Integrated 'one-stop' multi-disciplinary clinic for children and young people with Tuberous Sclerosis Complex (TSC)



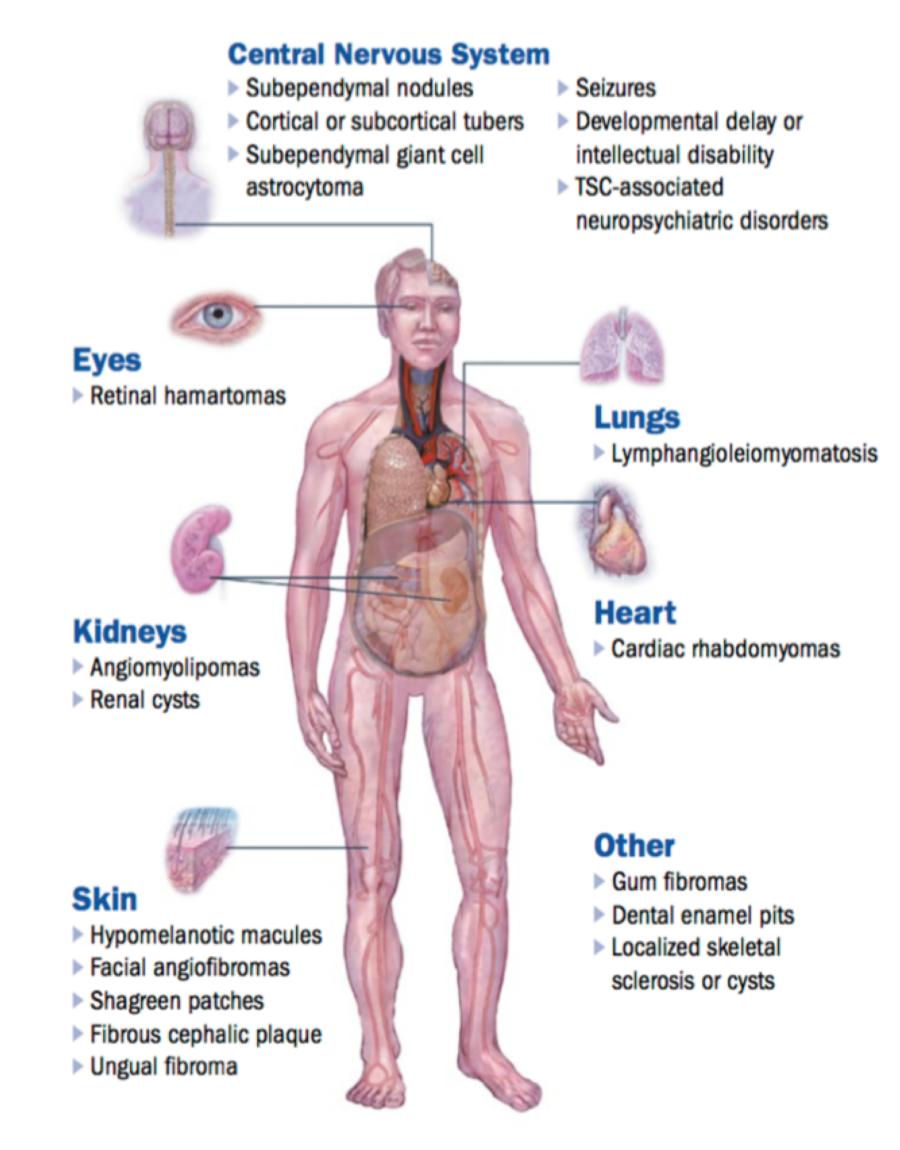
Raja M¹, Philip S¹, Agrawal S¹, English M¹, McKerracher G¹, Rhodehouse K², Tuberville-Greenley J¹, Hussain J¹, Hunter EJ¹, Kerecuk L¹

- ¹ Birmingham Women's and Children's NHS Foundation Trust
- ² Tuberous Sclerosis Association

Introduction

TSC

 Complex, genetic disorder characterised by growth of benign tumours in various organs leading to epilepsy, renal, cardiac, skin, lung, liver and eye manifestations



- Multiple clinic appointments with different specialists is norm for patients affected
- Developmental delay and TSC-associated neuropsychiatric disorders (TANDS) are common complications of TSC but often not addressed

Aims:

The MDT TSC clinic was launched in 2016 with the following aims:

- 1. To improve the care of children and young people affected by TSC by an integrated multidisciplinary team (MDT) 'one-stop' clinic
- 2. To provide psychological assessment of TANDS

