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| **NHP MDT Referral Form for Casgevy in**  **Sickle Cell Disorder** |
| **Please return completed form to gstt.haemoglobinpanel@nhs.net**  **REFERRER DATA** |
| |  |  |  |  | | --- | --- | --- | --- | | **Date of Referral** | Select date via arrow | **National MDT Date Aimed for** | Select date via arrow | | **Referring Clinician** | Click here to enter text. | **Clinician’s SHT/Trust** | Click here to enter text. | | **Who will present case at NHP MDT?** | | Click here to enter text. | | | **Region:** Choose your region from list  **Other (Region):** Click here to enter text. | | **HCC  SHT  LHT** | | | **Patient Hospital MRN:** *(****NOT NHS number, Patient Names*** *or other clear identifiers.* ***Initials accepted****)*  Click here to enter text. | | **NHP Unique Identifier:** Click here to enter text.  **(***for NHP admin only***)** | |   **PATIENT & CASE DETAILS**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Age at referral:** | Click here to enter text. | **Sex at Birth:** | | Click here to enter text. | **Diagnosis (DBA, HbSS etc.):** | Click here to enter text. | | **HCC MDT date** | | | Click or tap here to enter text. | | | | | **Referred to GT centre** | | | Click or tap here to enter text. | | | | |

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|  | **Please fill in the below if the patient is being referred for Casgevy gene therapy** | |
|  | **Question/Patient has the following:** | **Answer** |
| 1 | Diagnosis HbSS, HbSβ0 thalassaemia or HbSβ+ thalassaemia. Genetic diagnosis (not just HPLC) will be required pre GT. | Yes  No  N/A |
| 2 | Patients with severe sickle cell disease (SCD) with at least two acute episodes per year in the previous two years despite good supportive therapy   * Acute pain event (crisis) requiring hospital visit * Acute chest syndrome * Priapism lasting > 2 hours * Splenic sequestration | Yes  No  N/A |
| 3 | An available 10/10 human leukocyte antigen (HLA)-matched related donor. | Yes  No  N/A |
| 4 | Prior successful hematopoietic stem cell transplantation (allo-HSCT) | Yes  No  N/A |

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| 5 | **Medical history**  *Flag if any evidence of organ dysfunction that may warrant further review in CTG†*  *List non-sickle comorbidities (note HIV, viral hepatitis, cancer, MPN, immunodeficiency disorder, MoyaMoya, bleeding disorder are all CI to GT)* | Click here to enter text. |
| 6 | **Transfusion history** (to enable peri-GT transfusion plan to be made with NHSBT)  *Describe history of DHTR and alloimmunisation* | **1)** Is the patient on long-term transfusion?  Yes  No  **2)** Has the patient a history of transfusion reactions and antibodies?  Yes  No  **If yes**:  **a)** Please state details/antibodies below:  Click or tap here to enter text.  **b)** Patient identifiers for NHSBT (for patient confidentiality, these will be deleted following NHSBT review):  **Name**: Click or tap here to enter text.  **DOB**: Click or tap to enter a date.  **NHS Number**: Click or tap here to enter text.  **3)** Any other transfusion history information:  Click or tap here to enter text. |
| 7 | **Iron status**  *Ferritin and transferrin saturation*  *If concerns of iron overload, please add:*  *Latest FerriScan results (else liver T2\*)*  *Evidence of historical liver iron?*  *Fibroscan if age≥16* | Click here to enter text. |

†Organ dysfunction

1. Advanced liver disease, defined as
2. Alanine transaminase (ALT) >3 × the upper limit of normal (ULN) or direct bilirubin value >2.5 × ULN or
3. Baseline prothrombin time (international normalized ratio [INR]) >1.5 × ULN, or
4. History of cirrhosis or any evidence of bridging fibrosis, or active hepatitis on liver biopsy
5. Left ventricular ejection fraction (LVEF) <45% by Echocardiogram
6. Baseline estimated glomerular filtration rate <60ml/min/1.73m2
7. Diffusion capacity of the lungs for carbon monoxide (TLCO) <50% of predicted (corrected for haemoglobin and/or alveolar volume)
8. Karnofsky performance status of ≥80% for patients ≥16 years of age or Lansky performance status of ≥80% for patients

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