# Galactosemia Network



# Registry manual

The required information to be entered in the registry is summarized below. It is advised to have these data available before beginning with the data entering process.

- Date of birth
- Gender
- Mutation(s)
- Enzyme activity and method used for measurement
- Level of education and social an occupational classification (patient, parents an sibling(s))

Level of education (ISCED 2011) explained below:

## ISCED 0 Early childhood education

#### ISCED 1 Primary education

Fundamental skills in reading, writing and mathematics. Typically lasts 6 years from age 5-7.

Preparation for ISCED level 2.

Primary education, elementary education or basic education (stage 1 or lower grades if an education system has one program that spans ISCED levels 1 and 2).

### **ISCED 2 Lower secondary education**

More subject oriented curriculum, introducing theoretical concepts across a broad range of subjects. Typically lasts from age 10-13 to 14-16 years. Preparation for ISCED level 3.

Secondary school (stage one/lower grades if there is one program that spans ISCED levels 2 and 3), junior secondary school, middle school or junior high school.

If a program spans ISCED levels 1 and 2, the terms elementary school or basic school (stage 2/upper grades) are often used.

#### ISCED 3 Upper secondary education

Designed to complete secondary education. More differentiated, with an increased range of options and streams available.

Typically lasts from age 14-16 to 17-18 years.

Possibly direct access to ISCED level 4 and/or level 5, 6 or 7.

Secondary school (stage two/upper grades), senior secondary school, or (senior) high school.

#### ISCED 4 Post-secondary non-tertiary education

Non-tertiary qualifications required for progression to tertiary education (ISCED level 5, 6 or 7) or employment.

Technician diploma, primary professional education, or préparation aux carrières administratives.

### **ISCED 5 Short-cycle tertiary education**

Practically-based, occupationally specific and preparing student to enter the labor market or provide a pathway to other tertiary programs. Requires successful completion of ISCED level 3 or 4 with access to tertiary education.

(Higher) technical education, community college education, technician or advanced/higher vocational training, associate degree, or bac +2.

### ISCED 6 Bachelor's or equivalent level

Academic and/or professional knowledge, skills and competencies, leading to a first degree or equivalent qualification.

Requires successful completion of ISCED level 3 or 4 with access to tertiary education or sometimes after completion of ISCED level 5.

Bachelor's program, license, first university cycle.

#### ISCED Level 7 Master's or equivalent level

Advanced academic and/or professional knowledge, skills and competencies, leading to a second degree or equivalent qualification. Requires successful completion of an ISCED level 6 or 7 program.

Master programs or magister.

#### **ISCED Level 8 Doctoral or equivalent level**

Leading to an advanced research qualification. Requires successful completion of specific ISCED level 7 programs.

PhD, DPhil, D.Lit, D.Sc, LL.D, Doctorate or similar terms.

The complete INTERNATIONAL STANDARD CLASSIFICATION OF EDUCATION 2011 can b from http://www.uis.unesco.org/Education/Pages/international-standard-classification-of-educ

#### - Neonatal data

Date of diet introduction

Neonatal illness

Encephalopathy

PTT/APTT/ALAT/ASAT/glucose values

If sepsis blood culture data GAL

- 1 P (peak) concentration
- Date general follow up
- Length, weight, head circumference
- Ophthalmology data
- Brain follow up

Imaging (if available)

Data on development and neurological assessment

- Female - gonads

Spontaneous puberty

Induced

Hormone measurements

Pregnancy / children, if yes birth date of children

- Male - gonads

Cryptorchidism?

- Bones

DEXA: Lumbar spine Z-score or T-score

**Fractures** 

Vit D (25-hydroxy D3) measurement

- Diet

Infant formula used

Recommended diet items

Ca supplements

Ca intake

Regarding follow-up, different evaluations at different time points can be filled in, by creating an extra eform. To do so, answer the question with 'yes' at the bottom of the page.





Version: 5

# Demographics

Demographics: Patient	If the language setting of your computer is set to English, please use a 'dot' to enter the digits after decimals.
Patient ID (XXXX)	If the language setting of your computer is set to Dutch, please use a 'comma' to enter the digits after decimals.
Gender	
<ul><li>◎ Male</li><li>◎ Female</li></ul>	
Ethnicity all sites	If other, define:
igtriangledown	•••
Galactosemia	
Kind of galactosemia	
GALT	
GALT gene mutation	If other, define:
GALT enzyme activity	
(%) ⊚ U	Inknown

