PSF

Proteus Syndrome Foundation UK

Our Patron - Joseph Drake

Our Patron - John Hurt, the actor who portrayed the 'Elephant Man' in the award winning film of the same name.

Newsletter - January 2016

Proteus Syndrome UK is a member of the Rare Disorders Alliance and affiliated to Contact a Family.
Registered Charity No: 1077796 www.proteus-syndrome.org.uk

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Mission Statement: The Proteus Syndrome Foundation is a not-for-profit organisation founded to educate, support and raise money for grants and research towards finding a cure for individuals living with Proteus Syndrome.

Welcome from the Chair

Welcome to the PSF newsletter! The past few newsletters have been sent out by email and have been posted on the website **www.proteus-syndrome.org.uk**. A heartfelt plea is that I need all families to email me their up to date email and telephone numbers, also to advise me if you have moved recently. Please email me at: **traceywhitewoodneal@yahoo.co.uk.**

If I have correct details I can send out updates and keep you in touch with developments. Also if you are on Facebook, you can join our page where I post latest news – this also enables you to keep in touch with other families and reach out for support.

Find us on Facebook – Proteus Syndrome Foundation UK

I have decided to send out a hard copy newsletter as there is so much exciting information to share with families and with our supporters. What an amazing journey we have been on. Back in 2011, the NIH team discovered the gene that causes Proteus, AKT1. Now in 2015 we are actually starting a drugs trial with a treatment that could herald stopping Proteus in its tracks. What a bitter sweet time as we remember those we have lost on the way and those whose lives and bodies have been affected so much by this relentless condition.

We have so much to be thankful for, for Dr Les Biesecker and his team working tirelessly to combat Proteus, ArQule, Kim Hoag-Green and the PSF for their enduring work, to our families and to our supporters, to you all – Thank you from the bottom of my heart. We have always been hopeful and that hope continues with even more vigour and faith. ◆

Please note that the views expressed in this newsletter are not necessarily the views held by the Proteus Syndrome Foundation UK.

THE PROTEUS CONFERENCE 2015

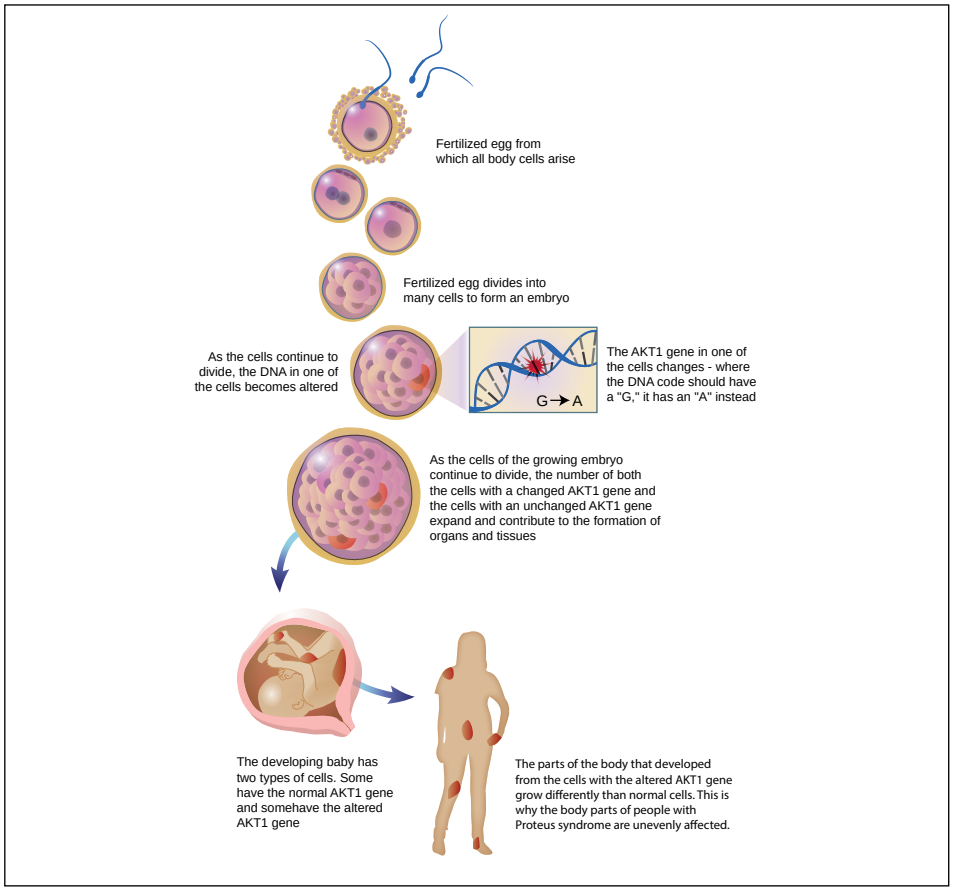
Research and drugs trial update

I attended the Proteus conference in Bethesda, USA from 17 to 19 September this year. We hadn't had a conference for 4 years and equally I have not held a family weekend since 2012

It was decided to hold the conference as Dr Les Biesecker and his team had been successful in getting agreement to run a drugs trial. You will recall that his team discovered the gene that causes Proteus (AKT1), back in 2011.

This followed around 19 years of research involving patients from around the world who gave tissue samples from biopsies and surgeries. The research looked for the gene mutation in around 3 billion possible changes, so a mammoth task. Funding provided by PSF in America and our UK group helped with the research, allowing use of new technologies, such as next generation sequencing. AKT1 is a protein involved in signalling, these processes are essential to cell growth, telling cells to grow, to not grow or to die or divide.

