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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 Stiff Person Syndrome or Progressive Encephalomyelitis with Rigidity and Myoclonus with AHSCT

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

Treatment for SPS and PERM with AHSCT is a novel indication that has so far provided promising results in those cases where the treatment has been trailed. Where there is no current Clinical Trial at Sheffield Teaching Hospitals, we are able to offer treatment to a limited number of patients.

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 an EMG and an immunology screen for GAD antibodies.

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 SPS or PERC**

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

|  |  |
| --- | --- |
| 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 condition requiring treatment | |
|  | |
| 5: Summary of the patient’s current condition | |
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| --- |
| 6: Functional ability (walking distance, support required, Expanded Disability Status Scale score if known) |
|  |
| 7: Disease modifying treatment used in the past |
|  |
| 8: Any other medical conditions |
|  |
| 9: Any further comments |
|  |

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

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