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PQ 4783/25: To ask the Minister for Health if she is aware that stem cell therapy is treated as an elective procedure for cancer patients and that this has a direct impact in terms of access to beds; if she will review this; and if she will make a statement on the matter.

Dear Deputy O Rourke,

Haematopoietic Stem Cell Transplantation (HSCT) is a complex procedures that requires specific infrastructure and equipment in the laboratory setting and the in-patient room together with a multidisciplinary team with expertise in the field, e.g. high efficiency particulate air (HEPA) filtered rooms are required. As a result, adult malignant HSCTs are centralised to three hospitals in Ireland. These are St. James's Hospital (SJH), University Hospital Galway (UHG) and St. Vincent's University Hospital (SVUH). All three hospitals provide autologous HSCTs with SJH the only hospital providing allogeneic HSCTs.

The process of HSCT can be broadly divided into three main phases: pre-transplant, transplant, and post-transplant. In the pre-transplant phase, patients typically undergo conditioning chemotherapy to eradicate disease and create space for engraftment. The transplant phase itself involves the infusion of stem cells. In the post-transplant phase, the patient is monitored carefully for engraftment, as well as for complications including GVHD, graft failure, and disease relapse. The HSCT process can be associated with significant acute toxicities and longer-term complications, necessitating careful patient monitoring over time. Inpatient hospitalization typically starts at the time of the conditioning regimen and goes until the resolution of acute toxicities seen post-engraftment.

As a HSCT is a complex in-patient treatment procedure it is managed as an elective procedure; that is a planned procedure. This ensures that an in-patient bed is available for the patient at the correct time in their treatment journey.

Yours sincerely,

Ms Patricia Heckmann
Assistant National Director
National Cancer Control Programme