Brighton and Sussex University Hospitals NHS Trust

Measures to reduce COVID-19 exposure and mitigate risks of COVID-19 infection in MS population

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Aim:

To maintain MS disease control while trying to reduce potential contact and exposure to Covid-19 whilst providing full support to our MS patients and provide MS team guidance in any decision making.

Patient pathways

The following aims to set out current practice and potential changes.

Pathway for patients already on DMTs

Patient on Natalizumab

100 patients

Current practice	
I.	4 weekly infusions through programmed investigation unit (PIU)
II.	3, 6 or 12 monthly brain MRI scans for PML surveillance based on JCV-Index
III.	6 or 12 monthly outpatient consultant review
IV.	6 monthly JCV testing

Proposed changes to current practice	
I.	Do not stop treatment but change all patients who have been on Tysabri to 6 weekly infusions for over one year as per recent SmPC change to reduce PML risk: a) If the patient has been receiving Tysabri infusions for less than one year, the treatment must continue with 4-weekly infusions. b) A change to 8 weekly whereas might appear more practical would cause more risk of rebound and would potentially lead to MRI activity and patient needing to have invasive procedures e.g. CSF examination to exclude PML c) 8 weekly infusions provide very little scope for manoeuvring if patients were to miss their infusion for whatever reason. d) Following the cessation of the COVID-19 risk, standard practice will resume for patients who are low risk to PML
II.	Continue the same brain MRI frequency screening but proceed with the infusion if no clinical concerns if the MRI report is not available or is delayed beyond 3 months if there are no clinical concerns.

III.	Avoid extra hospital review: • Perform nurse-led reviews during the infusions time – upload on PANDA the Natalizumab Monthly Infusion Record. • Avoid consultant outpatient review unless there are any emergencies.
IV.	Patients will receive a standardised letter outlining 6/52 dosing regime and reason for this i.e. to mitigate COVID-19 exposure and ensure patients are aware this will be revised once COVID-19 risk is over.
V.	Continue with 6 monthly JCV testing
Exceptional cases:	1. Patient who are pregnant and would like to continue on Tysabri change to perhaps 8 weekly and stop the infusion on week 34 to prevent thrombocytopenia in the new born. 2. Patient who have withdrawn Tysabri (because of pregnancy) and have just restarted continue monthly until MRI activity is suppressed before considering change to 6 weekly infusions

Patients on Fingolimod

100 patients or less

Current practice	
I.	Patients followed-up in the community – most patient reviewed twice a year although practice is variable
II.	Yearly MS consultant review although currently there are patients that have not been seen for over a year
III.	6 monthly blood monitoring with few exceptions if abnormal liver functions test or neutropaenia noted
IV.	Where possible, yearly brain MRI scan for PML surveillance dependent on consultant appointment delay time

Proposed changes to current practice	
I.	Do not stop treatment as risk of severe rebound
II.	Continue with 6 monthly nurse review but via telephone consultation
III.	Change consultant review to a telephone consultation
IV.	Consider increasing the interval scanning to 18 months
V.	Identify those patients with low neutrophils and discuss potential change of

therapy.

Patients on Cladribine

50 patients

Current practice	
I.	A 2 treatment course each 12 months apart.
II.	Blood and MS nurse monitoring at months 2 and 6 (BSUH)
III.	Variable review in the community
IV.	6 – 12 consultant review
V.	Yearly brain MRI scan

Proposed changes to current practice	
I.	Delay of the second year treatment course – agreement to be reached after discussing with patient; it can be delayed up to 6 months on those with lymphopaenia but complete the first year treatment course if already started. To be agreed with patient
II.	Change consultant and nurse review to telephone consult when appropriate.
III.	Clarify nurse led review BSUH vs community and ensure documentation is provided every time contact is made with patient
IV.	Delay 6 month test if 2 month bloods are stable and lymphocytes >0.5

Patients on Ocrelizumab

50 Patients

Current practice	
i.	6 monthly PIU infusions apart from the 1st two which are done two weeks apart
ii.	3 monthly nurse-led review
iii.	Blood monitoring done on the infusion day
iv.	Yearly brain MRI scans

