2018 14th September

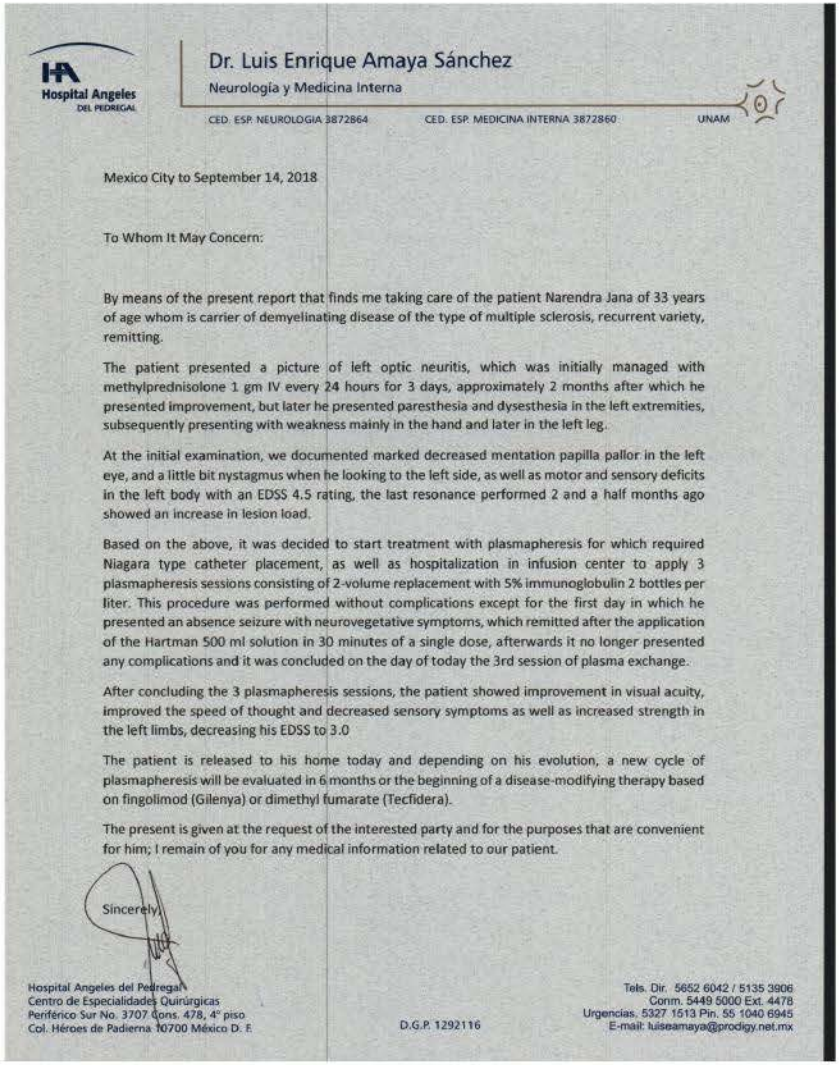
- **Hospital Angeles, Mexico City**
  - **Dr. Luis Enrique Amaya Sanchez**

With the presentation of clear optic neuropathy and the lack of effectiveness of medications for relapse remitting MS I went to Mexico City and saw Dr. Luis Amaya in Hospital Angeles Mexico City. The doctor understood that my case of MS was most likely a more severe form of MS perpetuated by lack of appropriate treatment in the past.

He mentioned that I have the typical features of MS in my MRIs (posterior brain lesions and mild features of Dawson's fingers, which only happens in Multiple Sclerosis).

He initially recommended that I get IV Rituximab but the cost of Rituximab is prohibitive and isn't covered by insurance due to restrictions imposed by the US. So we discussed treatment options and settled on plasmapheresis (removing all blood and separating plasma to remove white blood cells) since my insurance would cover the cost of the treatment.

Plasmapheresis is a sever treatment and done when the patient fails to respond to emergency treatment for MS (it was soon discovered why).



Hospital Angeles DEL PEDREGAL

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Mexico City to September 14, 2018

To Whom It May Concern:

By means of the present report that finds me taking care of the patient Narendra Jana of 33 years of age whom is carrier of demyelinating disease of the type of multiple sclerosis, recurrent variety, remitting.

The patient presented a picture of left optic neuritis, which was initially managed with methylprednisolone 1 gm IV every 24 hours for 3 days, approximately 2 months after which he presented improvement, but later he presented paresthesia and dysesthesia in the left extremities, subsequently presenting with weakness mainly in the hand and later in the left leg.

At the initial examination, we documented marked decreased mentation papilla pallor in the left eye, and a little bit nystagmus when he looking to the left side, as well as motor and sensory deficits in the left body with an EDSS 4.5 rating, the last resonance performed 2 and a half months ago showed an increase in lesion load.

Based on the above, it was decided to start treatment with plasmapheresis for which required Niagara type catheter placement, as well as hospitalization in infusion center to apply 3 plasmapheresis sessions consisting of 2-volume replacement with 5% immunoglobulin 2 bottles per liter. This procedure was performed without complications except for the first day in which he presented an absence seizure with neurovegetative symptoms, which remitted after the application of the Hartman 500 ml solution in 30 minutes of a single dose, afterwards it no longer presented any complications and it was concluded on the day of today the 3rd session of plasma exchange.

After concluding the 3 plasmapheresis sessions, the patient showed improvement in visual acuity, improved the speed of thought and decreased sensory symptoms as well as increased strength in the left limbs, decreasing his EDSS to 3.0

The patient is released to his home today and depending on his evolution, a new cycle of plasmapheresis will be evaluated in 6 months or the beginning of a disease-modifying therapy based on fingolimod (Gilenya) or dimethyl fumarate (Tecfidera).

The present is given at the request of the interested party and for the purposes that are convenient for him; I remain of you for any medical information related to our patient.

Sincerely,

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The USB folder (Level of Treatment Abroad > 2018 September 12 to 14 Plasmapheresis Mexico City) describes the severity of the treatment and the severity is perpetuated by the lack of treatment in the US.

The treatment was 2 volume replacements (of blood) with 5% immunoglobulin 2 bottles per lite.

The treatment is affective and showed positive response immediately but the response is transient due to the nature of the condition (1.5 months). In progressive forms of MS plasmapheresis has limited efficacy since our bodies produce malignant white blood cells rapidly and the condition relapses.