

## Behçet's UK 2021 Conference and AGM

The 2021 edition of the Behçet's UK Conference and Annual General Meeting took place online, again supported by '1 Wimpole Street – home of The Royal Society of Medicine'. A total of 203 people registered to attend, of whom 103 attended live and another 85 watched the recording after the event. Most (77%) of the registered participants were patients/carers and 76% lived in the UK. Feedback survey results indicate that 38% of those attending watched with two or more people.

### Welcome and guide to the day



Prof Roger Kirby, President of the RSM, opened the meeting, saying that the theme of the day was patient-centred care. Next, Baroness Ritchie of Downpatrick, Patron of Behçet's UK, welcomed everybody to the meeting and expressed the hope that it would be the last online-only conference and AGM. Tony Thornburn, Chair of Behçet's UK, thanked the previous two speakers and expressed thanks to the RSM for their support in the past 2 years, adding that a face-to-face Medicine and Me event at 1 Wimpole Street was being planned. He ran through the agenda for the day.

### Biologics in Behçet's



**Prof Rob Moots**, Clinical Director of the Liverpool Behçet's Centre of Excellence, pointed out that the processes underlying Behçet's are poorly understood, which makes targeting the right treatment to the right patient at the right time difficult. Much of the treatment of Behçet's is 'eminence based' rather than evidence based. However, when the three centres of excellence were established, they developed a drug

pathway which sets out the drugs that should be used in different patients. Patients with the most severe/unresponsive disease need biologic drugs, which are expensive and are funded in England through the three centres. Biologics are effective in Behçet's, although they are not a cure, but which one to give and for how long are uncertain.

Two widely used biologics are Roferon (interferon-alpha) and infliximab. Roferon costs less and is used extensively in Germany and Turkey, but its side effects may be a problem. Infliximab is more expensive and is often used in the UK, but there is no UK effectiveness data in Behçet's and anti-drug antibodies may be a problem. The Bio-Behçet's trial, set up by the centres a few years ago, was a head-to-head comparison of the two drugs. It was the first randomised controlled trial of two biologics for Behçet's and saved the NHS £0.5 million. The results will be reported soon, and Prof Moots thanked the trial participants and Behçet's UK, which was a key partner in the trial. Both the drugs were found to work well in Behçet's, and the side effects of Roferon were less severe than previously thought. However, Roferon is no longer manufactured and not all patients respond to infliximab (and tolerance can develop), so other reliable drugs are needed.

Secukinumab is a biologic that is extensively used, and highly effective, in several inflammatory conditions such as psoriasis. It inhibits interleukin 17 and has a better side-effect profile than infliximab. A small retrospective study in Italy showed it to be very effective in Behçet's, and Novartis has now announced £700,000 of funding for a major trial in the UK. This is potentially very good news for Behçet's patients in the UK.

### **Patient-initiated follow-up**



**Sarah Hardy**, Nurse Consultant at the Liverpool Behçet's Centre of Excellence, shared a new patient-centered initiative recently introduced at the centre. With patient-initiated follow-up (PIFU), rather than having regular scheduled consultations, patients initiate their follow-up appointments as required. This promotes timely access to review when patients need it,

with ring-fenced clinic slots to ensure that they can be seen promptly. The patients best suited to this approach are those whose disease is stable and well controlled, who understand their condition and the principles of self-management, who can recognise a deterioration and who are able to initiate contact. Patients whose optimal disease management has not been established, who have safeguarding, consent or capacity concerns, or who are unable to access the service in a timely way would not be suitable for PIFU.

Potential PIFU patients will have a face-to-face review and receive written and verbal information. They will be given the opportunity to ask questions, as well as time to reflect. Their GP will be informed, and patients can change their mind at any time. The first step in the process is for the patient to call the nurse advice line or text DrDoctor. The Behçet's nurse will call back within 2 working days and offer telephone advice or triage for review. Medical telephone review or nurse consultant face-to-face review (ring-fenced slots) can then be accessed within 2 weeks.