Proposed changes to current practice	
i.	Suspend Ocrevus after agreement with patient
ii.	Continue with yearly brain MRI scans
iii.	Change nurse reviews to telephone consultation with clear documentation of the consultation. Nurse to escalate to Consultant if there are any concerns.

iv.	Change face to face consultant reviews to telephone consultation
v.	Invite patient for blood monitoring (routine + SEP/Ig) if signs of infections

Patients on Dimethyl-fumarate

Current practice	
i.	Blood monitoring 3 monthly if lymphocyte > 0.8 and monthly if < = 0.8
ii.	Treatment stopped if lymphocyte <0.8 for 3 subsequent months
iii.	3 monthly nurse review for the first year and then 6 monthly in the community although variable practices
iv.	Yearly consultant review
v.	Yearly MRI scans

Proposed changes to current practice	
i.	Continue 3-monthly blood monitoring
ii.	Change the reviews to phone consult (nurse and consultant) when appropriate
iii.	Consider increasing the MRI reviews to 18 months on those with stable disease
iv.	Change the lymphoapaenia surveillance to >= 0.5 (stop if < 0.5 for more than 3 months).

Patients on Teriflunomide

50 Patients

i.	Current practice
ii.	Patient to have fortnightly blood monitoring through Ashfield for the first 6 months, following this 2 monthly blood monitoring with the community MS nurses
iii.	6 monthly community nurse review
iv.	Yearly consultant review
v.	Yearly MRI review

Proposed changes to current practice	
i.	Do not interrupt treatment unless drop of neutrophils and severe lymphopaenia below 0.5
ii.	As no risk of PML avoid imaging unless clinically indicated

iii.	Change consultant and nurse reviews to phone consult
iv.	2 weekly for 6 months. After 6 months if stable, test at 2 months than 4 monthly.

Patients on B-INF

Current practice	
i.	Patients on 6 monthly blood monitoring
ii.	6 monthly nurse review
iii.	Yearly consultant review

Proposed changes to current practice	
i.	Consider increasing the blood monitoring review to yearly
ii.	Change consultant and nurse review to nurse consult with clear documentation
iii.	Consider delaying MRI scans unless clinically indicated

Patients on Glatiramer Acetate

Current practice	
i.	6 monthly nurse review
ii.	Yearly consultant review
iii.	Yearly MRI scans
iv.	No routine blood monitoring

Proposed changes to current practice	
i.	Change consultant and nurse review to phone consult
ii.	Consider delaying MRI screening unless clinically indicated

Patients on Alemtuzumab

170 Patients

Current practice	
i.	Monthly blood and urine monitoring (Ashfield) for most of those who have completed two courses
ii.	6 monthly nurse-led review

iii.	Yearly consultant review
iv.	Yearly brain MRI scan

Proposed changes to current practice	
i.	Put all patient under Ashfield for blood monitoring
ii.	Change the review consultant and nurse to phone consult
iii.	Consider delay of imaging in discussion with patient
iv.	Delay 2nd course treatment but go ahead with imaging to ensure patient not at risk of rebound. It is the responsibility of the Consultants to identify and request imaging.

Patients Pathway for those consented for starting DMTs:

New Process
1) If consented to start 1st line DMT therapies – go ahead with starting treatment; consider perhaps avoiding Teriflunomide due to more frequent monitoring 2) Consider steroids only if relapse is deemed severe and in discussion with consultant
3) If consented to start Tysabri – go ahead with the treatment
4) If consented to start Ocrevus, Lemtrada or Cladribine or Gilenya – consider putting patient on a first line therapy and only escalate if no response. a. If already on a first line therapy, worthwhile considering a different first line therapy. b. All changes to be made in discussion with patient c. All MS patients with active disease will be reviewed wile inpatient by both Consultant and MS nurse and a decision for DMT treatment will be made through an virtual MDT

Reference Guidance:

https://cdn.ymaws.com/www.theabn.org/resource/collection/6750BAE6-4CBC-4DDB-A684-116E03BFE634/ABN_Guidance_on_DMTs_for_MS_and_COVID19.pdf

https://www.mssociety.org.uk/about-ms/treatments-and-therapies/disease-modifying-therapies/covid-19-coronavirus-and-ms