



RULINGS ISSUED BY THE OFFICE OF THE REGISTRAR

The CMS hereby publishes summaries of rulings recently issued by the Complaints Adjudication Unit in respect of complaints lodged against regulated entities, in terms of Section 47 of the Medical Schemes Act.

These rulings are published solely for information purposes and may not be taken to be precedent setting in any way. Decisions articulated in these rulings may still be appealed in terms of Section 48 of the Medical Schemes Act. The CMS reserves the right to modify or remove any information published herein, without prior notice.

The contents of these rulings do not constitute legal or medical advice and may not be taken out of context. The findings and any opinions expressed in these rulings are based on the specific facts of each complaint, the evidence submitted, and applicable legal provisions.

The CMS does not assume liability or accept responsibility for any claims for damages or any errors, omissions, arising out of use, misunderstanding or misinterpretation, or regarding the accuracy or sufficiency of the information contained in these publications.

Identifiable personal information of the complainants and any associated individuals have been redacted for their protection.

All rights reserved.

CFC obo F v Discovery Health Medical Scheme

Declined funding for Allogeneic Stem Cell Transplant

This complaint was lodged by CFC, a patient advocacy organisation (“the Complainant”), on behalf of F (“the member”). The complaint submitted against Discovery Health Medical Scheme (“the Scheme”) concerned the decision to decline funding of the member’s second allogeneic stem cell transplant as requested by the member’s treating doctor.

On the facts submitted, the member was reported to have a history of Myelodysplastic Syndrome / Chronic Myelomonocytic Leukaemia complicated by Myeloid Sarcoma. The treating doctor requested funding for a second allogeneic stem cell transplant, which was declined by the Scheme. According to the doctor, the second transplant is the only curative treatment option available for the member. The complainant had therefore requested the Registrar to intervene and direct the Scheme to fund the cost of the stem cell transplant.

The complaint was referred to the Scheme for its response as envisaged in Section 47(1) of the Act.

In its formal response to the complaint, the Scheme provided a brief outline of the members’ benefits with specific reference to oncology treatments and confirmed that the member is registered on the Oncology Programme. It further confirmed receipt of the initial funding request for allogeneic stem cell transplant for treatment of Chronic myelomonocytic leukaemia. The funding request was reportedly reviewed and referred to an expert panel of the South African Oncology Consortium (SAOC) for its opinion. The Scheme confirmed that the recommendation from the SAOC panel supported the treatment and as a result, the allogeneic stem cell transplant was approved for funding.

Subsequently, the Scheme indicated that it received another funding request for Donor Lymphocytes infusion which was also referred to the SAOC panel and supported. Months later, another funding request was submitted to the Scheme for a second allogeneic stem cell transplant. Following referral of the request to the SAOC panel, it was not supported. As a result, the Scheme declined funding for the second allogeneic stem cell transplant.

Pursuant to establishing the extent of the Scheme's liability, the matter was referred to the CMS Clinical Review Committee (CRC) for a clinical opinion. The CRC reviewed all the submitted clinical evidence, including the outcomes and reasoning of the SAOC external panel of specialists which was consulted by the Scheme. In providing its clinical opinion, the CRC explained as follows:

"Tumor chemotherapy and bone marrow transplantation (BMT) are included in PMBs only when explicitly mentioned in Annexure A.

A first full course of chemotherapy (including induction, consolidation, and myeloablative therapy) is covered. BMT is subject to additional conditions, including:

- *The patient should be under 60 years old.*
- *Allogeneic BMT is considered only if an HLA-matched family donor is available.*
- *The patient must not have relapsed after a previous full course of chemotherapy.*

Based on these provisions, allogeneic stem cell transplantation is not considered PMB level of care for DTP 910S, as Annexure A does not explicitly list it under the applicable treatment options. The PMB entitlement for this condition is limited to chemotherapy and radiation therapy.

Clinical guidelines for a second stem cell transplant in a 75-year-old patient with myelodysplastic syndrome/chronic myelomonocytic leukaemia (CMML) complicated by a myeloid sarcoma, who failed the first transplant within four months, are generally cautious due to the high risks involved."

Additionally, the CRC opined as follows regarding the correctness of the Scheme's decision in declining funding for the second allogeneic stem cell transplant for the member, given the age and clinical circumstances:

Age and Performance Status: At 75 years old, the patient is considered elderly for stem cell transplantation. The decision to proceed with a second transplant would heavily depend on the patient's overall health, performance status, and comorbidities. (Penack et al., 2024)

Disease Complexity: The presence of myeloid sarcoma complicates the disease, indicating aggressive disease behaviour. This might necessitate more intensive treatment strategies, but the patient's age and previous transplant failure complicate these decisions. (Onida et al., 2013 & Penack et al., 2024)

Previous Transplant Failure: Early relapse after the first transplant suggests aggressive disease and may indicate a higher risk for non-relapse mortality (NRM) and relapse with a second transplant. (Onida et al., 2013)

Guidelines and Recommendations: NHS England guidelines typically do not recommend routine repeat allogeneic transplants for relapsed disease unless specific criteria are met, such as relapse

more than one year post-first transplant⁵. However, individual cases may be considered under exceptional circumstances. (NHS England, 2021)”

The CRC concluded in its clinical opinion that the transplant is not PMB level of care.

Having considered the submissions before the Registrar and the CRC opinion, taking the member's clinical circumstances into account, a ruling was issued confirming the Scheme's funding decision as correct. It was found that the Scheme's decision to decline funding for the second allogenic stem cell transplant was correct as the requested treatment is not PMB level of care based on the Regulations and Explanatory Note governing funding of stem cell transplants. The Registrar found that the Scheme cannot be compelled to approve funding for the second allogenic stem cell transplant under the circumstances and the complaint was accordingly dismissed.