THE
BRITISH PORPHYRIA ASSOCIATION
NEWSLETTER

Registered Charity No. 1089609

INTERNATIONAL CONFERENCE ON PORPHYRINS AND PORPHYRIAS (ICPP)

In June this year, the BPA was supported by Alnylam Pharmaceuticals to send a number of the committee to Bordeaux to take part in the bi-annual ICPP event and patient day.

The ICPP scientific congress and associated patient day is a hugely important event in the field of porphyria, as researchers, clinicians, lab staff and patient organisations gather together to learn about new research and best practices for all of the porphyrias.

The programme started on Sunday 25th June with a patient day, where patients from around the world gathered to hear relevant talks on the porphyrias and current research in the field, as well as build on networks between the patient organisations – the theme this year was 'together we are stronger'. The ensuing three-day scientific conference included lectures, short talks and poster presentations covering all elements of the porphyrias.

Some of the subjects particularly relevant to BPA members are noted below:

Acute porphyrias

- Various presentations related to the prevalence of attack-causing mutations. It is thought that in AIP approximately 1 in 1700 people in the general population will have a genetic mutation that can cause attacks. This is much more common than initially thought. It supports the findings of a similar study that took place in France some years ago. However, only around 1% of those in the general population will ever have any symptoms (compared to around 23% for those with a family history), which suggests there are likely some predisposing or protective modifying genes, as well as potential environmental factors that influence symptoms. Prof Desnick from New York is trying to organise international collaboration to identify and confirm which mutations cause AIP attacks and which ones do not.

- Dr Whatley (Cardiff) identified possible genetic factors associated with acute attacks and identified several areas of the genome that might be involved and which would therefore be of importance to look at in a further study.

- Dr Schmitt (France) examined haem arginate treatment and its impact on the course of acute porphyria. It was noted that there has been an increase in the number of recurrent patients since it was licensed, it also suggested that repeated haem use may make the body dependent on it. This means there needs to be a cautious approach to using haem.

- Late complications: It was noted that symptomatic AIP can be associated with a slow decline in kidney function for some people and so this is likely to be more closely monitored by porphyria specialists in the UK. Liver cancer and liver fibrosis (scarring) was also discussed with regard to AIP patients. The risk was considered to be marginally higher than the general population and so it is recommended to screen above the age of 50.

Erythropoietic porphyrias

- Prof Paw (Boston) examined how iron and haem are managed in the red blood cell. His research provided a major contribution to the understanding of how haem is made and controlled in the bone marrow. He noted a new gene (CLPX) that causes EPP in a similar way to XLEPP.

INTERNATIONAL CONFERENCE ON PORPHYRINS AND PORPHYRIAS (ICPP) *(Cont.)*

- Dr Halloy (Zurich) researched oligonucleotide therapy for the treatment of EPP. In this method, small artificial DNA molecules would be used to correct the common mistake in the ferrochelatase gene (the 'low expression variant'). They are experimenting in cultured cells at the moment and would need to be able to get the molecules into bone marrow cells, so is still at a very early stage of development.

- P Cwiek (Zurich) presented research into splicing modulation in a mouse model of EPP. Here gene therapy uses a viral vector to insert the correct DNA.

New treatment options: Various new treatment possibilities and approaches were discussed throughout the conference. These included messenger RNA (mRNA) therapies (where mRNA is 'edited' before it makes a protein, meaning that it can effectively correct a genetic mistake to treat a disorder), RNA interference (blocking mRNA), gene therapy and pharmacological chaperones (small chemical molecules that can improve enzyme function).

These research areas related to all different types of porphyria. Each of these methods are complex and some are still at very early stages of development, but all together are very interesting and hugely promising for the future.

Disease severity and quality of life: it was noted that quality of life effects of the porphyrias are only now beginning to be fully recognised. There were numerous presentations on new quality of life measures, psychological issues, stress and mental health problems due to living with a rare medical condition. It was agreed that there needs to be more information, explanation and preparation from porphyria services worldwide.

