



British
Porphyria
Association

Education / Support / Research
Registered Charity No. 1089609

The BPA would like to thank Orphan Europe for providing a grant to assist in the funding of this meeting





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Introduction to the British Porphyria Association and the Porphyrias

Liz Gill



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Welcome

- Housekeeping and the venue
- BPA bags
- Leaflets and merchandise
- Agenda for the day
 - All together this morning
 - Short comfort break – split into acute (scientific talks) and cutaneous (informal chat)
 - Lunch – split again into acute (informal chat) and cutaneous (scientific talks)
 - Short comfort break – all back together for final talks and Q&A session
 - Informal discussion times



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Thank you...



Introduction to the BPA

- Established in 1999, became a registered charity in 2001
- Up to March 2015, run solely by a committee of volunteers
 - Now have a paid administrator for 12 hours a week to support volunteers
- Aim to provide support, education and research
- Currently almost 500 people on database
 - Approx. 10% medical contacts and other organisations
 - 450 individuals and families
- Continuing to grow and evolve



What do we do?

- Hold two events per year for our members
- Publish two newsletters a year and design and publish various patient information leaflets
- Run telephone and email helplines, as well as our own website
- Monitor a Facebook page and have recently started to use Twitter (with not much input as yet)
- Coordinate various fundraising efforts with places in the London Marathon, Ride London and the Great North Run to name just a few
- Continuing with merchandise – to sell and raise awareness and for our fundraisers (incl. specialised sportswear)



What do we do?

- Attend relevant meetings in the UK including BIPNET and NAPS
- Attend meetings internationally – ICPP and IPPN
 - BIPNET – British and Irish Porphyria Network
 - a professional forum for specialist clinicians and scientists in the porphyria field, working collaboratively to share expertise and promote best practice in the care of patients with all forms of porphyria.*
 - NAPS – National Acute Porphyria Service
 - established in April 2012. Funded by the Department of Health to help patients with severe acute porphyria. NAPS centres: Cardiff and London, with Salford and Leeds as regional centres.*
 - ICPP – International Conference on Porphyrins and Porphyrias
 - IPPN – International Porphyria Patient Network



- The BPA help support all of the different types of porphyria in different ways.
- As a charity, we:
 - Are very grateful for our member subscriptions
 - Are very grateful for our sponsors who help with events such as this
 - Are very grateful for the fundraising efforts of our members
- We are also very reliant on the skills of our committee to keep moving forward – if you have relevant skills and the time to help, please let us know.



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Introducing the porphyrias



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What are the porphyrias?

- A group of rare metabolic disorders
- Most are inherited due to a faulty gene
- All interfere with the way the body makes haem





Why is haem so important?



- Haem is a vital component in the body
- It is needed to make haemoglobin and important proteins
- For those with porphyria, there is a lack of one of the enzymes (special proteins) needed to produce haem
- During the production of haem, some porphyrin and porphyrin precursors can be overproduced
 - In large quantities these can act as toxins to the body
- The way they build up differs depending on the type of porphyria



The different types of porphyria

Acutes

- Acute intermittent porphyria (AIP)
- ALA-dehydratase deficiency porphyria (ADP - also called plumboporphyria)

Mixed

- Hereditary coproporphyria (HCP)
- Variegate porphyria (VP)

Cutaneous

- Porphyria cutanea tarda (PCT)
- Erythropoietic protoporphyria (EPP)
- X-linked dominant erythropoietic protoporphyria (XLDPP)
- Congenital erythropoietic porphyria (CEP)



The acute porphyrias

- AIP and ADP (as well as VP and HCP)
- Are caused by a build up of ALA and PBG (aminolevulinic acid and porphobilinogens)
- Certain drugs and other factors can trigger attacks
- Attack symptoms can include:
 - Intense pain
 - Nausea, sickness and constipation
 - Low salt levels (and possibly convulsions)
 - Increases in heart rate and blood pressure
 - Muscle weakness





The skin (cutaneous) porphyrias

- EPP, XLEPP, PCT and CEP
- Are caused by a build up of porphyrins in the blood
- These porphyrins are damaging to the skin layers or the blood vessels (depending on the porphyria) as they react to various types of light
- Symptoms differ depending on the type of porphyria



The skin porphyrias (cont..)

- Porphyria cutanea tarda (PCT) is the most common cutaneous porphyria
 - 20% is inherited, 80% triggered by other means
- Congenital erythropoietic porphyria (CEP) is extremely rare
 - It affects many different parts of the body, including the skin, eyes and bone marrow
 - Severe scarring often results due to extreme sensitivity to visible light



Erythropoietic protoporphyria (EPP) and X-linked EPP (XLEPP)

- Characterised by reactions to visible light

(Blue, violet and other spectrums of light), rather than UVB/UVA which normally causes sunburn

Some artificial lights can also be problematic in a small number of people

- A phototoxic chemical reaction occurs when the skin is exposed to light:
 - Severe burning, itching, swelling - extremely painful
 - Often there are no visible signs of burning, meaning it is very difficult to diagnose, especially in children



The mixed porphyrias

- VP and HCP
- In addition to experiencing acute symptoms, they can also experience blistering of the skin when exposed to sunlight, resulting in fragile skin
- Need to be aware of safe drugs list and also skin protection elements



Incidence rates in the UK are difficult to determine

- Incidence differs depending on the type of porphyria
- It has been suggested that between 1 in 10,000 and 1 in 75,000 people may have a faulty porphyria gene
- Of these, many will never develop porphyria symptoms



Treatment of the porphyrias

- **The acute porphyrias**
 - There are various therapeutic treatments: but primarily, any triggers should be removed and then expert clinicians will guide patient care depending on the severity of the patient.
 - Options can include:
 - Haem arginate treatment
 - Hormone suppression
 - Pain management



Treatment of the porphyrias

- **The skin porphyrias**

- Depending on the type, there are various therapies available through expert clinicians, all with varying degrees of success, including:
 - Light therapy
 - Beta carotene
 - Dundee cream
 - SCENESSE®? Not available on NHS yet ...



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The future...

... is bright as clinicians and drug companies around the world are continually working to find better treatments/cures for the different porphyrias, incl.



- Orphan Europe
- Clinuvel Pharmaceuticals Ltd
- Alynlam Pharmaceuticals



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Future Porphyria Events

- **2018 Open Day – Queen Elizabeth Hospital, Glasgow**
9th June 2018
- **2018 Autumn Conference & AGM – to be confirmed**



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