You can still read about finding the cause at: www.genome.gov/proteus



The pharmaceutical company ArQule are on board with the drugs trial and have been using ARQ 092 for some time, treating some forms of cancer. The drug targets the AKT1 mutation that causes Proteus. The drug treatment is intended to deactivate or "calm down" the AKT1 effect. ARQ 092 achieves this in the laboratory but also in cancers so Dr Les Biesecker and ArQule are confident that it can work on Proteus.

The objective of the drug treatment is to inhibit the effects of AKT1 and allow normal growth signals. It does not kill the cells with the gene change. Remember that Proteus is a mosaic condition and not all cells have the AKT1 mutation.

Very low side effects are expected and the treatment would be long term. AKT1 is known to regulate insulin so one expected side effect would be an increase in blood sugar. This is manageable.

The FDA have given approval for the trial so by the time you read this newsletter, the trial may have started. There is an exclusive members only Facebook page to check progress. This is for patients and families only to provide a safe on line place to share –

Proteus Syndrome Foundation – Clinical Trials. Kim Hoag-Green and Judy DeVries are the admin for the page and joining is limited to families known to the PSF or Proteus Family Network.

The design of the study (to test the drug) involves giving a dose of the drug and measuring the effect in the tissues. The dosage can then be adjusted up or down. Tissue samples would be collected before the drug was administered and patients in the drug trial will receive a low dose to start with. Tissue would be collected again and the activity of AKT1 would be measured again. They are aiming for a 50% reduction in activity and the drug can be adjusted to achieve this. There are rigid protocols for the study which are not individually tailored. To begin with this will involve a 4 week stay at National Institutes of Health, Bethesda, USA. This will involve blood test, urine tests, genetics examinations, ECG, MRI etc. The first week would involve being an inpatient at NIH, the next 3 weeks as an outpatient (although people living a distance from NIH could apply to live on the site). Thereafter visits every other month. The study would continue over a period of one year. Anyone on the drugs trial, where success is identified can receive the drug cost free.

After evaluation of the trial (minimum one year), compassionate use of the drug should be possible for patients not living within travelling distance of the NIH (I asked this question for us here in the UK)

Three adults have been selected to go through the trial to begin with. Following this 3 children over 12 years old will be selected. To apply to be on the drugs trial, the patient has to have a test to check for the AKT1 mutation. PSF UK is working with Dr Rob Semple and Dr Vicki Parker at Addenbrooks in Cambridge and they have agreed to help with testing, either to apply for the trial or to obtain a definitive confirmation of the Proteus diagnosis.

How to get tested for the AKT1 mutation/get your Proteus diagnosis confirmed

Dr Robert Semple has explained:

Any who are interested in genetic testing, especially those who do not have easy access to this through their existing doctors (for example in Manchester or at Great Ormond

Street) are welcome to contact the Cambridge team (details below) to discuss how this can be arranged most easily. Sometimes testing can be organised by arrangement with local hospitals, or using stored tissue samples where relevant, but often a trip to Cambridge is be required for consultation and skin biopsy. Travel costs are reimbursed for research visits, and every effort is made to work around patients work and school schedules and other commitments.

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Trials for PIK3CA and other overgrowth conditions are already underway. ◆

Here is a short blog of the first adult patient taking part:

"All the testing this week is so they have a baseline comparison after I start the drug. I will be an inpatient the first week that they start the drug in early December. Here is my week:

MONDAY – met with Dr Kim Keppler and some papers to read and sign. Had an overview of what was going to happen. Then met with Dr Scott Paul in rehabilitation medicine. Dr Paul took measurements of my mobility by measuring angles in my joints and limbs. Elbows, wrists, hands, fingers, hips, pelvis, knees, ankles and toes.I also had an EKG. Monday ended with an ultrasound on my abdomen.

TUESDAY – I fasted for having a blood test, ony 3 this time. Had all the usual photographs taken and then the extra spots they will be watching for comparison, mostly the CCTN on the bottom of my foot. I then had a cardiac MRI.

WEDNESDAY – pulmonary function test and then occupational therapy – this was a test of picking items up with my left hand and then my right hand whilst I was timed. I had a pulmonary consultation to talk over the test results from earlier in the day. Finally I had an echocardiogram.

THURSDAY – MRI of my knees then physical therapy. This involved walking ten metres as quickly as possible three times while being timed. Abdominal MRI.

FRIDAY – MRI on my foot and chest CT

I will also be having MRIs on my hands and wrists."

I will follow this journey! ◆

THE PROTEUS CONFERENCE 2015

BRIAN SCHWARTZ, CMO, HEAD OF RESEARCH AND DEVELOPMENT ARQULE

Brian gave a very interesting and in depth presentation about the company and about ARQ 092. He explained that his career had been about extending lives that were expected to be cut short but now he is very excited to be part of this opportunity to make the lives of Proteus sufferers better. ArQule started in 1993 and was at that time involved with the purely chemical aspect of drug discovery. In 200o it changed its focus and became involved in research. In 2013 it took compounds in to clinical trials and had 6 programmes including Proteus and other rare diseases. The drugs are used in other tumour treatments (found in cancers). It started with 50,000 possible compounds. The drug development process takes from 10 to 15 years and costs over $1 billion.

Brian explained and showed data to demonstrate how ARQ 092 is already successful in treating cancers and shrinking soft tissue tumours. AKT1 is implicated in many cancers. Brian explained the side effects that can occur where the drug is used. He reiterated the higher blood sugar side effect and explained that a mild rash can be experienced. As with other drugs, nausea and diarrhoea are possible too.

