

The value of multidisciplinary team meetings MDTm) in the diagnosis and management of childhood interstitial lung disease (chILD) among the RespiRare network

Julie Cassibba, Ralph Epaud, Laureline Berteloot, Sabrina Aberbache, Lauren Bitton, Camille Fletcher, Manon Fleury, Céline Delestrain, Harriet Corvol, Alix de Becdelièvre, et al.

▶ To cite this version:

Julie Cassibba, Ralph Epaud, Laureline Berteloot, Sabrina Aberbache, Lauren Bitton, et al.. The value of multidisciplinary team meetings MDTm) in the diagnosis and management of childhood interstitial lung disease (chILD) among the RespiRare network. European Respiratory society, Sep 2023, Milan (Italie), Italy. inserm-04208180

HAL Id: inserm-04208180 https://inserm.hal.science/inserm-04208180v1

Submitted on 15 Sep 2023

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

The value of multidisciplinary team meetings (MDTm) in the diagnosis and management of childhood interstitial lung disease (chlLD) among the RespiRare network

Julie Cassibba¹, Ralph Epaud^{2,3}, Laureline Berteloot⁴, Sabrina Aberbache⁵, Lauren Bitton¹, Camille Fletcher¹, Manon Fleury¹, Céline Delestrain^{2,3}, Harriet Corvol^{1,6}, Alix de Becdelievre^{3,7}, Raphaël Borie⁸, Marie Legendre^{9,10}, Aurore Coulomb l'Herminé¹⁰, Camille Louvrier^{9,10}, Céline Lustremant⁵, Meryem Sari Hassoun⁵, Chiara Sileo¹², Alice Hadchouel^{13,14,15}, Nadia Nathan^{1,9}

1.Pediatric pulmonology department and Reference center for rare respiratory diseases – RespiRare, Armand Trousseau Hospital, APHP. Sorbonne University, Paris, France 2.Pediatric department, Centre Hospitalier Intercommunal de Créteil 3.University Paris Est Créteil, INSERM, IMRB, 94010 Créteil, France 4.Radiology department, Necker Enfants Malades Hospital, AP-HP, Paris, France 5.French reference network for rare respiratory diseases RespiFIL, Bicêtre hospital, AP-HP, Kremlin-Bicêtre, France 6.Centre de recherche Saint Antoine (CRSA), Paris, France 7. Molecular Genetics department, Mondor Hospital, AP-HP, Paris, France 8.Université Paris Cité, Inserm, PHERE, F-75018 Paris, et Hôpital Bichat, APHP, Service de Pneumologie A, Centre constitutif du centre de référence des Maladies Pulmonaires Rares, FHU APOLLO, F-75018, Paris, France 9.Laboratory of childhood genetic diseases, Inserm UMR_S933, Armand Trousseau Hospital, Sorbonne University, Paris, France 10.Molecular Genetics department, Armand Trousseau Hospital, Paris, France 11.Department of Pathology, Armand Trousseau Hospital, APHP. Sorbonne University, Paris, France 12.Radiology department, Armand Trousseau Hospital, APHP. Sorbonne University, Paris, France 13.Pediatric pulmonology department and Reference center for rare respiratory diseases RespiRare, Hôpital Necker-Enfants Malades, APHP 14. Université Paris Cité, Paris, France 15.INSERM U1151, Institut Necker Enfants Malades, Paris, France

BACKGROUND

- Epidemiological data are limited
- Childhood interstitial lung disease (chILD) is most likely under-diagnosed
- The development of expertise networks and national or international databases are crucial to increase knowledge in chILD
- The multidisciplinary team meetings (MDTm) are essential tools to increase diagnostic yield and management

OBJECTIVES

> TO STUDY THE VALUE OF MDTm IN THE DIAGNOSIS AND MANAGEMENT **OF chILD**

> TO EVALUATE THE IMPACT OF MDTm FOR THE USERS

PATIENTS/METHODS

MDTm were set up by the RespiFIL network in 2018

- How: Each month, by video conference, enabling screen and data sharing - Who: A quorum, pediatric pulmonologists, radiologists, geneticists, and pulmonologists, with an average of 10.5 participants per meeting

To evaluate the usefulness of the MDTm and the satisfaction of the participants, a survey was sent by email at least 3 months after the MDTm to the participants









CONCLUSION



MDTm meet a general need for clinicians to be supported in their diagnostic work-up and management, particularly in areas where there are fewer professionals with expertise in rare respiratory diseases

