

UK National XP Service

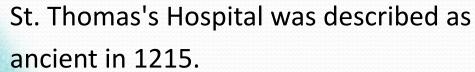
Guy's & St Thomas' Hospital
St Johns Institute of Dermatology







History



It was a mixed order of Augustinian monks and nuns, dedicated to Thomas Becket which provided shelter and treatment for the poor and sick.



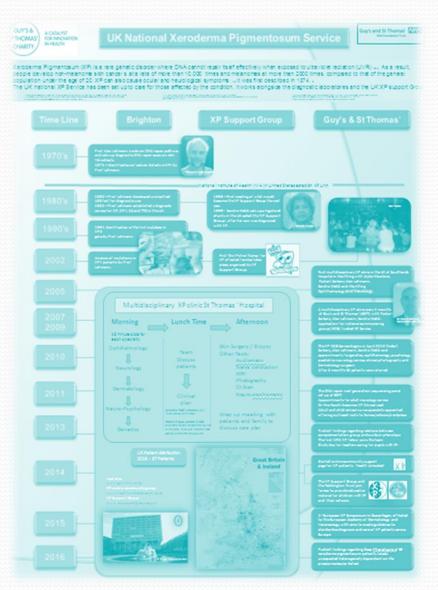
The hospital was originally located in Southwark, just south of London Bridge. 1867 rebuilt at the present Lambeth site across from the houses of Parliament.

Before XP National Service

- Patients seen by different dermatologists around UK
- Very few had easy access to a wider medical team
- No recognised standards of care
- Misconceptions about diagnostic indicators
- Misdiagnosis , late diagnosis or not diagnosed at all

XP Support Group - advice and support

Evolution of the clinic



Founders:

- Professor Alan Lehmann
- Sandra Webb
- Dr Robert Sarkany

After 5 years of planning and various formats, the XP NCG Service begins in April 2010.

After 6 months 35 patients were referred

Present day XP

- XP in the UK: 97patients
- UK population: 60 million
- Prevalence: 1.48/million





2010: National Health Service

Rare Disease funding 'to establish a National XP Service





Diagnostic Laboratories

DNA Repair assays

Next generation sequencing of all DNA repair genes

Patient Support Group





Multidisciplinary Clinic

- Photodermatology
- Dermatological Surgery
- Ophthalmology
- Neurology
- Neuropsychology
- Clinical Genetics
- Dermatopathology
- Visiting clinicians

















visit patients in their homes, schools and work place



The XP Multidisciplinary Clinic

2-3 clinics per month

Morning:

45 mins with specialist

- Eyes
- Skin
- Neurology
- Neuropsychology
- Genetics

Lunchtime:

Team Discuss Patients
Clinical plan agreed

Scientist: Prof. Alan Lehmann: fully involved as a clinician

Afternoon:

- Skin surgery
- Documentary Photography
- Blood tests
- Audiometry
- •MRI
- Nerve conduction
- Neuropsychometry
- CT Scanning

Wrap up:

Summarising discussion with family

Patient Support Group: Sandra Webb: available to talk to patients through out the day. Involved in non-clinical part of lunchtime discussion

Aim of XP Service

- All Pts diagnosed with XP are offered referral to the service
- Continuity of care
- Standardised care
- Regular Skin monitoring patient/clinic
- Minimise any surgery, confocal microscopy/Mohs surgery if required.
- Support
- Advise local teams
- Attending conferences spreading the word
- Research

Getting the message across

- Eight complementation groups
- XP presents in different ways
- Not all patients have sun burning
- Distinct freckling patterns with areas of sparing
- Hyper and Hypo pigmentation
- Ocular surface damage
- Freckling from the age of two
- Multiple skin cancers of all types
- Early skin cancer
- Prolonged and severe sun burn
- Neurological degeneration of unknown causality