Many families asked about how the drug might affect bone growth as this is major problem. Brian said that they would expect an impact on bone growth but this is currently untested and would take longer to track. It is also impossible to predict what impact the drug may have on vascular malformations or on DVTs or pulmonary embolisms.

A MESSAGE FROM ARQULE

We would like to begin by thanking Tracey for asking us to contribute to the Proteus Syndrome Foundation UK Newsletter. We hope this is the beginning of a long and successful relationship between ArQule and the Foundation.

ArQule had the opportunity to meet Tracey at the U.S. Proteus Syndrome Foundation conference in Maryland where we had a presentation on our drug, ARQ 092. ARQ 092 is the drug that has been selected by the NIH for a phase 1 Proteus syndrome trial in the U.S. I would like to use this opportunity to give everyone a brief introduction to ArQule.

ArQule is a small biotechnology company located in Burlington, Massachusetts – about 15 miles from Boston. We currently have 38 employees and four drugs in clinical development, including ARQ 092. The focus of our clinical trials thus far has been in oncology, including liver cancer, lymphoma, endometrial cancer and breast cancer.

ARQ 092 is currently in a phase 1 trial for cancers known to be caused by a mutation of the AKT1 gene. We have dosed over 100 people with the drug and have seen encouraging signs of tumor shrinkage in lymphoma, breast and endometrial cancer, particularly in those with the AKT1 mutation. While the clinical results are still early, we are continuing to conduct further trials to learn more about the drug.

As ArQule was working on ARQ 092 in oncology, Dr. Biesecker and his team at the NIH were conducting research to try to identify the cause of Proteus syndrome. In 2011, the team identified a mutation in the AKT1 gene to be the cause. We are now seeing this important linkage between Proteus syndrome and oncology with this mutation.

We understand that some of you may be worried about taking a cancer drug and also may be wondering why a cancer drug could benefit someone with Proteus syndrome. While we have begun to demonstrate that the same mutation of the AKT1 gene can cause certain cancers as well as Proteus syndrome, the two diseases are indeed very different and consequently the treatment regimen may be as well. For example, the Proteus syndrome trial is using a substantially lower dose than the doses we are using in the oncology trial. This is for three reasons.

First, we do not believe the AKT signaling in the cells of people with Proteus syndrome will be as difficult to knock down as those with cancer. Cancer cells are known to be tricky and often have multiple escape plans to allude drugs.

Second, in the cancer trials we treat people with ARQ 092 for weeks or months. We anticipate treating Proteus syndrome for a much longer time, potentially over a lifetime. So we do not want to expose you to any more drug than you need.

And lastly, completely related to the previous reason, is side effects. From what we know about ARQ 092, the side effects, namely rash and hyperglycemia, are dose dependent, meaning the higher the dose you take, the more likely you are to have a side effect. Now this doesn't mean there will not be some side effects in the Proteus syndrome trial, but we are trying to lessen that risk with a lower dose. We would also point out that the side effects are reversible and often subside once the drug is no longer dosed.

So here we are at the beginning of the first clinical trial for Proteus syndrome. ARQ 092 is a capsule that can be swallowed and should be taken once a day. Dr. Biesecker and his team at the NIH are running the trial and are responsible for monitoring everyone who has enrolled. The trial is designed to establish the safety of the drug as well as an appropriate dose. If we are successful in finding a safe and effective dose, our hope would be to continue to another trial that will enable us to file for approval with the regulatory agencies. But that is further down the road and a best case scenario.

Science, specifically drug development, has its ups and downs. The reality is that more clinical trials fail than succeed. Those who conduct trials, such as ArQule and the NIH, do a lot of research to make the best informed decisions possible when selecting which drug to test in people. We feel there is ample evidence to suggest ARQ 092 has a chance to work in Proteus syndrome, but there is no guarantee. That is the downside to clinical trials. However, the one thing that we can promise to those who choose to participate in the trial, whether it's successful or not, is that we will learn more about Proteus syndrome. The more we learn, the better chance we have of identifying a successful therapy.

If you have questions about ArQule, please feel free to pass them along to Tracey, and we will make sure that we respond. On behalf of ArQule, we are honored to be part of this journey with you.

KIM KEPPLER-NOREVIL (NIH)

Kim manages the day to day management of the drugs trial. Kim explained that there were some contraindications for joining the drugs trial, one being the use of warfarin and the other is taking Rapamycin. If anyone would like a list of the criteria for being involved or the things that would prevent you from joining the drugs trial, please contact me for more information. Kim is also involved in the drugs trials for PIC3CA.

During the two days, we also heard from Dr Laura Tosi (orthopaedic surgeon), Julie Sapp (genetic counsellor at NIH), Emily Hattwick (hand surgery), Thomas Darling (dermatology), Barbara Bowles Biesecker (what to consider in joining a clinical trial), and Ann Berger (integrative approach to pain management). ◆

BRIAN RICHARDS

We were very lucky and privileged to hear from Brian Richards who shared his lessons from living with Proteus, along with special video footage from his wife Angela (this showed us how to effectively care for the feet). One revelation from his presentation was "Sexy Sock night" – an opportunity to give those dry and rather odorous feet a luxury treatment. Various products were recommended including Foot Miracle therapeutic cream and Johnsons foot soap (with baking soda, borax and iodide).