PIFU should be an informed and shared decision. It should improve patients' experience and outcomes through empowerment, and should be flexible and take changes in circumstances into account. It should not compromise care or lead to inequity of care provision. Advantages include prompt review when unwell and no need to attend clinic when well. It should reduce unnecessary hospital visits and increase clinic appointment capacity. Potential disadvantages include increased demand on the nurse advice line, more complex workload in the clinic (as patients will be unwell) and the need for close management of capacity to facilitate prompt review.

### **Patients concerns inventory**

**Prof Moots** asked the audience to think about whether they have ever left a doctor's appointment without being able to raise a question that they really wanted to ask, and whether they had ever felt that a consultation was driven by what the doctor wanted rather than what they wanted. The Behçet's patients concerns inventory (PCI) is intended to enhance consultations between Behçet's patients and their doctors. The PCI was initially developed for head and neck cancer; it was so popular with patients that Prof Moots developed one for rheumatology. It is also suitable for Behçet's,

because consultations can be complex and require discussion of many different concerns.

Dr Sam Mukhtar, an academic foundation doctor, is researching the use of the PCI for Behçet's. The first stage was a literature review to develop a long list of concerns that Behçet's patients might have. This was followed by focus groups of healthcare professionals at the three centres to revise the list, and then of 239 Behçet's UK members who responded to the request for input to further refine the list of concerns. The resulting list comprises 48 potentially important questions, and the next stage is to trial this in the clinics to assess ease of use, quality of consultation and patient outcomes. The questions are broken down into domains of physical wellbeing, psychological wellbeing, and social wellbeing.

Domain	PCI items
<b>Physical and functional well-being</b>	Blurred vision
	Eye pain
	Eye redness
	Light sensitivity
	Oral ulcers
	Oral pain
	Oral scarring
	Problems with speech
	Genital ulcers
	Joint pain and/or swelling
	Burning/shooting pain
	Urinary incontinence
	Limb weakness
	Headaches
	Memory loss
	Dependence on mobility aids
	Difficulty walking
	Balance
	Abdominal pain
	Back pain
	Shortness of breath
	Skin appearance
	Skin rashes
	Skin pain
	Nausea and vomiting
	Fatigue
	Sleep disturbance
Changes in eating patterns	
<b>Psychological and emotional well-being</b>	Low mood
	Anxiety
	Stress
	Body image and appearance
	Self esteem
	Worrying thoughts about condition
	Loss of interest in usual hobbies
	Fear of dying
	Feelings of disappointment
	Feelings of dependence on others
	Sex life
<b>Social care and social well-being</b>	Relationships
	Maintaining a job
	Difficulties in self-care

## **Behçet's UK AGM**

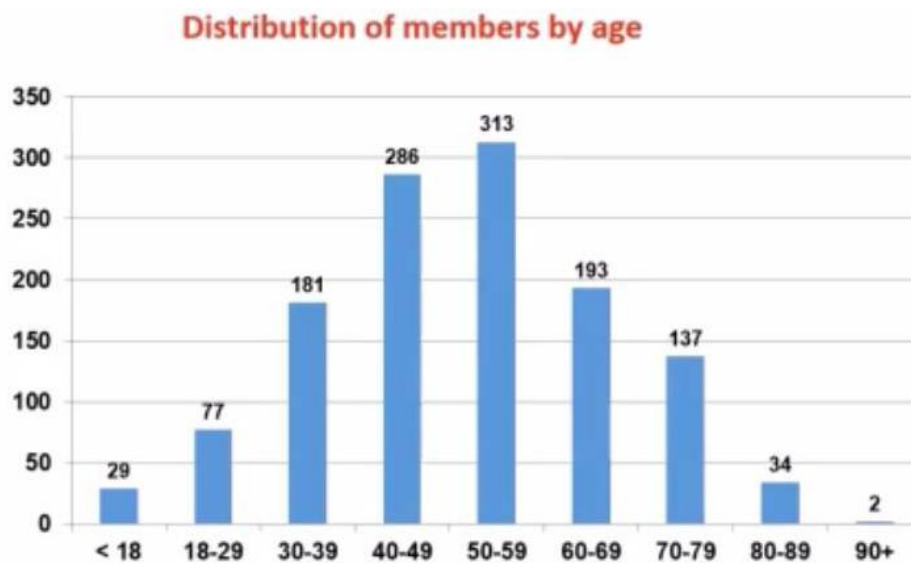
**Tony Thornburn** welcomed everybody to the AGM and encouraged them to read the Annual Report, which is available on the website. He asked the audience to indicate via a poll whether they are Behçet's UK members to ensure the number was sufficient for the AGM to proceed. Tony listed the trustees, thanking Neil Williams for joining and all the trustees for giving up their time for the role, and adding that additional trustees with specific skills or regional representation would be welcome. He also noted the valuable work done by the administrative staff Gemma Darlow and Deborah Cardinal.