Role of the XP CNS

- Key worker for XP patients
- Organise all-day multi-disciplinary XP clinics
- Ensure equitable access to service
- Outreach visits to homes, schools, work place
- Promote awareness of XP
- Develop patient pathways
- Patient information leaflets
- Research
- Service evaluation and development
- Audit
- Skin biopsy and basic surgery
- Camouflage advice
- Social services



Nursing issues

Paediatric

- Getting photo protection in schools
- liaising with schools
- Growing families and genetics counselling
- Transition years
- Age appropriate education

Adult

- Social services
- Education, encouraging adults to protect
- Helping in the work place
- Neurological degeneration support
- Multiple surgeries

Teachers study days

- Written information about XP and
- Schooling
- Started yearly XP study day for teachers





When a child with xeroderma pigmentosum (XP) is starting at your school

This leaflet aims to give teachers more information about xeroderma pigmentosum (XP). It offers guidance on how to assess and adapt the school environment before the child starts school. It also outlines the general support needed by all children with XP. Children with XP are affected by their condition in different ways, so to understand more about the child coming to your class we recommend talking to his or her parents before he or she starts school. If you have any questions or concerns, please get in touch using the contact details on the back page.

What is XP?

XP is a rare, hereditary skin condition where the body is not able to repair damage caused by the ultraviolet (UV) part of daylight. People with XP are more likely to get sunburnt or develop abnormal freckles on skin which is exposed to daylight. They can also develop eye problems due to damage from ultraviolet light. People with XP are more likely to develop skin cancers, particularly if they do not protect themselves from the harmful effects of ultraviolet light. XP can also cause problems with the nerves or brain.

Since XP only affects one in 250,000 people it is very unlikely that you will already have any knowledge of the condition. You may want to find out more from the child's parents, an XP clinical nurse specialist, the child's consultant, the XP Support Group or the local community



Children with XP:

- Need to be kept away from all unprotected sources of UV light (see page 2)
- Need to wear visor, gloves, long sleeves and hat when near any unprotected source of UV light (see photo below and page 3)
- Need to apply factor 50+ sunscreen regularly (see page 3)

A young boy with XP wearing a UV protective visor

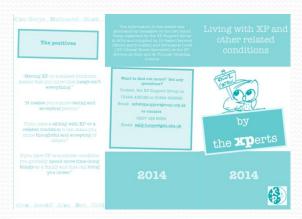


Work with XP Support Group



- Day at Owl Patrol each year.
- Contribute to the news letter
- Collaborate to produce leaflets