Brian also recommended Chris Gracey in USA who can help with specially made insoles – Graceyfeet@aol.com. ◆

Cooper Hoag facilitated a session for the kids just to be kids and for siblings to talk about their feelings too. The highlight of the Dinner event on the Saturday night was a speech by Cooper which I am including in full. There was not a dry eye in the room!

KEYNOTE SPEECH
COOPER HOAG

Mom has this great ability to sort of slip tasks on someone without their consent, I like to call it "voluntelling" she kind of just points you out and says GO. But at least I didn't have it as bad as poor Jon Cohn a while back when he flew to a conference where he has never met anyone and is told the day of arrival that he gets to be the keynote speech…Kim Hoag everyone.

This is a new type of conference because the past conferences we have really gone over temporary treatments for the disease, we have tried to figure out how to 'get around' Proteus syndrome.

This new conference is shedding new light on Proteus. There is hope. There is a light. We could be on the edge of controlling Proteus syndrome's direction instead of Proteus Syndrome controlling our direction.

But this is also a scary time. We do not have a crystal ball to know how these trials will turn out. I look at you and see questions and doubts. Yet we all know this is what we have worked towards for the last 18 years. This is the moment we could possibly change the future for people born with this disease and hopefully each of you living with PS.

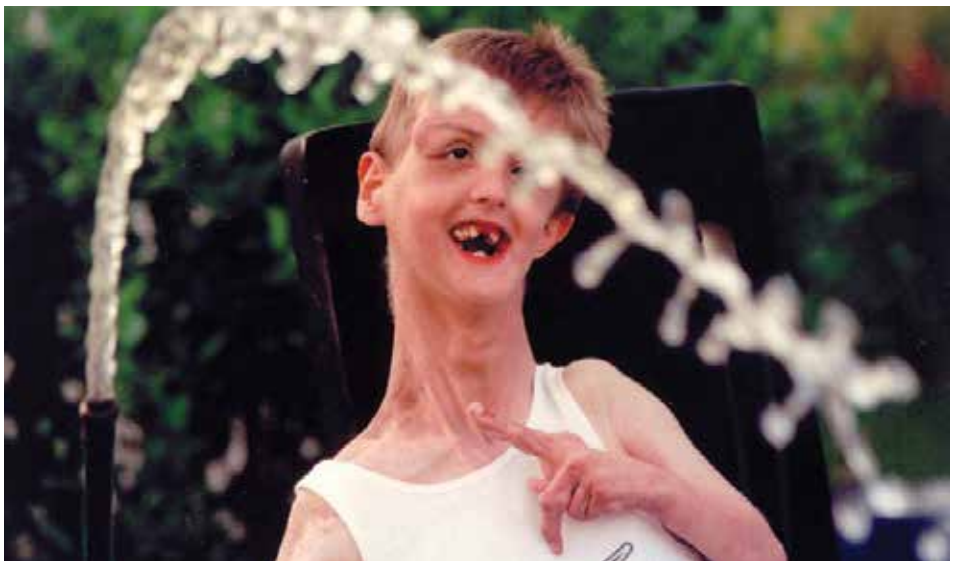
I would like to share what it has been like for me growing up around Proteus syndrome. Growing up with this disease in my life has allowed me to experience all everyday emotions….on STEROIDS.

My brother is Alex. He was born on July 5, 1990 and he died of a pulmonary embolism on Sept. 20, 1999. He was 9 years old and he had a severe case of Proteus.

I became a therapy tool at the age of two. Alex had physical & occupational therapy 4-6 hours each week at Children's Mercy Hospital. The other therapists would have me demonstrate my amazing walking abilities to the kids with Cerebral Palsy and other disorders. I basically taught kids how to walk. Then they would put me on a stretcher and take me up to entertain the kids on the 5th floor – the cancer unit.

Mom wouldn't see me the entire time. I was a very talented, underpaid therapist.

When I first noticed my life was a little different than others was when I became aware of people staring at Alex. To me, Alex was normal. Neither his wheelchair nor his big hand bothered me at all.



My mom took us all to Disney World in 1997. Alex was 7 years old and I had my 6th birthday at the park. I remember Mickey Mouse not drawing as much attention as when my brother would roll by. I also remember getting ready to tell someone to quit staring when my mom told me to wait. As I 'waited' the man continued to look back at Alex and stare…. and then he walked smack into a tree.

I learned the art of timing.

During the same trip we went to Sea World. Alex was spinning in his wheelchair and kept trying to sit with the family at the table behind us. They didn't think he was cute so we let him sit with them a while. You know…. So he could let them know how awesome he was.

In 1997 my mom, Alex and I flew to the NIH and met the original crew of PS kids. That was quite a group of kids and parents. We played, we talked, we hung out, we became family. This is the first time we met Dr.Biesecker and his amazing group.

Who knew that this first meeting would eventually lead to this meeting today.

At that initial meeting we all decided to go to the zoo. Mom reminds me how all the kids wheelchairs got stuck in the elevator on the metro and we had to extricate the kids one at a time. Slightly embarrassing….. We spent the day at the zoo and Sean Henderson carried me on his back to the metro for our journey home. No one could walk the next day but we had a great time.

Meeting these other kids with Proteus syndrome, hanging out at the Children's Inn, meeting Dr Biesecker and his team was the beginning of an amazing journey for me and my family.

story continued on page 6

THE PROTEUS CONFERENCE 2015

story continued from page 5

Unfortunately having a brother with a rare disorder comes with its battles. My mom had to fight for Alex's rights to be in a 'normal' school. At the time we were lucky the Kansas City Star, our home newspaper was doing a large article on our family. The school would not let the reporters or photographers into the 'meetings' to get Alex into the new classroom. But the school soon figured out that mom could do just fine getting him placed on her own.