The aims of the society continue to be maintained, with clarity of purpose and coherence achieved through the website, social media and other means. Wider visibility has mainly been achieved online through attendance at numerous virtual meetings. The helpline is receiving fewer calls than it used to. Patient-agreed research questions have been ascertained, and the upcoming BSR/BAD (NICE accredited) guideline will drive consistency of care. The centres of excellence are developing a care pathway with Highly Specialised Services. Tony thanked the support group organisers and noted that the website interim refresh by Gemma had been successful. Deborah has been coordinating web and social media fundraising initiatives, and Tony thanked everyone involved for their efforts. A new content management system being sourced by Gemma should improve the efficiency of communication with members. The society continues to seek improvement in care in the devolved nations. Moving forward, the major initiative is the focused and targeted research effort involving establishment of a patient registry, leading to a natural history study of Behçet's in the UK and genome work.

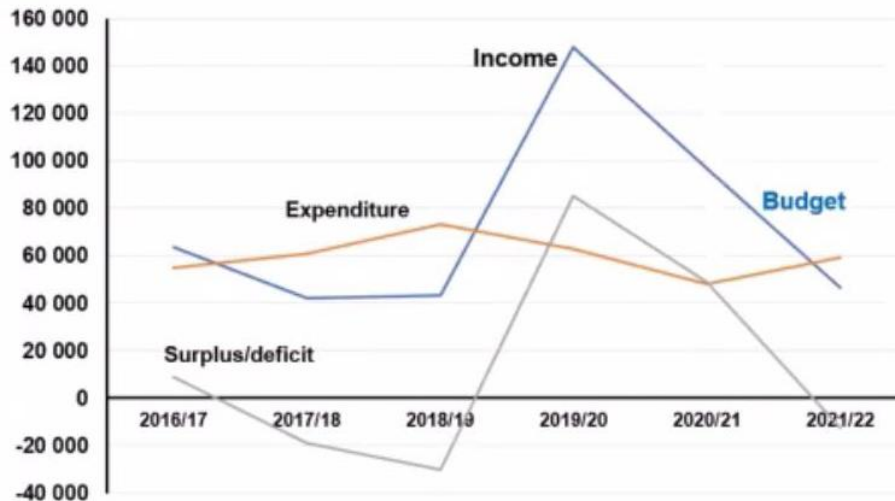


**Alan Lane**, Honorary Treasurer, reported that the membership of the Society has continued to increase steadily, now standing at 1204. Benefits of membership include a welcome pack, a quarterly newsletter, access to the helpline, participation in local support groups and invitations to family days/weekends. In addition to the full members, there are 28 junior members, 81 associate members (mainly medical personal), and many

donors and fundraisers. The database includes 1138 patients, 122 carers, 51 supporters and 15 overseas members. Most members (1134) are in England, with 100 in Wales, 81 in Scotland, 34 in Northern Ireland and four in the Channel Islands. The average age remains 51 years, and 74% are female. Most members (68%) now receive newsletters by emails, and 23% Gift Aid their subscriptions. A few members (4%) are in arrears with their subscriptions and may be removed from the database. The subscription remains at £20 a year for 2021/22, and a typical grant award is capped at £500.



Turning to the accounts, Alan said that these were rather unusual this year. Subscriptions and donations made up 36% of the 2020/21 income, with 4% coming from Gift Aid and only 1% from fundraising. However, the second instalment of a very large legacy from a former member accounted for 54% of the income. The total income for the year was £96,977. The largest item of expenditure was staff costs (55%), followed by patient information and the newsletter (19%). Charitable grants and the Conference and AGM accounted for 5% each, but travel costs were zero. Total expenditure was £48,096. As a result of the legacy, the year-end balance was the highest in the charity's history and higher than recommended. The trustees have decided that half of the amount should be earmarked to fund the operating costs for a 4-year period, leaving some funds available for new projects.