	Below detection limit	Detection limit
		(%)
Measurement method G	ALT enzyme activity	
© Radioactive		
© Fluorescence enzyme	e coupled reaction (newbor	n screening public health laborator
© Fluorescence enzyme	e coupled reaction (biocher	mical genetics diagnostic laborator
© LC-MS/MS		
, -	Liquid Chromatography)	
© Unknown		
GALE		
GALE gene mutation		
	© Unknown	
GALE enzyme activity(%	)	
	© Unknown	Detection limit
	Below detection	n limit (%)
GALK gene mutation		
	© Unknown	
GALK enzyme activity (%	6)	
	O Unknown	Detection limit
	© Polow dotactio	(0/)
	© Below detectio	n iimit
Level of education		
Age at collection of follow	wing data	
(years)	000	
Please specify highest le	evel of education (please ar	nswer questions below as well)
		Unknown

	Not applicable	
Highest level of education if patient is younger than 18 years	old	
Regular education		
© Special education		
Level of education (ISCED 2011), see registry manual for detail	led information	
ISCED 6 Bachelor's or equivalent level		
○ ISCED 7 Master's or equivalent level		
ISCED 8 Doctoral or equivalent level		
Not applicable		
Occupation/profession		
Please specify current occupation/profession (please answer	questions below as well)	
	☐ Education in progress	
	© Unknown	
	◎ Not applicable	
Social or occupational classification if patient is older than 18	years old (RGSC)	
□ I - Professional etc occupations - e.g. professors, doctors, I	aywers,	
<ul> <li>II - Managerial and Technical occupations - self-employed, p</li> </ul>	•	nе
◎ III - Skilled occupations		
◎ V - Unskilled occupations - incl. unemployed, ancillary posi	tion	
RGSC 3		
© III: non-manual - e.g. IT-professions, health care professions	als	

**Demographics: Family of patient** 

**Father** 

	© Unknown
_evel of education father (ISCED 2011), s	see registry manual for detailed information
◯ ISCED 0 Early childhood education	
◯ ISCED 1 Primary education	
SISCED 2 Lower secondary education	
ISCED 3 Upper secondary education	
□ ISCED 4 Post-secondary non-tertiary €	education
☐ ISCED 5 Short-cycle tertiary education	n
◯ ISCED 6 Bachelor's or equivalent leve	el
◯ ISCED 7 Master's or equivalent level	
SISCED 8 Doctoral or equivalent level	
Occupation/profession	
	ssion (please answer questions below as well)
	SSION (piedse answer questions below as well)
	© Unknown
Social or occupational classification (RG	SSC)
· ☑ I - Professional etc occupations - e.g.	
·	ons - self-employed, proprietors SME; manager, engine
© III - Skilled occupations	ons - sen-employed, proprietors owie, manager, engine
⊚ IV - Partly-skilled occupations - call ce	enter employees
V - Unskilled occupations - incl. unem	• •
RGSC 3	project, arromary position
◯ III: non-manual - e.g. IT-professions, h	calth care professionals
ອ III: manual - e.g. mechanic	ealth care professionals
- mandar c.g. meoname	
<b>f</b> lother	
Please specify highest level of education	n (please answer questions below as well)
lease specify riightest level of education	. ,
Tease speeling ringriest level of education	
reade speeling riightest level of education	© Unknown

Level of education mother (ISCED 2011), see registry manual for detailed information	
	ļ
Occupation/profession	
Please specify current occupation/profession (please answer questions below as well)	
© Unknown	
<ul> <li>I - Professional etc occupations - e.g. professors, doctors, laywers,</li> <li>II - Managerial and Technical occupations - self-employed, proprietors SME; manager, eng</li> <li>III - Skilled occupations</li> <li>IV - Partly-skilled occupations - call center employees</li> <li>V - Unskilled occupations - incl. unemployed, ancillary position</li> </ul> RGSC 3	gine
<ul><li>III: non-manual - e.g. IT-professions, health care professionals</li><li>III: manual - e.g. mechanic</li></ul>	
Sibling(s)  Number of siblings  Unknown  Please specify highest level of education per sibling (please answer questions below as we	ell)
□ Unknown	

Please specify current occupation/profession per sibling (please answer questions below as we
© Education in progress
© Unknown

Number	Healthy	Galactosemia	Age	Highest level of education < 18
000	⊚ Yes		<b>()</b> <18	ightharpoons
	◎ No	◎ No	○ >=18	
0 0 0	⊚ Yes		<b>O</b> <18	abla
	◎ No	⊚ No	○ >=18	
0 0 0	⊚ Yes		<b>O</b> <18	abla
	◎ No	◎ No	○ >=18	
0 0 0			<b>O</b> <18	abla
	◎ No	◎ No	○ >=18	
0 0 0	① Yes		<b>()</b> <18	abla
	◎ No	<sup>©</sup> No	<b>◎</b> >=18	





r attent number	Geridei			
Neonatal	information			
Neonatal sigr	ns and symptoms	5		
Age at onset of	of galactose restric	cted/free diet		
Years	Months	Weeks	Days	
Diagnosed wit	h newborn screer	ning		
	$\overline{\vee}$			
Acute neonata	ıl illness			
	$\overline{\nabla}$			
	ny in newborn per		والماني والمار	
(altered menta	state: depressed	a consciousness wi	th or with	out neurological signs)
Cataract in ne	wborn period			
	$\overline{\nabla}$			
Bleeding diath (abnormal PT	esis in newborn p	eriod		
	▽,			
Infection in ne	wborn period of infection/sepsis)	Positive blood	culture	Positive blood culture rema
(Cili lical Signs (	——————————————————————————————————————			

