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Neurosciences Directorate

12 Claremont Crescent

Sheffield S10 2TA

Tel: 0114 226 6065

Email: [MSStemCell@sth.nhs.uk](mailto:MSStemCell@sth.nhs.uk)

# Treatment for Multiple Sclerosis with AHSCT

Thank you for your recent interest in AHSCT treatment at Sheffield Teaching Hospital NHS Foundation Trust.

Please note, Autologous Haematopoietic Stem Cell Transplantation (AHSCT) is only effective in patients with **Active Relapsing Remitting Multiple Sclerosis**. Sheffield Teaching Hospitals are unable to offer this treatment for other forms of MS. We define this as two relapses or more over the preceding 12 months, requiring the use of steroids, despite the use of disease dulcifying treatment. If you believe you meet these criteria, you may be eligible for AHSCT.

This treatment is currently funded by the NHS for patients living in England, or is available privately for fee paying patients elsewhere. Should you wish to proceed to the next stage we will require a referral from your General Practitioner or Consultant Neurologist using the form shown overleaf which should be sent to one of the following addresses:

|  |  |
| --- | --- |
| By Email: | [MSStemCell@sth.nhs.uk](mailto:MSStemCell@sth.nhs.uk) |
| By Post | For the attention of ‘AHSCT’, Neurosciences Directorate, Royal Hallamshire Hospital 12 Claremont Crescent, Sheffield S10 2TA |

This information will allow our medical team to complete a preliminary assessment to determine your suitability. Should you satisfy our eligibility criteria there are two stages:

1. Detailed Assessment – This involves two joint consultations. A number of tests are required to inform the assessment, including MRI of the brain and spine with Gadolinium.

For private patients this has an up-front fee of £4,500.

1. Treatment – If AHSCT is recommended following the initial consultations, arrangements will be made to start the treatment as soon as possible. This is done in two phases; stem cell harvesting and the subsequent stem cell transplantation. For private patients this treatment package has an up-font cost of £60,500. Please note, further costs may need to be met should you require additional medical support, however you would be advised at a later stage.

Finally, please note that only a small number of patients with MS have received AHSCT to date and a clinical research trial is underway to assess its long term effect in such patients. For more information, please visit our website: <http://www.sth.nhs.uk/autologous-haematopoietic-stem-cell-transplantation-for-multiple-sclerosis/>

**(Can we change this to http://www.sth.nhs.uk/AHSCT?)**

Yours sincerely,

Private Healthcare Team

Sheffield Teaching Hospitals

For the attention of AHSCT

Neurosciences Directorate

Royal Hallamshire Hospital

12 Claremont Crescent

Sheffield

S10 2TA

**Date:**

**Re: Referral for AHSCT Treatment for a patient with Mulitple Sclerosis**

To whom it may concern

I would like to refer an individual to Sheffield Teaching Hospitals NHS Foundation Trust who I believe may be eligible for Autologous Haematopoietic Stem Cell Transplantation (AHSCT). In doing so I provide the following information, accompanied by supporting information (medical reports, scans etc.) for review by the Consultant - please provide

|  |  |
| --- | --- |
| 1: Name of the Patient | |
|  | |
| 2: Age and Sex of Patient | |
|  |  |
| 3: If this is a patient registered with a GP in England, please provide their NHS number | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  | | |
| 4: Patient’s type of MS (Relapsing Remitting, Primary, or Secondary Progressive) | |
|  | |
| 5: Dates of the relapses experienced over the previous two years, and whether or not they were verified by a Neurologist or treated with steroids | |
|  | |
| 6: Dates of the last MRI and whether this showed any evidence of enhancement | |
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| --- |
| 7: Functional ability (walking distance, support required, Expanded Disability Status Scale score if known) |
|  |
| 8: Disease modifying treatment used in the past |
|  |
| 9: Any other medical conditions apart from Multiple Sclerosis |
|  |
| 10: Any further comments |
|  |

|  |  |
| --- | --- |
| Printed Name: |  |
| Clinical Relationship with Patient: |  |
| Contact Details: |  |

|  |  |
| --- | --- |
| Signature: |  |
| Date of Referral: |  |