Sunday 9th February 2014

To Whom It May Concern

Re: Multiple sclerosis (relapsing-remitting) - alemtuzumab [ID539]

My name is [redacted] and I am aged 31. I was diagnosed with relapsing remitting multiple sclerosis (MS) in 2004.

I started on interferon beta-1a (Rebif) in 2005, however, due to the frequency and severity of my relapses, it was agreed that highly-effective treatment would be the most appropriate way of managing my condition. In 2006, I had a course of mitoxantrone in combination with glatiramer acetate (Copaxone). The effects of mitoxantrone began to wear off and I had several aggressive relapses. In 2011 I began on natalizumab (Tysabri).

In October 2013 I discovered that I had converted to being JC virus positive and was strongly advised to stop taking natalizumab, as my previous immunosuppressant use and the 24+ monthly natalizumab infusions meant I was now in the high risk category for contracting the rare and sometimes fatal viral brain disease, progressive multifocal leucoencephalopathy (PML).

I have spoken with my neurologist in Leeds, along with leading MS specialist neurologists in London and Cambridge who have all advised that, to keep my MS in remission, alemtuzumab is the only comparable alternative to natalizumab.

I am writing to strongly urge NICE to make alemtuzumab available to patients with active relapsing remitting MS in the UK, including patients in similar exceptional circumstances who due to being in the high risk category have been forced to stop taking natalizumab.

I am currently leading a normal life, working full time and am desperate for this to continue. I am terrified about what could happen, and the societal burden I may become, if I was left with no option but to take a treatment with lower efficacy.

Yours faithfully

[redacted]