Other final subjects coming under discussion included improving collaboration and pooling resources regionally (Europe and the USA), as well as internationally, and improving diagnostic testing around the world.

For anyone interested in reading the abstracts or gaining more information on the content, please see *https://icpp2017.org/.*

UPDATE ON SCENESSE®

Since our last newsletter in May, the BPA have invested huge amounts of time in supporting the appraisals processes for SCENESSE in England (National Institute for Health and Care Excellence – NICE), Wales (All Wales Medicines Strategy Group – AWMSG) and Scotland (Scottish Medicines Consortium – SMC).

The drug received marketing authorisation through the European Medicines Agency (EMA) for use in Europe in 2014. However, the relevant government bodies in the UK still have to decide whether they are happy to fund the drug on the NHS.

For each country, the BPA were asked to provide a statement on EPP and outline the potential impact of SCENESSE on patients, as well as on carers and their families. This covered the effect on quality of life, including elements such as family life, economics, choice of careers, study options, amongst many others.

We would like to say a huge thank you to all of the patients involved in sharing their emotive EPP experiences to create strong and thought provoking submissions. We have had enormous support and collaboration from BPA committee members, EPP patients and patient organisations from around the world.

Each country has a slightly different process and each has progressed at slightly differing speeds. At the time of publication, the following can be reported:

Scotland (SMC): we were invited to submit a patient group statement and attend a patient involvement meeting in May, followed by the formal appraisal in June, where we had a significant voice in explaining the severity of EPP. We were acknowledged by SMC to have created a very strong submission. Disappointingly, the final decision has not yet been published by SMC and Clinuvel is still in discussion with them. We hope to hear more soon.

Wales (AWMSG): again we were invited to submit a patient group statement and patient testimonials, as well as attend a clinical and patient involvement meeting (CAPIG) in June. The appraisal was held at a public meeting in September, where the collated information was shared with the panel. At this public meeting, AWMSG recommended not to approve SCENESSE for use in Wales, as 'the case for cost effectiveness was not proven'. However, this still needs to be ratified by government before a formal notification will be made. Clinuvel have lodged a request for an independent review and this has been granted, which means that ratification is delayed until afterwards. It is thought that this review will take place in January 2018.

England (NICE): NICE also invited the BPA to submit a statement, which was completed in June. SCENESSE is being assessed under the Highly Specialised Technology (HST) process, and we were able to nominate two people to attend the appraisal meeting on 23rd November in Manchester. A decision is expected to be made by May 2018. Whilst waiting for the outcomes of these processes, Clinuvel have been establishing the necessary systems to enable them to meet the conditions of the EMA's exceptional circumstances approval, including establishing patient and disease registries, and setting up specialist treatment centres in the UK for controlled distribution. This means that, if approved, centres will be in a position to start administering the medication quickly.

Keep looking out for updates on our website and Facebook.

THANK YOU

Total Warrior: Bethanie Venis took part in Total Warrior in August. It is a challenging 10K event with more than 19 obstacles! Beth found that the mud made a surprisingly good skin protector against her EPP! Beth and her team raised an amazing sum of more than £1,089, THANK YOU and well done.

Ride London Surrey 100: This year the BPA had four cyclists in the Ride London Surrey 100. Despite numerous punctures and various other hindrances, all completed the challenging 100 mile ride in great times. Ian Burrell, Antony Fearn, Matt Bryan-Harris and Peter Lake raised an absolutely fantastic £3,161 between them – THANK YOU to all of you.

International Porphyria Awareness Week (IPAW): A huge thank you to Alicia Cawthorne and her Mum, Kate, for coordinating a super IPAW event in Kent with the help of Luke Foxley (Tesco, Kent Area Manager). During the IPAW week, 32 Tesco stores ran various fundraisers from bake sales, wear your onesie to work, raffles and soak the staff, to name but a few things. As well as raising lots of porphyria awareness, Alicia was also interviewed for Kent Online. They managed to raise an amazing £2,133 for the BPA – WELL DONE and THANK YOU!