Elevated liver enzymes in the newborn period (ALT, AST > 30 U/L)  Hypoglycemia in newborn period (<2.6 mmol/L)  Neonatal additional metabolic testing  Peak galactose-1-phosphate in newborn period (Please use comma for decimal)  (\(\mu\)mol/g Hb, XXX,XX)  (mg %, XXX)  If other unit than above, please specify (including unit)  Not done	Neonatal clinical chemistry
Hypoglycemia in newborn period (<2.6 mmol/L)  Neonatal additional metabolic testing  Peak galactose-1-phosphate in newborn period ( <i>Please use comma for decimal</i> )  (\(\mu mol/g \ Hb, \ XXX, XX\)  (mg \%, XXX)  If other unit than above, please specify (including unit)   Not done	
Neonatal additional metabolic testing  Peak galactose-1-phosphate in newborn period (Please use comma for decimal)  (\(\mu\mol/g\) Hb, \(\times\times\times\times\times\)  (\(mg\) %, \(\times\t	
Neonatal additional metabolic testing  Peak galactose-1-phosphate in newborn period (Please use comma for decimal)  (\( \mu mol/g \ Hb, \ XXX, XX \)  (mg \%, XXX)  If other unit than above, please specify (including unit)  \( \include{\text{NOT}} \)  Not done	Hypoglycemia in newborn period (<2.6 mmol/L)
Peak galactose-1-phosphate in newborn period ( <i>Please use comma for decimal</i> )  (\( \( \mu \) \(	ightharpoons
Peak galactose-1-phosphate in newborn period ( <i>Please use comma for decimal</i> )  (\( \( \mu \) \(	
(μmol/g Hb, XXX,XX)  (mg %, XXX)  If other unit than above, please specify (including unit)  ονο	Neonatal additional metabolic testing
(mg %, XXX)  If other unit than above, please specify (including unit)   Not done	Peak galactose-1-phosphate in newborn period (Please use comma for decimal)
If other unit than above, please specify (including unit)  Not done	(μmol/g Hb, XXX,XX)
○ Not done	(mg %, XXX)
○ Not done	If other unit than above, please specify (including unit)
	000
© Unknown	○ Not done     ○

Date of follow up (dd/mm/yyyy)



Lenticular changes/opacifications adulthood (18-50)

 $\nabla$ 



Patient number Gender		
000		
General follow-up		
Did a long term follow up take place	ce?	
© Yes		
◎ No		
Date follow up  (dd/mm/yyyy)		
Age		
(years)	0 0 0	
Head circumference (cm)  (XX,X)	Unknown	
Height (cm) (Please use comma	for decimal)	
(XXX,X)	Unknown	
Short stature (outside TH range)	Weight (kg)  (XXX,X)  © Unknown	Weight (pounds)  (XXX,X)  © Unknown
Lenticular changes/opacifications	in childhood	

Remarks (optio	nal)		
Open another	eForm long tern	n follow-up?	
Open another ∂	eForm long tern	n follow-up?	



Gender

Patient number



			0 0 0			
Brain	follow	-up				
Did a br	ain follow	up take	place'			
© Yes						
© No						
Is data	on brain in	nagining	ı availa	ble?		
If yes, d	escribe			f other, describe		
			$\overline{}$			
Develop	omental de	elay	Age	ofonset		
			ightharpoons		abla	$\nabla$
Langua	ge delay		Age	ofonset	$\forall$	$\bigcirc$
Impairm	nent in gran	mmar	Age	ofonset	<b>4</b>	$\Box$
Genera	l motor ab	normalit	y Age	of onset		
	$\overline{\nabla}$				$\triangleleft$	$\nabla$

Impairment in vocabulary	Age of onset	
$\Box$		$\forall$
Speech defect	Age of onset	
Verbal dyspraxia	Age of onset	
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Age of onset	
igtriangledown		$\forall$
Ataxia 🖂	Age of onset	
Chorea	Age of onset	
Ballismus	Age of onset	
Tremor	Age of onset	
Dystonia	Age of onset	
Athetosis	Age of onset	
Seizures	Age of onset	
Behavioral problems	Age of onset	

ADHD		Age of onset	
	$\overline{}$		
Diagnose of autism spectrum disorder		Age of onset	
	riangleright		
Depression		Age of onset	
	$\nabla$		$  \vee     \vee  $
Anxiety disorder		Age of onset	
	riangleright		
Schizophrenia		Age of onset	
	$\overline{\nabla}$		
Remarks (optional)			
Remarks (optional)  Open another eForm		in follow-up?	
		in follow-up?	