When the principal told mom the bus would pick Alex up after it had dropped all the other kids off at school moms response was…'As long as he doesn't miss the Pledge of Allegiance I am fine with that'. When they told her he would be 20 minutes late for school she threatened to stand on her roof naked until all the media in the state picked up the story that they were discriminating against her son. Remember the paper was still doing the story… they took her seriously. Alex made the pledge of allegiance.

The best part of getting the bus was that I got to ride on the wheelchair bus with Alex, just us two. But to ensure that we were safe mom followed the bus in her van all the way to school, she did. That principal eventually nominated mom as parent of the year for Missouri.

There were many funny moments. Alex loved to carry things with him everywhere. He would carry his feather duster, his doll; Edwina, his rainstick, hairbrush and in Les's office Alex loved the stethoscope. On a plane ride once, he decided that it was most important for his feather duster to accompany him. I was a few rows behind him and all of a sudden I see this giant right hand raise up and start feather dusting the roof of the plane and then Alex felt the man's head in front of him wasn't clean enough so he feather dusted him also.

Alex knew how to hold a grudge. There was a time where mom, only once, gave him a spicy bbq sauce that he didn't like. Every meal from then on he would ask if it had that BBQ sauce on it. She also lost control of his wheelchair one time walking him home from school. She didn't mean to and a nice man stopped his car and helped her get him up. She told Alex not to tell anyone and he didn't say a word all weekend. She thought she was in the clear until she picked him up from school on Monday and the principal asked her how the weekend went and all the teachers wrote in his journal about how that was all Alex talked about all day.

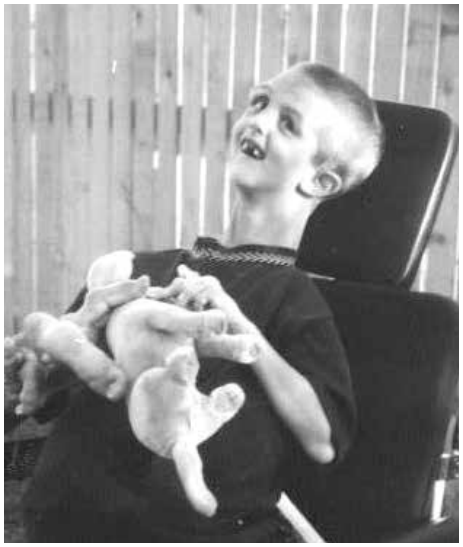
I learned to be an advocate for him. One day in Sunday school a little girl started crying when she saw his hand. At 4 years old I stood up and explained that Proteus syndrome is something he was born with, it is not contagious, and he is a great kid who wants to be a firefighter.

Alex and I shared a room. Because his knees were permanently bent he had trouble rolling over at night. So I would roll him over a few times, put on his smooth jazz radio station then sneak over to mom's room where we would watch Gargoyles, Rosanne and Saturday Night Live.

Mom also had her classic moments. She loved to take us to Sesame Street Live every January. One time she had Alex sitting on her lap and I was sitting in Alex's wheelchair. We were in the 6th row. Mom likes to say I had an eject button on my butt because I could spontaneously fly out of seats. As I sat in Alex's wheelchair in the 6th row everyone around us thought I was the kid who couldn't walk, my eject button suddenly went off and I flew out of the chair. Mom didn't hesitate to tell me to get my butt back in the wheelchair and quit jacking around. She was not happy. And then even not happier when she realized that everyone around us thought she had just yelled at her cute little child with disabilities.

Through the years I continued to come to the NIH and grow up with this unique Proteus family.

We are all walking a crazy path in life. Not only the PS kids themselves, but the siblings, parents, husbands, wives, and grandparents. There have been tears of pain and tears of joy. I have lost Proteus brothers and sisters, I have gained others. Through it all Dr. Biesecker never gave up on us. He worked tirelessly to find the cause of this disease. Growing up with a personal hero such as Dr. Biesecker has been an amazing experience. Dr. Biesecker has given me inspiration, hope, and drive in my own personal life. He has also provided laughter while skiing in the mountains…..but that's another story.



My mom founded the PSF with Barbara and Mary in 1991. I grew up stuffing envelopes, folding newsletters, sitting on moms lap while she typed newsletters late into the night, occupying my little brother so she could work. I always thought that when I grew up I would take over the PSF and continue the fight.

Then the package arrived.

My mom opened up a box and there was a framed picture of periods, comma's, T's and Y's. Mom called Les and he explained that it is a picture of Alex's DNA. And went on to explain that they had found the cause of Proteus Syndrome. AKT1.

I had spent the night at a friend's house and when my mom called she was close to hysterical. Just telling me to please come home fast. I thought Ian had finally killed the cat. I arrived home and mom sat my brother and I down to explain that Les had found the cause of Proteus syndrome. That not only had he found the cause of the syndrome but the cause had something to do with cancer somehow and that meant that people would come with drugs and we could find a cure.

Now I stand before you. This Proteus family. New friends, old friends, the best friends. We have a drug that might stop Proteus syndrome. We are being asked to be brave, strong, and take a risk again. We have come from knowing nothing to knowing almost everything about Proteus. We have come from having nothing to having a possible cure.

I hate Proteus syndrome for all that it has taken from me and I love Proteus syndrome because of all the people it has surrounded me with. Having it in my life has defined who I am to a large degree. This journey has been a rough one – high's and lows of unimaginable degrees. So thank you Proteus family for helping me shape my life.