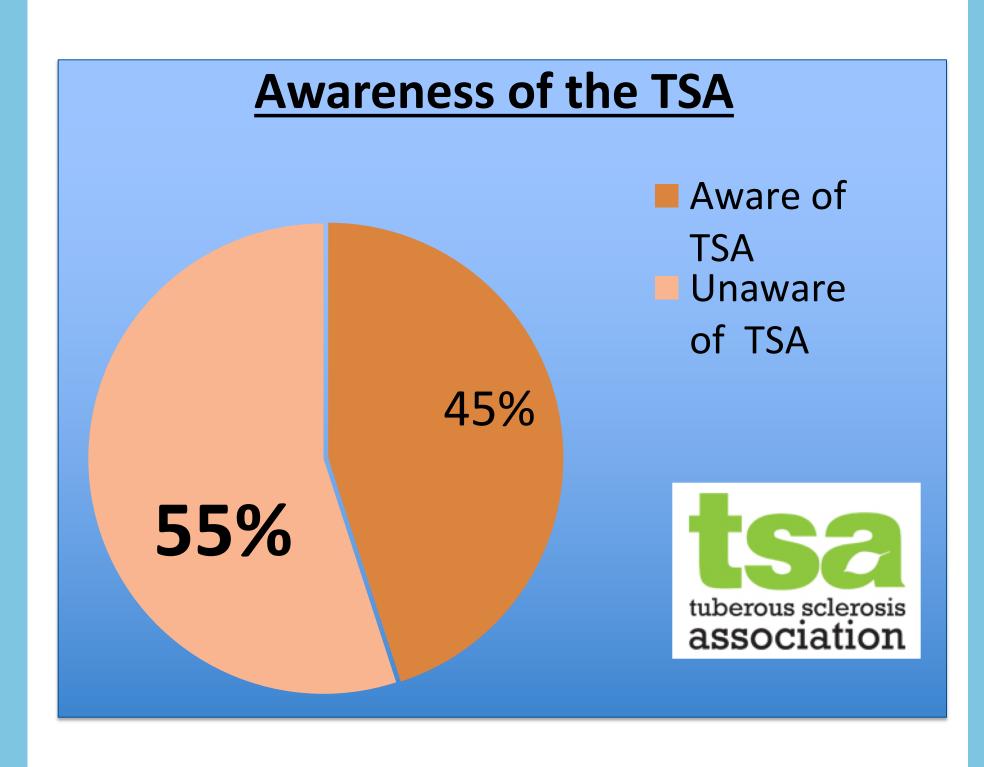
Methods:

- ■The MDT TSC clinic set up by coordinating Neurology, Nephrology, Oncology, Psychology Consultants, Roald Dahl Rare Disease Specialist Nurse and Tuberous Sclerosis Association Advisor in one appointment
- Psychology input was funded by a Pharma
 Joint Working Agreement

Results:

- 22 patients seen in first 6 TSC MDT clinics
- Appointment Burden before TSC MDT clinic:
 - •Average appointment number/
 patient =
 - 5.3/year (range 0.6 11.7/yr.)
- Need for Psychology:
 - 40% of Patients in TSC clinic required further psychology input
 20% referred for formal Child and Adolescent Mental Health Service
- Awareness Patient Support Organisation:

(CAMHS) review.



- Identification of patients with TSC:
 - ■98 patients identified from different lists kept by specialties
 - Only 16 identified through coding
 - Average patient age 10.3 yrs. (range: 1.6 21.1 yrs.).
 - 38% had previous renal input but 42% had not had a renal ultrasound. (should be yearly)
 - 66% had neurology input but 33% had no brain imaging (should have at least one and then regularly if abnormality detected)
- Roald Dahl Rare Disease Specialist Nurses
- Send Information Packs
- Call families to discuss what their main concerns so in clinic team can focus on what is relevant to each family
- Provide support between clinics

- Transition
 - Input from adult TSC transition team from adult sister hospital for patients > 16 years at the TSC MDT clinic
- Patient Feedback Questionnaire:



"having all the specialists together makes so much sense and they can explain in a way that we can understand".

"this is a fabulous idea that saves us time"

"This should have been started a long time ago"

Conclusion:

The MDT TSC clinic has

- Improved coordination of patient care
- Highlighted need to ensure that **imaging** is regularly carried out according to best practice guidelines
- Identified **high burden of psychological** need
- Excellent feedback
- Families prefer the MDT TSC clinic to the previous multiple clinics