Regarding the research fund, grants totalling £69,000 have been made to university medical departments over the past 5 years. A generous donation was made to the fund 2 years ago. Some grants are being held back until hospitals are able to undertake projects postponed due to the pandemic.

Alan concluded that although the society is currently in a good financial position, this is due to unusual and temporary factors. So help is still needed through people becoming members, making donations, buying merchandise, shopping through Amazon Smile or other shopping partners, donating via eBay, playing the Weather Lottery and taking part in fundraising events.



**Rachael Humphreys**, Behçet's UK Trustee, spoke about how fundraising ideas had needed to be adapted again in 2021. After the success of Bike for Behçet's, Run for the Rare in 2020, the society launched Behçet's to the Beach on 1 March 2021. This was another challenge that could be completed in many different ways, with virtual routes for most levels of

fitness from the registered office in London to one or all of the best beaches in the UK home nations.

A large number of individuals and teams completed the challenge, including 10-year-old Belle who covered 103 miles and raised over £500. Natasha Devon helped to raise awareness by speaking about the impact of Behçet's on her family on her LBC radio

show; she and her brother raised £1300 by running and cycling 103 miles. Laura cycled 665 miles, including a cycling date in London with her husband and cycling with her children on several family holidays. The EATC4Children team took on 1114 miles and exceeded it by 60 miles, finding that it benefitted their own mental health. Jade and Jordan walked 501 miles, saying that it gave them a reason to get out and about and find new places. Sonja also took on 501 miles, both walking and cycling, and found that the fresh air made her feel much healthier. A grand total of £10,000 has been raised for Behçet's UK, and Rachael thanked everybody involved and encouraged people to take part in future challenges.

Rachael then announced that the recipient of the Judith Buckle Award 2021 was Jan Mather. Jan has been a driving force behind Behçet's UK and the creation of the centres of excellence. She became involved in the charity in 2003, when she started making Christmas cards to raise funds. She became a Trustee in 2005 and Chair in 2006. She had a vision of patient-centred, multidisciplinary care for everyone with Behçet's, and she drew up a proposal to NHS England which resulted in the establishment of the centres of excellence. A separate charity, Behçet's Patients Centres, was set up in 2013, with Jan as Chair. The contract for the centres has been renewed several times by the NHS, and they have been described as a model of good practice. Jan and her family have also been prolific fundraisers for Behçet's UK, with Jan and her mother Mary making Christmas cards for 18 years, Jan's sister Ruth organising charity balls, and husband John taking part in numerous challenges over the years. Rachael thanked Jan for all her efforts on behalf of all at Behçet's UK, as well as the staff and patients of the centres.



Jan thanked everybody involved for the wonderful surprise. She recalled being diagnosed with Behçet's 25 years ago by Prof Phil Murray; he gave her the contact details of the society, which was a great help to her. Her aim as Chair had been to advance the patient agenda and to increase links with medical professionals. Now, with BPC, she works to make sure that patients receive the best possible care. Jan thanked everyone who worked with her to achieve these objectives.



## **Behçet's Patients Centres update**



**John Mather**, BPS Operations Manager, reported that the support coordinators had adapted to new ways of working and continued to support patients by phone, video call, text messages and now also face to face. They work with the multidisciplinary teams at the three centres, particularly the clinical psychologists, to ensure that patients live as well as they can with Behçet's and continue their education and employment wherever possible. The BPS team continue to develop their knowledge to enable them to support patients in the best way possible.



The three support coordinators then introduced themselves in pre-recorded videos. **Rebecca Hyder** has worked at the Birmingham Centre since 2015 and really enjoys her job, particularly helping people to find and retain employment. She has an interest in the transition from children's to adult services, as well as in food and nutrition. She is now able to say hello to patients in clinic, but has to conduct consultations remotely as she does not have a room to see patients in. **Jackie Pooler** has been in her role at the Liverpool Centre for 7 years and also supports paediatric Behçet's patients and their families at Alder Hey. Her main role used to be helping patients with their benefits, but she now more often supports patients in the workplace and helps employers to understand Behçet's. She also works with school nurses and student support services to support young Behçet's patients at school and university. **Jean Christians** has been at the London Centre since 2013 and has never enjoyed a job more. She loves meeting so many different people and rising to the various challenges presented every day. Jean has a background in recreation and leisure, and enjoys empowering people through these pursuits.