ChILD's MDTm allow to share knowledge and develop promising research projects

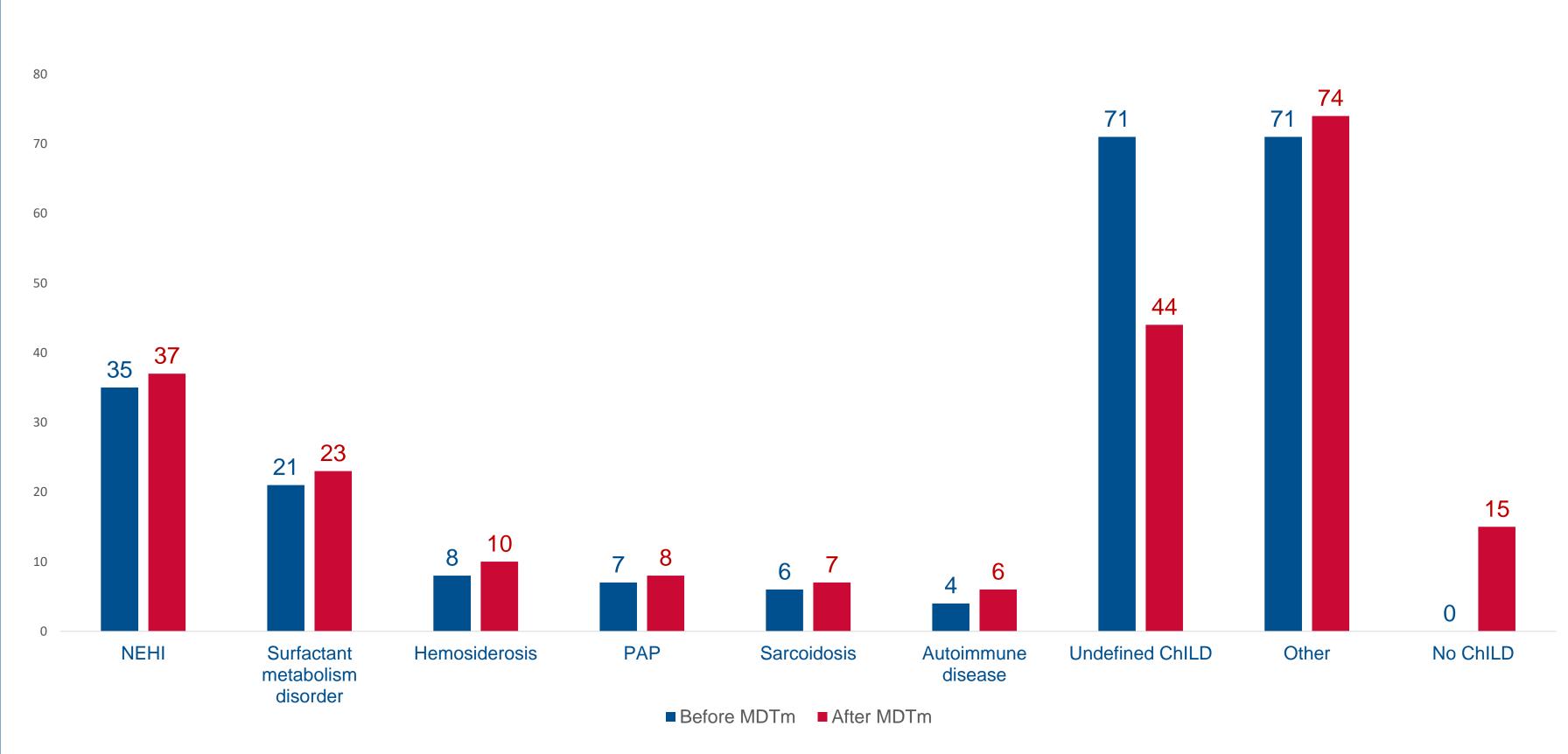
Between April 2018 and December 2022, **216 patients were discussed**

- 178 patients from 36 RespiRare centers
- 38 patients from other countries
- 116 boys / 100 girls
- 142 were under 2 years of age

lung biopsy.

The MDTm allowed

- To exclude chILD in 7% patients
- 16 (7%)children.



Satisfaction of the users

RESULTS

Before MDTm, the thoracic CT-scan was the most frequently performed.

Genetic analysis was widely performed (71% patients), while only 19% of children had a

A correction of the chILD diagnosis in 25 % patients (**Figure 1**)

A treatment modification for 99 (46%) children (increase in the treatments number or dosage for 78 (36%)children, decrease for 18 (8%) children and modification in

Figure 1. Comparison of the chILD diagnoses before and after MDTm

•A total of 32 answers to the survey were obtained

•Mains benefits identified : assistance with therapeutic management (75%) and diagnosis (68.8%), increasing the knowledge (43.8%)

•Participants rated, from 1 to 10. A score > 7/10 was obtained in 73.8% and a score <5/10 was obtained in only 6.2% of cases