



מרכז שניידר לרפואת ילדים בישראל
 مركز شتاينجر لطب الأطفال في إسرائيل
 Schneider Children's Medical Center of Israel
 Sackler School of Medicine, Tel-Aviv University



To whom it may concern

January 15, 2026

Ref: Sherstobitova Lana - High Risk Neuroblastoma - evaluation and basic treatment-estimate cost

Dear Sir/Madame, thank you for approaching SCMCI. Dr. Esther Berko, our leading specialist in neuroblastoma treatment, assumed the girl needs to undergo complete evaluation to determine the diagnosis and to plan further treatment. Treatment options may include chemotherapy combined with immunotherapy, followed by surgery, radiotherapy, Autologous BMT and immunotherapy. Individual treatment plan will be based on evaluation findings.

Diagnostic evaluation:	
First consultation by oncologist	650 USD
First consultation by pediatric specialist	650 USD
MIBG (age < 7 years, if needed)	4960 USD
PET DOPA	2700 USD
Blood and Urine work up (oncology new patient)	1430 USD
Bone marrow biopsy	2880 USD
Cytogenetic investigations (each one)	1260 - 3500 USD (each one)
Revision of biopsy	780 USD
MRI (if needed)-each part	2350 USD
CT (if needed)	1100 USD
U/S Doppler	490 USD
ECHO, ECG	440 USD

Basic treatment protocol

Central line insertion /exchange (PORT-A-CATH/ PICC LINE)	4800 USD
One day of chemotherapy in Oncology Day Care Department	1650 USD
One day of ambulatory follow up in oncology Day Care Unit	780 USD
One day of hospitalization without chemotherapy (if needed)	1650 USD
One day of chemotherapy in hospitalization	2650 USD
Anti GAD2 antibodies –approximate cost of the medicine only, depends on the evaluation	250000 USD
Does not include the cost of hospitalization	
Major tumor resection surgery (if needed) -the exact cost will be calculated according to evaluation findings and response to treatment	65000-85000 USD
Radiotherapy (if needed, approximate cost)	55000-88000 USD
Autologous Bone marrow transplantation (if needed)	98000 USD
Stem cell collection and preservation	27900 USD

***All the relevant medical documents and imaging (discs), biopsy material (slides and blocks) with English descriptions are needed for complete reevaluation.**

*The provided program cost is not final and can vary according to the evaluations, complications, additional diagnostic and treatment procedures, hospitalization course and currency rate changes.

*The listed price doesn't include additional surgical procedures (will be calculated separately), biological treatment, accommodation and transportation services neither for the patient nor for the accompanying person.

*Quoted prices are valid for up to 1 month.

*Prepayment for admission in the amount of 300,000 US dollars to the bank account of the hospital is needed.

*In case of any remaining funds post-treatment or unencumbered by any reason deposit, the amount will be refunded to your original bank account. Please be aware that the hospital's accounting system is denominated in shekels, and therefore, all payments received or refunded are processed in shekels. The fluctuation in foreign currency rates may cause additional charges.

Payment by bank transfer:

Payable to: Schneider Children Medical Center of Israel
 BANK: HAPOALIM
 BRANCH: 063 – AYALON
 ADDRESS: 26 Harokmim str. Holon, ISRAEL
 ACCOUNT NO.: 220423
 SWIFT: POALILIT
 IBAN: IL68-0120-6300-0000-0220-423

Parents' signature

Date



Schneider Children's Medical Center of Israel