## **Current initiatives**

### ***Introduction to epidemiology study and UK Behçet's patient registry***



**Dr Deva Situnayake**, Clinical Director of the Birmingham Behçet's Centre of Excellence, emphasised the importance of teamwork and collaboration between the three centres of excellence, the University of Birmingham's Institute of Applied Health Research, Behçet's UK and all the patients who have attended the centres

over the years. This has enabled the epidemiology study, which in turn will link into the establishment of a national register for Behçet's, in conjunction with the National Congenital Anomaly and Rare Disease Registration Service (NCARDS).

### ***Retrospective Epidemiological Study***



**Dr Priyanka Chandratre**, Consultant Rheumatologist in Birmingham, gave an update on the study investigating the epidemiology of Behçet's in the UK, conducted in Birmingham on behalf of all three centres and supported by Behçet's UK. Behçet's is a rare disease, but it is probably more common in the UK than was

previously thought. The aim of the study is to establish national prevalence using data from both primary and secondary care. The pilot study in Birmingham is now ready for submission, and the next step is to extend the study to the other two centres and to validate the findings using data from the Clinical Practice Research Datalink (CPRD) and Hospital Episode Statistics (HES).

The national study will first estimate the annual incidence and prevalence of Behçet's between 2012 and 2021, and then identify phenotype clusters in the UK. It will also look at risk factors for Behçet's and test the association between these and Behçet's outcomes. Geographical differences in time to diagnosis and use of biologic drugs will also be studied, as well as the prevalence of various complications of Behçet's. This first phase will take around 2 years to complete, and it is estimated that it will cost £61,395 of the £71,862 available. Phase 2 will be to establish a national register

of people with Behçet's in the UK. Dr Chandratre thanked all the patients involved in the study, as well as all the staff at the centres of excellence.

### *Patient registry initiative*

**Deva Situnayake** considered three questions that patients might ask in relation to a register. He answered the first one, "Will my data be safe?", by explaining how the National Disease Registration Service (NRDS, part of NHS Digital) provides a secure repository for data, backed up by legislation. Regarding the second question, "Why are we doing this?", high level objectives of the NDRS are to:

- Provide a resource for clinicians to support high quality clinical practice
- Support and empower patients and their carers by providing relevant information
- Allow monitoring of the frequency, nature, cause and outcomes of the disorder
- Support research into rare diseases and precision medicine
- Inform planning and commissioning of services
- Allow monitoring, evaluation and auditing of services, including efficacy and outcomes.

Large amounts of data enable phenotype clusters in UK Behçet's patients to be identified and linked with genomics data to develop a more tailored approach to treatment based on sub-phenotyping. As for "How will things change as a result?", patients' data will be used wisely and securely to inform treatments and improve outcomes, to improve equity of access to treatment and care, and to advance personalised medicine.

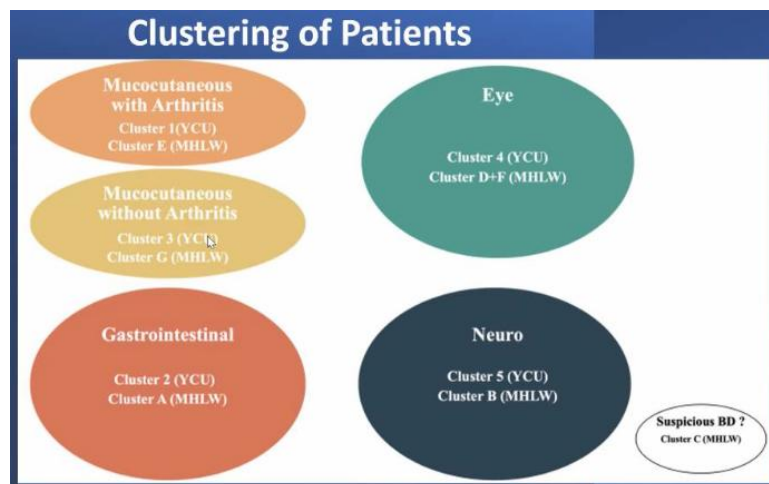
**Tony Thornburn** said that he has seen many examples of the benefits of patient registers, highlighting the importance of including patients not seen at the centres of excellence to get a full picture of Behçet's in the UK. Collection of patient-reported outcomes is important. Such real-world evidence combined with data from randomised controlled trials is the ideal 'gold standard' approach.

