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| **NHP MDT Referral Form for Casgevy in Transfusion-dependent Beta Thalassaemia**  |
| **Please return completed form to gstt.haemoglobinpanel@nhs.net****REFERRER DATA** |
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| --- | --- | --- | --- |
| **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. Adding Initials is 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, TDT etc.):** | Click here to enter text. |
| **Clinical Background** | Click here to enter text. |
| **Presenting Issues** | Click here to enter text. |

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| **Do you want to refer this patient for casgevy gene therapy 🞏 Yes, 🞏 No*****If ‘Yes’ continue competing this form below if ‘No’ stop here.*** |

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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** |
| Documented homozygous β-thalassaemia (including β0/β0, β0/β0-like, or non–β0/β0-like genotype) or compound heterozygous β-thalassaemia including Haemoglobin E/ β-thalassaemia and a history of at least 100 mL/kg/year or 10 units/year of packed RBC transfusions in the prior 2 years. | [ ]  Yes, [ ]  No |
| Karnofsky performance status of ≥80% for patients ≥16 years of age OR Lansky performance status of ≥80% for patients <16 years of age. | [ ]  Yes, [ ]  No |
| Known and available fully matched HLA related donor | [ ]  Yes, [ ]  No |
| Prior allogeneic HSCT | [ ]  Yes, [ ]  No |
| Patients with associated α-thalassaemia with >1 alpha deletion or alpha multiplications. Patients with sickle cell β-thalassaemia variant | [ ]  Yes, [ ]  No |
| Clinically significant and active bacterial, viral, fungal, or parasitic infection as determined by the attending physician | [ ]  Yes, [ ]  No |
| White blood cell count <3×109/L or platelet count <50×109/L not related to hypersplenism | [ ]  Yes, [ ]  No |
| History of a significant bleeding disorder | [ ]  Yes, [ ]  No |
| Any prior or current malignancy or myeloproliferative disorder or a significant immunodeficiency disorder | [ ]  Yes, [ ]  No |
| Advanced liver disease defined as:Aspartate transaminase (AST), alanine transaminase (ALT) >3 × the upper limit of normal (ULN), or conjugated bilirubin value >2.5 × ULN, or:1. Baseline prothrombin time (International Normalized Ratio; INR) >1.5 × ULN, or
2. History of cirrhosis or any evidence of bridging fibrosis on a prior liver biopsy, if available
3. Patients with active hepatitis infection
4. Patients with history of chronic hepatitis infection are also excluded unless liver biopsy within 3 months prior to or at screening shows no evidence of bridging fibrosis or cirrhosis
5. Liver iron content (LIC) ≥15 mg Fe/g dry weight on R2 or T2\* MRI of liver unless liver biopsy within three months prior to or at screening shows no evidence of bridging fibrosis or cirrhosis
 | [ ]  Yes, [ ]  No1. [ ]  Yes, [ ]  No
2. [ ]  Yes, [ ]  No
3. [ ]  Yes[ ]  No
4. [ ]  Yes, [ ]  No
5. [ ]  Yes, [ ]  No
 |
| A cardiac T2\* <10ms by MRI or left ventricular ejection fraction (LVEF) <45% by echocardiogram | [ ]  Yes, [ ]  No |
| Baseline estimated glomerular filtration rate <60 mL/min/1.73 m2 | [ ]  Yes, [ ]  No, [ ]  Pending |
| Diffusion capacity of the lungs for carbon monoxide (TLCO) <50% of predicted (corrected for haemoglobin and/or alveolar volume) | [ ]  Yes, [ ]  No, [ ]  Pending |

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