I would like to take this moment to propose a toast to Dr. Bieseker and his amazing team – Kim Keppler, Marjorie Lindhurst, and Tom Darling and all the others who are not with us tonight.

We all thank you for your love and dedication. CHEERS

It was amazing to meet old friends and new friends at the conference, we are like one big happy family. ◆

Segmental overgrowth

printed with the permission of Mandy Sellars from her website

Back in 2012 I was a patient at Addenbrookes hospital in Cambridge where two amazing doctors, Dr Robert Semple and Dr Vicki Parker had been researching my condition using DNA sequencing. Their result was utterly amazing and something that I never thought would happen in my lifetime. They had found the faulty gene that causes the overgrowth in my legs and feet, which also indicated that my upper body is not affected by this gene mutation. This turned out to be a single letter mutation in the PIK3CA gene. I was the first person in the world to be discovered with this exact gene mutation, which is something that I am extremely proud to say.

What follows is information from my doctors in to Segmental Overgrowth which includes the PIK3CA mutation:

WHAT IS SEGMENTAL OVERGROWTH?

Segmental overgrowth describes a condition where there is an excess of growth in different parts of the body, but normal growth elsewhere. Examples of this include:

- PIK3CA related overgrowth spectrum (PROS)
- Congenital lipomatous overgrowth, vascular malformations, epidermal naevi and skeletal abnormalities (CLOVES)
- Macrodactyly
- Macrocephaly-capillary malformation (M-CM)
- Proteus syndrome
- Klippel-Trenauney Syndrome (KTS)

WHAT CAUSES SEGMENTAL OVERGROWTH?

Segmental overgrowth disorders have recently been shown to be caused by changes in genes (genetic mutations) which cause key growth signals in cells to be switched on all of the time. The genes in which these mutations have been found include;

- PIK3CA
- PIK3R2
- mTOR
- AKT1
- AKT3

IS THIS AN INHERITED CONDITION?

These conditions are not inherited in the usual way from parents, and are equally not passed onto children. A genetic mutation occurs early on in pregnancy in a single cell when the foetus is just a tiny ball of cells. As just one cell is affected at this time, only some parts of the body are affected, whilst other parts grow normally. The genetic mutation occurs because the cell makes a mistake in copying DNA when dividing to create a new cell; there are no known **in utero** triggers for this.

WILL THE OVERGROWTH EVER STOP?

In some patients, overgrowth continues into early adulthood and then slows down or stops, but in others, growth continues into adult life. At present there is no way of predicting whether someone will keep growing or not, but research efforts are underway to answer this question.

IS THERE AN INCREASED RISK OF CANCER?

Many of the genetic mutations found in segmental overgrowth conditions are also found in cancers. However, cancers have lots of different genetic mutations and current scientific evidence suggests that the gene changes found in segmental overgrowth do not trigger cancer. The current reported rate of cancers is low in patients with segmental overgrowth, however future research studies are needed to determine the true risk, and in the meantime, your doctors will monitor you or your child closely for this.

ARE THERE ANY AVAILABLE TREATMENTS?

At present the main treatment for overgrowth is surgical removal of tissue, or operations to slow down growth. However, finding the genetic cause of these conditions has opened up the possibility of treatments with drugs that may be able to stop or slow down overgrowth. If you or your child is severely affected, your doctor may discuss with you a treatment called sirolimus (rapamycin) or everolimus. These drugs help to slow growth in cells, and there is a small amount of evidence to suggest these may help in some forms of segmental overgrowth.

We are currently setting up a trial in patients with **PIK3CA** related overgrowth (PROS) to see if sirolimus is better than sugar tablets (placebo) at reducing overgrowth. If you are interested in treatments or wish to know more about our trial please email:**Overgrowthstudy@medschl.cam.ac.uk**and you can check our clinical trials page for more details.

HOW DO I GET MYSELF OR MY CHILD TESTED?

As part of our research study, we can test for the gene changes commonly found in segmental overgrowth conditions, and can be contacted directly to organise this via our email address: **Overgrowthstudy@medschl.cam.ac.uk**.

Alternatively, you can discuss testing with your GP or local doctor. In order to test, doctors will need to look at DNA taken from an affected area of overgrowth, and this may require taking a small sample of skin (skin biopsy).

You can also take a look at the Facebook and Twitter pages for more information:
twitter.com/OvergrowthStudy
facebook.com/segmental.overgrowthstudy

PROPOSALS FOR SUPER SPECIALISED CLINIC FOR SEGMENTAL OVERGROWTH DISORDERS

I was invited to attend a meeting with Dr Rob Semple and Dr Victoria Parker from Addenbrookes Cambridge.

Other attendees were Miss Rachel Knox, Ms Leena De Silva and Mr Graeme Clark from Cambridge, Professor Peter Mortimer, Dr Sahra Mansour and Dr Glenn Brice from St George's Hospital, London, Dr Veronica Kinsler, Dr Anna Matinez, Dr Lindsay Shaw from GOSH and Professor Jill Clayton-Smith from Manchester.

Patient Support Groups represented were Mandy Sellars and Sue Harper for GoPI3Ks, Ms Lorraine Yeomans and Ms Julia Higgins from M C-M.net and Jean Harrison and Sarah Gardiner from the Proteus Family Network.

The meeting discussed proposals for setting up regional clinics for segmental (mosaic) overgrowth disorders including those mentioned in the information from Mandy Sellars.

We discussed locations of these clinics and the most likely locations are London, Manchester and Cambridge.

