Subcutaneous immunoglobulin therapy: a new option for patients with primary immunodeficiency diseases

#### **Background**

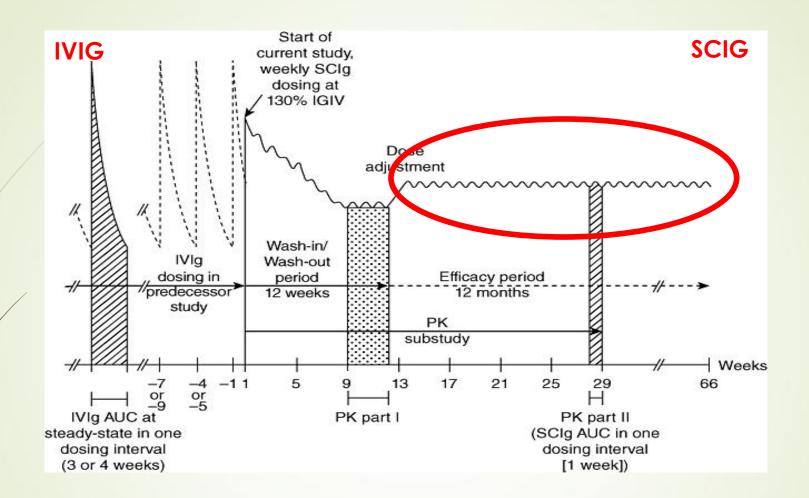
- Primary immunodeficiency diseases (PIDD): group of over 150 disorders due to defects in critical pathways involved in host defense against infection and immune regulation.
- 50% of PIDD: defects in antibody production.
- Recurrent and severe bacterial infections, autoimmune disease, inflammatory disorders, and lymphoproliferative disorders.
  - → lung damage and shortened life span.

#### **Background**

- Treatment: replacement of immunoglobulin G
  - 1950s: intravenous immunoglobulins (IVIG) every 3–4 weeks
  - 2006: Subcutaneous immunoglobulin

### IVIG vs SCIG

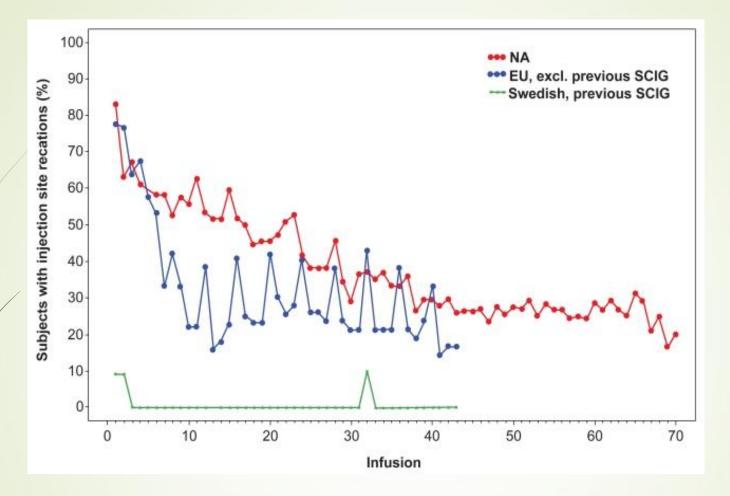
	IVIG	SCIG
Venous access	Yes	No
Time of administration	Long	Short $(15 - 90 \text{ minutes})$
Frequency	2-4 weeks	Daily or every $1-2$ weeks
Blood IgG level	Big variation between peak and trough	Higher and more stable trough level
Systemic adverse reactions	Many	Few



## Comparison of IgG trough levels

Adverse event	EU study	US study	
	No. (%) of subjects (N = $40$ )	No. (%) of subjects ( $N = 21$ )	
Arthralgia	6 (15.0)	5 (23.8)	
Abdominal pain upper	4 (10.0)	2 (9.5)	
Abdominal pain	0	3 (14.3)	
Diarrhea	4 (10.0)	3 (14.3	
Pyrexia	4 (10.0)	2 (9.5)	
Back pain	3 (7.5	3 (14.3)	
Headache	2 (5.0)	3 (14.3)	
Fatigue	1 (2.5)	5 (23.8)	
Oropharyngeal pain	1 (2.5)	6 (28.6)	
Anxiety	0	3 (14.3)	
Nausea	0	4 (19.0)	

## Most common adverses



Injection-site reactions over time

The occurrence of injection-site reactions (of any severity) decreases over repeated SCIg administrations in subjects from two clinical trials, in North America (NA) and Europe (EU)

Year: country	Comparison groups	Outcomes	Preference
2006 North America	A: SCIG at home vs IVIG hospital B: SCIG home vs IVIG at home	Statistically significant improvements in physical limitations, general health, vitality, health transition, LQI/treatment satisfaction (A); general health (B) SCIG	81% (A), 69% (B) preferred SCIG
2008 Sweden	SCID at home vs IVIG hospital	Statistically significant improvements in mental health, change in health, family activities and global health at 6 months (CHQ-PF50)	All subjects preferred home SCIG
2010 Germany	SCID at home vs IVIG hospital	Statistically significant improvements in bodily pain, general health perception, vitality (SF-36), family activities, parental emotional and time, general health	92% preferred SCIG 83% preferred home treatment
2011 Germany	SCID at home vs IVIG hospital	Health-related Quality of Life, LQI improved in SCIG, significant increase in score for convenience	80% preferred SCIG

Quality of life studies in PIDD patients switching to SCIG therapy

## SCIg: Pump or Push

PUMP	PUSH
Full dose once a week	Smaller dose multiple times a week
25 ml per site	3 – 20 ml per site
1 – 4 sites	1 – 2 sites
60 ml syringe	5,10, 20 ml syringe





# **SCIg products**

	Product	IgG concentration	IgA content	Stabilizer	Viral inactivation
	Gammagard liquid	100 mg/mL	37 mcg/mL	Glycine	Solvent/detergent Nanofiltration Low pH/temperature
/	Gammaked	100 mg/mL	46 mcg/mL	Glycine	Low pH Caprylate precipitation Depth filtration
	Gamunex-C	100 mg/mL	46 mcg/mL	Glycine	Low pH Caprylate precipitation Depth filtration
	Hizentra®	200 mg/mL	<50 mcg/mL	L-proline	Low pH Nanofiltration Depth filtration

#### **Conclusion**

Subcutaneous immunoglobulin therapy is a useful option for many patients because of better tolerability and the freedom to choose when and where they receive their gamma globulin supplementation.