be carried out in accordance with the French Data Protection Act no. 78-17 of January 6, 1978, as amended, and the General Data Protection Regulation (GDPR), adopted at the European level and which came into force on May 25, 2018.
Legal basis for processing: mission of public interest
Within the limits and conditions authorized by the regulations in force, you can:

- **access** all personal data of the person you represent.
- **change, update** and **delete** their personal data.
- **object to** the processing of personal data for any reason whatsoever.
- **request a limitation** on the processing of personal data
- **lodge a complaint** with a supervisory authority.

9. How to exercise your rights

You can exercise your rights by submitting a written request to:
Pr Laurence FAIVRE, CHU Dijon Bourgogne, Hôpital des enfants, service de génétique clinique, 14 rue Paul Gaffarel, BP 77908, 21079 DIJON CEDEX ; laurence.faivre@chu-dijon.fr.
Data Protection Officer – CHU Dijon Bourgogne, 1 Bd Jeanne d'Arc, 21079 DIJON Cedex ; dpo@chu-dijon.fr
In France, the supervisory authority is the CNIL – 3 place de Fontenoy, TSA 80715, 75334 PARIS CEDEX 07
http://www.cnil.fr/

This project has been approved by Inserm's Ethical Evaluation Committee (IRB00003888) dated 14/11/2023

Thank you for your cooperation.

Consent to the recording of clinical data in the database – Legal representative (guardian)

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Person directing and supervising the research: Pr Laurence FAIVRE
Data controller: CHU DIJON BOURGOGNE

As a representative for the following patient: (Last name-First name) .....

I confirm,

- That I have received and read the information note explaining the purpose of the above-mentioned study.
- That I have received and understood the collection of health data in the "IKKoPeS" database.
- I understand that the results of the study will be published (scientific publications, posters at conferences, etc.) but that my identity will not be visible.
- That I have understood that participation is voluntary and that I may discontinue the participation of the person I represent at any time, without justification and without incurring any liability or prejudice to the quality of care provided.
- That I have obtained answers to all my questions.

I understand that I have rights concerning the protection of the personal data of the person I represent.

I agree to the participation of the person I represent and that their clinical health data, examination and biological results, imaging assessments be included in the "IKKoPeS" database.

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Signature of Patient		**Signature of Patient representative**	
Last name.....		Last name.....	
First name.....		First name	
Date **...../...../.....**	**Signature**	**Date** **...../...../.....**	**Signature**

Signature of Referring physician	
Last name.....	
First name.....	
Date **...../...../.....**	**Signature**

Adult patient under guardianship:

This document must be produced in **2 copies**: one copy for the guardian; one copy kept by the referring physician.

This document must be kept securely for at least 25 years.