The support groups that attended were asked to survey their members in order to influence and support the clinic proposals that were going to the NHS. We need to demonstrate that these clinics will not require additional funds and may actually save the NHS money. Some of you will have received surveys and thank you to those who returned these. The results have been passed on to Cambridge and we await the results.

It was a great opportunity to catch up with Mandy and Sue and we had dinner together after the meeting! ◆

Jordan's news

Jordan has recently started his second year at the University of Creative arts in Canterbury. He has an adapted flat on campus and he is right near to the city centre. He has made some amazing friends and loves the architecture course which is tough and full on!

He has visited Barcelona and Paris and next year they are going to Munich. Jordan drives his own 'drive from wheelchair' vehicle.

Jordan gets help every day with his cleaning and cooking but other than that I am so proud of what an independent and determined young man he is.

He has fought through all his battles and is still an inspiration to so many. ◆

Kai – Jordan's brother

Kai is 16 now and has a rock band with his friends called Seeking Paradise. Kai plays the drums and they have done a couple of open mic nights at local pubs. Kai is still not sure what he wants to do job wise. I think he misses his big brother! ◆

Robert Smith

It is with great sadness that we announce the death of Robert Smith in 2014. We thank Rita his devoted mother for asking for donations in lieu of flowers. ◆

Ross's news

Ross was coming home from University a couple of weeks ago and due to badly parked vehicles on both sides of the brow of a hill, was forced into the kerb by an oncoming aggressively driven white van. Unfortunately hitting the kerb which caused a flat tyre. However, Ross was able to drive home with great care. His car does not have a spare tyre, it has the foam canister. We tried between us to decipher the instructions (it was raining quite hard) and finally Ross managed to remove the inner valve from the tyre valve…very fiddly!! We poured the liquid foam into the tyre and tried in vain to pump it up. We realised that it wasn't just punctured it was ripped and all the foam started to spill out. This foam has a very strong ammonia smell and it was going everywhere.

We finally gave up and called out the RAC. We waited 40 minutes until they arrived. The RAC chap put on his spare wheel and packed Ross's tyre securely so that none of the liquid damaged the boot of the car. He advised us which Kwik fit to go to as they replace up to 4 tyres on motability cars at no cost.

The RAC and Kwik fit were terrific that day and Ross now knows what to do in an emergency. ◆

News from Mandy Sellars

Tracey asked me to give you all an update on what has been happening with me.

In 2012 I was the first person in the world to be diagnosed with a new overgrowth condition which causes a mutation in the PIK3CA growth gene.

This is one thing that I thought would never happen, but even more amazing, since then my doctors in Cambridge asked me to trial the medication Rapamycin in the hope that this would stop the growth of my affected areas, my legs and foot. However, none of us expected what actually happened. Not only did the overgrowth stop, the fatty tissue also started to shrink as well.

Since starting the medication in 2012 I have lost 5 stone. However, I have not just relied on the medication to do this, as I have found that increasing the exercise that I do and also to follow a sensible eating regime has helped and I am feeling the best I have ever felt in my life. I feel very lucky to have found my amazing doctors who took a chance on me and now this medication is also being used to help others. ◆

Farewell to Robert the gentle giant aged 24

By Amy Collett
Call: 01553 817322
Email: amy.collett@jpress.co.uk

Robert Smith, the 7ft 8in man dubbed a 'gentle giant' by his mum, has died of a heart attack at the age of just 24.

The Walsoken man passed away at the Queen Elizabeth Hospital in King's Lynn last Tuesday.

Robert was virtually housebound in the four years before his death, bound the same condition which affected Joseph Merrick, famously dubbed the Elephant Man in the late 19th century.

He had proteus syndrome, a rare illness which causes the abnormal growth of a person's bones, skin and head.

His story touched hearts across the country last year when an appeal was launched with the support of the Fenland Citizen to buy him a motorised wheelchair. Within weeks, more than £10,000 was raised.

Robert's heartbroken mum Rita, 66, cared for her son single-handedly around the clock.

The mum-of-two, from Seabank Road, Walsoken, said: "Robert suffered a cardiac arrest and he just couldn't breathe.

"I'm absolutely devastated. I can't believe he has gone. I don't know what I'll do without him."

Doctors predicted that Robert would only live for one month when he was born four weeks prematurely.

But against the medical odds he survived to attend primary school. At 16 he was 6ft tall and still mobile, but by 20 he could no longer walk.

During his life he underwent 74 operations, and suffered from hydrocephalus – water on the brain – and epilepsy.

The 19-stone giant had size 16 feet and a 40-inch inside leg and also battled sight and hearing problems.

Rita, who suffers from health problems herself, converted her front room into a bedroom for her son and dedicated her life to looking after him. Her only respite came when a carer sat with Robert for three hours once a week.

She said: "It's been tough but I wouldn't change Robert for the world as he was such a gentle giant and very loving."

ROBERT SMITH: The gentle giant, pictured celebrating getting his wheelchair with friends and family, from left Margaret Green, Rita Smith and

Grants
to individuals and families

We are very pleased to share with you the support we have been able to give since December 2013:

Mope Mobolaji - Travel/treatment support

Ross Collins - Travel support and help with seating for his university placement, also a new mattress. Paul and Donna write: "During the summer Ross developed a couple of bedsores on his back. We felt that the time had come to change his mattress as his memory foam one was dipping quite badly. We approached Tracey and advised her of the situation and would it be possible for the Charity to assist us in buying a special size new one, to help alleviate the sores. It needed to be 7' long and to give better support. Tracey and the Trustees agreed and have been marvellous in helping us to make the purchase. Ross no longer has the sores and is much more comfortable."