Manchester 10K: Sonia Crosby and her team ran the Manchester 10K in memory of Sonia's older brother David Young who had porphyria and died 30 years ago (aged just 22) from complications due to a lack of knowledge and awareness of porphyria. Sonia and her team raised a fantastic £1,777 for the BPA to help raise awareness. A huge THANK YOU to Charlotte, Jamie, Sonia and Lowrell as well as all the family, friends and supporters who donated. Special thanks also to Rob Crosby who secured a £300 donation from Howden's Joinery Company and to David's mum, Gloria, for raising £100 with the UCAN Centre in Bolton.

Great North Run 2017: We had an amazing team of 10 Great North Run runners this year. Mark Senior, Jim Gill, John Critchley, Kelly Green, Kim Dickson, Vicky Addison, Danielle Scar, Noel McGurk, Emma Ford and Georgina Denham. Together they raised an immense £4,700. Huge THANKS to them and all their families, friends and supporters who donated to make it a truly wonderful event.

Custom Van Show 2017: Thank you again to Ray Lancaster and Jenny Coombs, who organised a successful event to raise funds for the BPA for the fourth year running. They raised a brilliant £133 For the BPA this year. WELL DONE for all your hard work in continuing to organise and raise funds.

Great South Run 2017: Jenny Kirk represented the BPA at the Great South Run this year and raised a whopping £1,507 for the BPA. THANK YOU Jenny for your hard work and to all of your supporters.

Birmingham Marathon 2017: For the first time, this year we had a team of five runners in the Birmingham Marathon. Organised by Brendan Parfitt; Brendan, Gavin Parrott, Chris Norris, Rachel Parkes and Paul Way all ran in aid of Brendan's son George, aged 7, who has EPP. The BPA would like to offer a massive THANK YOU to all of the runners, their families, friends and all of your supporters who helped you raise more than £2,500 for the BPA.

Shaldon Singers have also been raising funds in aid of George Parfitt and raised a fantastic £370 this year for the BPA. THANK YOU for all your efforts, it is wonderful to see so many different groups of people involved in fundraising and raising awareness..

Matthew Binns has been actively fundraising for us in his 'Made it to 50' challenge and has raised a fabulous £245 for the BPA. THANK YOU Matthew.

PCT PATIENT STORY

After suffering with skin traumas and blistering to my hands, I was diagnosed with PCT (porphyria cutanea tarda) in 2015. Unfortunately, it took well over 12 months to then see a consultant dermatologist who initially refused treatment. My ferritin levels were at 398 mg and during the next 6 months I worked to reduce those levels through diet and exercise. At my next dermatology visit I was referred for venesection after successfully lowering my ferritin levels to 175 mg. Following two venesections my levels were reduced further to a 'normal' 38 mg. I have seen a great improvement in my skin sensitivity to overhead fluorescent lights in the office and a slight improvement in the skin on my hands. I am assured by the dermatologist that over time my skin will improve and thicken back to its previous levels.

UPDATE ON GIVOSIRAN

The clinical trials into Givosiran, a potential treatment for acute porphyria, are continuing at a rapid pace. Parts A, B and C (of Phase 1+2) are now complete and the results look encouraging with those taking the drug seeing a reduced frequency of attacks per year compared to the run-in period.

The participants from Part C (16 AIP patients from around the world who suffer recurrent attacks) have been invited to take part in an open label extension of the study. Whether they received the placebo or the active drug in Part C, they have been able to choose to receive the active drug for a period of up to 30 months. This enables study participants to take the drug while further research is ongoing, and for the drug company, it enables longer term data to be obtained.