## Scientific research



**Dr Graham Wallace**, Senior Lecturer at the University of Birmingham, gave an update on current research in Behçet's, beginning with the hypothesis that the interaction between the gut (and/or oral) microbiome and the immune response in predisposed individuals drives Behçet's. Multiple studies have been conducted and have found no particular bacterial species associated with Behçet's. However, several species with similar functions have been highlighted, including those with the ability to produce butyrate. A clinical trial has started in Italy to look at nutritional intervention in 90 Behçet's patients randomised to a lacto-ovo-vegetarian diet, a Mediterranean diet or a Mediterranean diet supplemented with butyrate. The primary outcome will be changes in gastrointestinal and systemic symptoms of Behçet's.

The concept of phenotype clustering is also the subject of research, with a large Japanese study finding distinct clusters of Behçet's patients. This type of research has the potential to facilitate targeting of therapy. For example, small studies have shown tocilizumab to be effective in Behçet's patients with ocular or neurological involvement but less so in those with mucocutaneous symptoms, while secukinumab is effective in patients with a mucosal and articular phenotype refractory to previous treatments.



Turning to genetic studies, Dr Wallace stressed that there is no genetic test for Behçet's, as multiple genes are involved. However, polygenic scores can be used to

count the risk alleles in individuals to identify those at the highest risk. In addition, metabolomics can be used to link metabolites to genomic profiles and identify the pathways involved in the disease. This is being done using samples from the Bio-Behçet's trial. Finally, Dr Wallace reported that an international webinar on COVID-19 and Behçet's concluded that the prevalence of COVID-19 in people with Behçet's is lower than in the general population (possibly due to shielding), that Behçet's is not associated with more severe COVID-19 and that therapies used for Behçet's do not increase the risk of COVID-19.

### Medical Advisory Panel Q & A



The day finished with a question and answer session with a Medical Advisory Panel comprising Prof Rob Moots, Prof Farida Fortune (Clinical Director, London Behçet's Centre of Excellence), Dr Deva Situnayake, Dr Graham Wallace, Dr Clare Pain (Paediatric Rheumatologist, Liverpool) and Sarah Hardy. The panel answered many of the questions that had been submitted before and during the meeting.

Prof Fortune confirmed that funding for two specified biologic therapies (interferon and anti-TNF agents) is ring-fenced, although the centres would like to be able to use the funding for other biologics as well. Prof Moots said that Behçet's UK is working hard to improve services for Behçet's patients in Scotland, Wales and Northern Ireland; however, the centres in England liaise closely with doctors in other parts of the UK and can see patients if funding is made available.

Dr Situnayake explained that there is some genetic overlap between Behçet's and Crohn's disease and the two conditions can be difficult to differentiate. Some of the same pathways are involved in both, and some of the same drugs are used. Replying to a question about possible new treatment targets, Dr Wallace explained that targets in the mitochondrial pathways are being investigated. Around half the genetic variants associated with Behçet's are involved in the immune response, and the other half represent possible new targets.

Regarding whether Behçet's runs in families, Dr Pain said that Behçet's itself cannot be passed on, but genes that increase susceptibility to it can; a trigger would still be needed for the disease to develop. She said that treatment of Behçet's in children is similar to that in adults, but there are no clinical trials in children; the first one is just starting at Alder Hey. Sarah Hardy spoke about the transition from paediatric to adult services, saying that she attends Dr Pain's clinics at Alder Hey and meets most of the children and their parents. She can arrange visits and explain the process, and the timing of transition is agreed between the three parties.

**Clare Griffith, Editor**