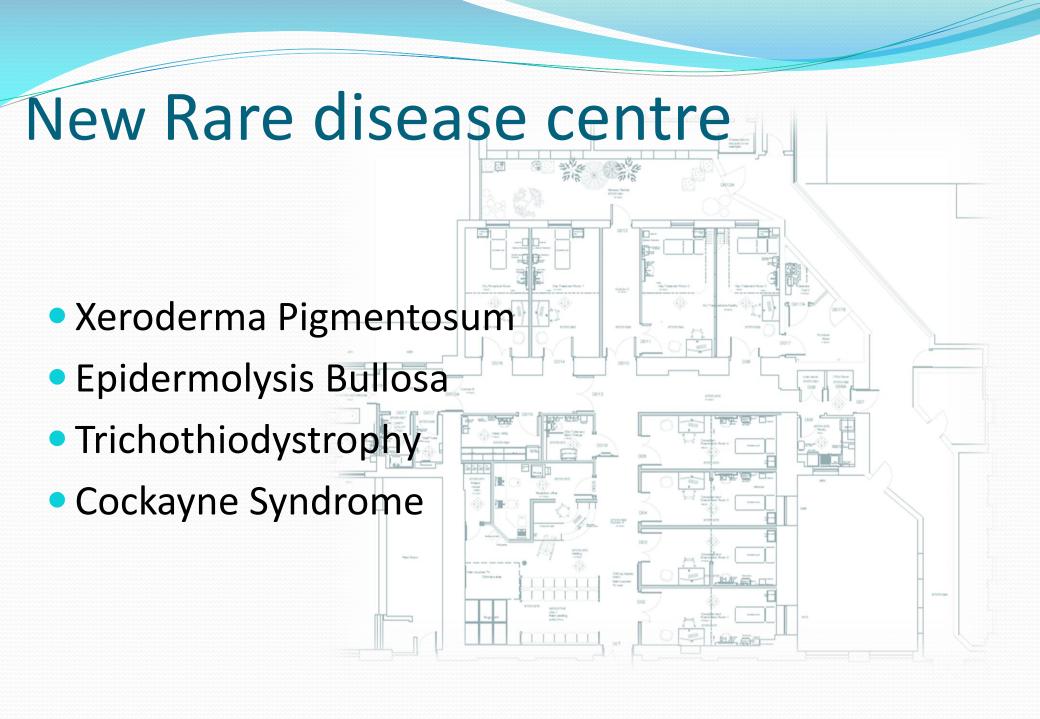


First European XP Society meeting Copenhagen 2015

Affiliated with the European Academy of Dermatology and Verenology (EADV)

Aims:

- Standardise diagnostic indices
- Agree on Standards of care
- Share knowledge
- Share research
- Working with the support groups



Articles / Publications

Fassihi H. Spotlight on 'xeroderma pigmentosum'. Photochem Photobiol Sci 2013, 12(1): 78-8

Turner S, Mullard K, Fassihi H, Sarkany R. **Nursing patients with xeroderma pigmentosum in the UK**. *Dermatological Nursing 2013, 12(3): 20-6*

M.Sethi, A.R Lehmann, H.Fawcwtt, M.Stefanini, N Jaspers, K.Mullard, S.Turner, A.Robson, D.McGibbon, R.Sarkany, H.Fassihi (2013) **Patients with xeroderma pigmentosum complementation groups C, E and V do not have abnormal sunburn reactions**. *British Journal of Dermatology*

Sethi M, Lehmann AR, Fassihi H. **Xeroderma pigmentosum: a multidisciplinary approach**. *EMJ Dermatol* 2013, **1: 54-63** 10.

Turner S. The Australian Travel Award: Just go for It! Dermatological Nursing. September 2015

Fassihi H, Sethi M, Fawcett F, et al. **Xeroderma pigmentosum: Deep phenotyping of 89 xeroderma pigmentosum patients reveals unexpected heterogeneity dependent on the precise molecular defect**. *Proceedings of the National Academy of Sciences 2016, 113(9): 1236-45*

Morley S. (2016) Ocular Solar Protection in XP: **The role of untinted lenses in blocking Ultraviolet radiation**. BJD (2016) 175, pp 625-627

Henshaw T, Turner S. **XP and nursing management of children and adults**. *Dermatological Nursing 2016 15(2suppl): 25-26.*

Conclusion

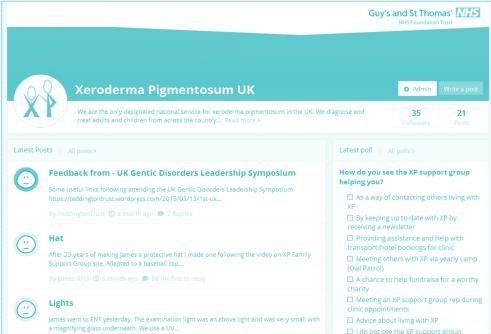
- •Raising awareness will lead to earlier diagnoses
- •Meticulous UV protection, leading to better outcomes and quality of life.
- •Having a national service for this rare condition means that patients and families can feel supported rather than isolated.
- •Large cohort of patients with XP at one centre enables us to advance our knowledge of the condition
- •Research that could lead to significant improvements in medical and nursing care.
- •The XP CNS is central to the multi-disciplinary service, working with the patients' local health services to maintain continuity of care.

Contact us









www.gstt.nhs.uk/xp

Healthunlocked.com/xp-uk

Thank you

 Guys and St Thomas Charitable Trust who enabled me to travel and attend the conference.