Fund raising and donations are so important, in improving the quality of life for the sufferers and their families.

Here is a photo of Ross in his new chair, which was supplied by Backchairs Direct, who cater for tall and large people. Malcolm who runs the company, was fantastic. He came to us and made sure that Ross had the right chair. He took photos to ensure that the back support was exactly right for how Ross sits. He also came back to check that the chair was working properly and made a couple of minor adjustments. Ross spends a lot of time in front of the computer doing his University work and has to be comfortable, which he now is.

We would like to express our gratitude to Tracey and the Trustees in making the purchase of the chair a possibility. As with all custom made items this chair was very expensive and have been extremely beneficial to Ross. Thank you.

Jordan Whitewood-Neal - University set up costs and medical costs associated with trip to Paris as part of his studies. Course of shiatsu treatment. Support with laptop and software for university course.

Joshua Stamp – sailing course

Dillon Chapmans – Support to family during his many hospital admissions

Ryan Jackson – holiday funding

Emma Pirozzolo – sensory garden

Seana Sommerville – new bed

Jamie Coventry – new flat set up costs

If you would like to apply for a grant to improve quality of life or support education, please email me in the first instance. The trustees will consider all applications and will award a grant in the majority of cases. We welcome your applications and the form is very simple to complete. We prefer to pay for products or services directly to the supplier. If this is not possible we will ask for a receipt in order to meet audit requirements as a registered charity. ◆

Ross Collins in his new chair

Dillon Chapmans

Thank you PSF UK for my new bed - Seana Sommerville

Jamie Coventry's new flat

Paul and Donna Collins

We thank regular supporters such as Hopes Green Ladies Guild along with Mr Geoffrey Child, who raises funds for PSF UK by giving regular talks in south Essex.

Donna, Ross and I suffered a terrible shock at the unexpected passing of Mrs Janet (Jan) Davies earlier this year. She and her late husband John had raised hundreds of pounds for Proteus Syndrome Foundation UK. At her funeral, her son and daughter decided that any donations collected at her funeral service would go to PSF UK, for which we will be eternally grateful.The sum raised in excess of £600 will go to the children and families of PSF UK as she would have wished.
Thank you Jan.

The Thames 1000, raised over £6,000 for PSF UK, along with a similar sum for two other charities. The fund raising effort was organised by the Rose Charitable Foundation, and we attach some photos from the final day of the event; the fund raisers met by the Mayor & Mayoress of Southend-on-Sea and our new Patron with the Mayor. ◆

Family Day 2016

The donations and funds raised by the Thames1000 will allow us to organise a family weekend on 8 and 9th October 2016.

Dr Les Biesecker has agreed to attend and in previous years this has been an amazing opportunity for individuals and families to benefit from his knowledge, experience and support. Les can also provide you with an update on the drugs trial.

Please could you register your interest by emailing me at:

traceywhitewoodneal@yahoo.co.uk ◆

Patron – Joe Drake

Joe has been a huge benefit to the PSF UK since he joined us as a patron, supporting the Thames 1000 fundraising event. He attended the event and met the participants at the finish line.

Joe also invited to his appearance as Romeo in a Rose Theatre production of the classic Shakespeare play in March this year. Amanda and I went to see the show that was powerful, exhilarating and edgy with amazing choreography and music. The Collins also went along to watch the show and thoroughly enjoyed it. Joe arranged a collection at the shows and this raised over £300 for the PSF UK. ◆

Friends of the PSF UK

We would like to thank our regular contributors:

Margaret Dunham

S Bennett

R Buckley

C Finan

Mrs Clavey
(and the late Mr Cyril Clavey)

J Dailey

DJ Dix

Cathy Doig & Phil Heldt

Gloria Attwell

Sue Harper

Malcolm & Sharon Long

Sue Newton

Sue Rowland

Ian Tate

Barry & Janet Towner

S & D Graham

Joanne Page

If you would like to become a Friend of the PSF UK please contact Tracey for a form. This is an ideal way to provide regular income for the charity – you can also show support for a relative or friend who suffers from Proteus in this way. ◆

Donations and fundraising

It is with great sadness that I share the sad news that Cyril Clavey died this year. Cyril was an avid supporter of our work. His widow, Joan requested donations for PSF UK in lieu of flowers. We have received over £370 and would like to offer our sincere condolences to Joan and her family.

Thanks to our following supporters:

Bill Jones and David Beere for their generous donations over several years.

Sue Newton and the team at Bexhill Police station.

Kirstina Peacock – Sussex Police

Mae Stroshane

Pickwick Lodge

Julia Kobrin

David Ramsden

Samantha Gilmore

Debra Catt

Paul Kendall

Helen Lindsey

Debbie Elliot

Tracy Woods

Laura Richards

Mandy Sellars

Karen Thompson

Thank you

We thank Andrew Myles who ran the Edinburgh Half marathon for the PSF UK.

Andrew raised an amazing £800 for the charity and we are so grateful.

We thank Scott Collins for selling PSF pin badges. ◆

Welcome Dr Semple

It is with great pleasure that I welcome Dr Robert Semple to our medical advisory board – we are extremely lucky and I am very grateful to these doctors for supporting the PSF UK and our families. ◆

KEEP IN TOUCH

We love to hear from our families – please keep us in touch with what is happening with you or your child. Don't forget we are here to help and support you. Please email me or use the Facebook page to get support from others. I set this group up to ensure no one feels alone in this journey. The future looks a lot brighter now.

With love and hope as always.

Tracey xx