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**THE CARDIFF MS DMT MDT: QUALITY ASSURING TREATMENT DECISIONS**

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The decision to commence disease modifying treatments (DMTs) for MS patients was once straightforward. Since the advent of monoclonal antibodies and the first oral DMT(soon to be several) our armamentarium is increasingly complex. Guiding patients through the choices;ensuring guideline adherence;personalising risk assessment and ensuring NHS budgets are spent justifiably are paramount.

We have piloted an 'MS DMT MDT'.For 12 months treatment planning has been done by the full MS Team.

In 13 MDTs 39 decisions were made on 36 patients (26 female); mean age (range) 39 (17–69) years.

15/36 (41.7%) were treatment naïve. Of these 9 were offered first-line injectables; 3 a choice of injectable/monoclonal; 2 monoclonals and 1 was declined. Ongoing therapies are:

- injectable – 5 (33.3%)
- Natalizumab – 1 (6.7%)
- Alemtuzumab – 3 (20.0%)
- No DMT – 6 (40.0%)

21/36 (58.3%) were concurrently or previously on DMTs, 8 had used 2 or more. The median (range) duration of prior exposure was 2.31 (0.02–5.27) years.

The MS DMT MDT has enabled decision making to be increasingly robust, evidence-based and formally recorded. The MDT has the support of NHS managers who are prospectively assured that only appropriate patients are treated. We propose that this model is adapted for other MS treatment centres.