Alnylam have announced the start of the Phase 3 trial, and it is expected to start in the UK in early 2018. Patients eligible to take part are those with a confirmed genetic diagnosis of an acute porphyria and a history of two or more attacks requiring hospitalisation or haem arginate in the last six months. Importantly, all participants must be willing to discontinue preventative haem arginate during the study, although it will of course be available if required for an attack.

Half of the participants will receive Givosiran and the other half will receive a placebo. It is a randomised, double-blind, placebo controlled study. This means that neither the participants or the researchers know whether participants are receiving the active drug or the placebo. After the six-month study period, patients will be able to elect to receive the active drug for two years on an open label extension of the study in the same way as those from Phase 1+2/Part C. Alnylam is hoping to enlist around 74 participants from around the world.

So what is Givosiran?

Givosiran is one of a class of new drugs based on a new approach to medicine called RNA Interference or RNAi. RNAi is a natural process that helps the body recognise specific RNA messages and destroy them so they cannot be used to make proteins. Givosiran targets the ALAS1 enzyme (a protein) in the body. It is thought that reducing the amount of ALAS1 may help to prevent the build-up of ALA and PBG and prevent porphyria attacks and symptoms.

How is it administered?

Givosiran is administered via a sub-cutaneous (under the skin) injection on a monthly basis.

When will it be available to acute porphyria patients?

Givosiran is not currently approved for commercial sale in any country and the trials are still ongoing. It is important to remember that even if all goes according to plan for Alnylam, it may be a number of years before this is an available treatment in the UK.

In the meantime, the results of Alnylam's Explore study are continuing to enhance knowledge of the acute porphyrias, especially with regard to aspects such as chronic pain, which has recently been recognised as a significant factor for a huge number of patients.

For more information, please see *www.alnylam.com.*

LOOK OUT FOR YOUR LETTER!

We will shortly be writing out to every member, as changes to data protection laws will soon affect the way we can contact you. After May 2018, if you would like us to keep in touch about the work that we do or to receive our newsletters, we will need your explicit consent.

We support these very important legal changes and want to make sure that you only receive information from us that you want to receive, and in the ways that you would like. The letter will provide key information on what types of personal data we hold and why, as well as providing you with the opportunity to decide how you would like to be contacted.

When you receive the letter, it is essential that you complete the form and return to us, so that we can keep in touch with you. Alternatively, you will soon be able to visit *www.porphyria.org.uk* and select opt in, where you will be able to update your details and confirm how you would like to be contacted.

UPCOMING EVENTS

INTERNATIONAL PORPHYRIA AWARENESS WEEK (IPAW)

In response to the success of this year's International Porphyria Awareness Week (IPAW), the BPA will be promoting the 2018 IPAW, along with the American Porphyria Foundation (APF) and the International Porphyria Patients Network (IPPN). The date has been confirmed as **Saturday 21 to Saturday 28 April 2018**. It has been decided that going forward the awareness week will begin on the 3rd Saturday of April each year.

International collaboration is growing from strength to strength, but it is hoped that this will help to further strengthen the impact that we are having on a local and global level. If you have any ideas for awareness, publicity or fundraising that you would like to explore with the BPA, please do not hesitate to get in touch.

2017

At the beginning of October, we held our Autumn Conference and AGM in Cardiff. The meeting was well attended with excellent feedback about the content and the opportunities to chat with others. We are extremely grateful to all of the speakers/organisers who helped to make the day such a success; but, special thanks go to Dr Badminton and Tricia Gardiner from the University Hospital of Wales in Cardiff/NAPS who were pivotal in providing excellent content and support, both in planning and on the day.

2018

The BPA are pleased to announce our two member meetings scheduled for 2018. The programmes for both meeting are still to be finalised, but there will be a number of clinical talks, presentations from people living with porphyria, updates on new drugs coming to the market, as well as lots of opportunities to chat with other people with porphyria.

- **Glasgow – Saturday 9 June 2018: BPA Open Day**

This meeting will be held at the Queen Elizabeth University Hospital, Glasgow, with the support of Dr Galloway and Jane McNeilly.