Patient number Gender	
Gonads and reproduction follow-u	ıp
Did a gonads and reproduction follow-up take place	ce?
© Yes	
◎ No	
Delayed puberty (Boys: lack of increase in testicle size by age 14 Girls: lack of breast development by age 13)	Children (only biological children)
Cryptorchidism	
Spontaneous puberty	Age of onset
	(years)
Induced puberty	Age of onset
	(years)
Hormone replacement therapy (beyond induction of puberty)	Age of onset
	(years)
Primary ovarian insufficiency (POI)	
Women < 40 years, >= 40 months amenorrhea 2 independent, more than 1 month apart FSH levels in the menopausal state	

Gonads imaging	if yes, please specify imaging method us date of measurement and short summa
	0 0 0
Tried to conceive	
igtriangledown	
Pregnancy	
Spontaneous pregnancy	Assisted reproduction
Age of mother at first delivery	How many children
(Years)	(XX)
Open another eForm gonads and rep	roduction follow-up?
◎ No	
© Yes	





Patient number	Gender	
	•••	
Bone healti	h follow-up	
Did a bone healt	h follow-up take place?	
© Yes		
◎ No		
Date follow up  Age	(dd/mm/yyyy)	
(years)		
,	000	
lumbar spine (z-s (+/- ) Use Z-score:	X,X)  women >18 yr and premenopausal	Bone mineral density (Please use columbar spine (t-score)  (+/- X,X)  Use T-score: 1-for women>18 yr and postmenopausal 2-men >50 yr
Bone fractures		Vitamin D test performed?
igwidth		igtriangledown
If 25-hydroxy vit please enter value (XX,		al)Other measurement for vitamin D
Does the patient	use vitamin D or calcium supplements	S
	igtriangledown	
Physical activity	minutes of mode	th Organization (WHO) recommends 60 erate- to vigorous-intensity physical activity ren and 150 minutes per week for adults <sub>i</sub>

◎ No			
◎ Yes			



Nucleoproteins (egg, liver, kidney)



Patient number Gender
Diet
Is data on diet available?
© Yes
◎ No
Which infant formula was used at diagnosis? (Multiple options possible)
© Soy
© Elemental
© Casein
Hydrolysate with MCT
Whey hydrolysate with MCT
Whey hydrolysate with MCT
Is the recommended diet completely lactose free?  (No milk, yoghurt, butter or lactose as ingredient in food)
Does the recommended diet restrict:
Galactosides (peas, beans, legumes, cocoa, soya)
Any fruit and vegetables (for their free and bound galactose)

Does the recommended d	iet allow a specified amount of	galactose in the diet?
$\Box$		
If yes: estimated amount i	n mg/day	
(XXXX) © V	lot calculated	
	/I N / I I I I I I I I I I I I I I I I I	. ,,
(XXXX)	ng/day Natural calcium intake	ın mg/day
. ,	, ,	
© Unknown	Unknown	
Calcium supplement	Amount of calcium supp	plement (mg/day)
	(XXXX,X	(X)
Vitamin D	Amount of vitamin D	
		© microgram/day
	© Unknown	<ul><li>IU (International Unit)</li></ul>
Other vitamins or supplen	pents If was specify	
	lents if yes, specify	
		000
Is any type of cheese (de	rived from dairy milk) allowed?	
$\overline{}$		
If yes, specify type and na	ame	
<b>3</b> 7 <b>1 3</b> 31		
	0 0 0	
Has the patient increased galactose intake independ	lently?If ves, specify	
		• • •
Does the amount of daily	allowed	
galactose increase with a		
$\Box$		
If yes:		

(ye	ears)
How much e	xtra galactose do you aim to give?
What is the i	eason for dietary relaxation in this patient?
What is the i ○ Patient ch  ○ New insig	oice
⊚ Patient ch	oice
☑ Patient ch ☑ New insig ☑ Other	oice hts If other, specify
<ul><li>○ Patient ch</li><li>○ New insig</li><li>○ Other</li></ul>	oice hts If other, specify





	Patient number Gender	
	Remarks	
	Remarks	
	Open another eForm Remarks?	
	O No	
	© Yes	
_		





Patient number Gender	
End of Registry	
End of registry  © Yes  © No	Date end of registry (dd/mm/yyyy)
Reason end of registry  O Patient died O Loss to follow up O Patient withdrew from study O Other	Other reason