- **Reading – Saturday 6 October 2018: BPA Autumn Conference and AGM**

This conference will be held at the Holiday Inn Reading West with the support of Professor Rees.

Register your place:
If you and/or your family may be interested in attending, please let us know via our helpline: *helpline@porphyria.org.uk* or 0300 30 200 30. Further details will be provided on our website and on Facebook when they are available. Information will also be provided directly to those who've registered their interest in attending.

HELPLINE

0300 30 200 30

Would members please note that our helpline is only manned at specific times, due to work and family commitments.

When it is not manned an answer machine will be in operation.

Please leave your name, phone number, day and time of message and someone will call you back as soon as possible.

web: *www.porphyria.org.uk*
email: *helpline@porphyria.org.uk*
address: BPA, 136 Devonshire Rd
Durham City, DH1 2BL

The BPA Newsletter is published by the BPA twice yearly.

WE NEED SPORTING FUNDRAISERS FOR 2018

We hope you've been inspired by the amazing fundraising efforts of all our 2017 fundraisers – we certainly have been! If you would like to raise funds for the BPA, or you know of other friends or family members that may be interested in some very popular sporting events, we have the following 2018 places available:

- Great North Run – 13.1 mile half marathon (Sun 9 September 2018): 6 places
- Great South Run – 10 mile run (Sun 21 October 2018): 5 places
- Ride London-Surrey 100 (Sun 29 July 2018): 2 places

Please contact *sue.burrell@porphyria.org.uk* for more details on any of these events or to express your interest in applying for any of these charity places.

THE BRITISH PORPHYRIA ASSOCIATION Registered Charity No. 1089609
MEMBERSHIP / DONATION FORM & STANDING ORDER

Title Name

Address

Postcode

Email

Telephone

Type of Porphyria

Date

WAYS TO PAY

☐ I would like to pay my annual membership fee of £15
☐ I would like to make a donation of:
☐ £10 ☐ £15 ☐ £20 ☐ £25 ☐ £50 other £
☐ I would like to set up a standing order (please fill in the form opposite)
☐ I have set up a standing order using my internet banking*
☐ I enclose a cheque made payable to the 'British Porphyria Association' for £
☐ I have made a payment using *www.justgiving.com*
☐ I would like a receipt

**please use your name and postcode as reference for an online payment*

By making a donation to the British Porphyria Association you will know that you are making a vital contribution to our work. Simply making a small donation will help us raise awareness, man our helplines or support research.

Do you pay UK tax?
If you pay UK tax, the BPA can reclaim 25p of tax on every £1 you give. This does not cost you anything and does not affect your personal tax position. Simply sign and date the Gift Aid declaration.

Standing Order British Porphyria Association

Please send this form to: **The Treasurer, British Porphyria Association, Rothlea House, 7-8 Quarry Lane, Butterknowle, Bishop Auckland, County Durham, DL13 5LL**

A monthly standing order or any donation you can give will make a difference.

Bank / Building Society name

Branch address

Postcode

Please pay the British Porphyria Association the sum of £
each month / quarter / year (delete as appropriate) from my account until further notice.

Account name(s)

Sort code Account No.

Starting on* (Date)

*This date must be more than one month after today's date

Signed Today's date

This cancels all existing standing orders to the British Porphyria Association
(please tick) ☐ yes ☐ no ☐ not applicable

Please pay to British Porphyria Association bank account:
Sort code: 20-43-63 Account No:7099 6904

Gift aid declaration
I am a UK tax payer and would like the British Porphyria Association (Registered Charity no. 1089609) to treat all donations that I have made in the last six years and all future donations that I make from the date of this declaration as Gift Aid donations, until I notify you otherwise. I understand I must pay an amount of income tax and/or capital gains tax equal to the tax reclaimed on my donations. (I will advise the BPA if my tax status, name or address changes).

Date Signature