

**UZ LEUVEN**

BNS satellite symposium CSL Behring

**Subcutaneous Immunoglobulins in CIDP: Getting Under the Skin - Introduction**

Antwerpen, 08-12-2018

UNIVERSITY HOSPITALS LEUVEN

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**CIDP: Overview**

**CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY (CIDP)**

Neurological disorder marked by weakness & sensory dysfunction of limbs

Caused by damage to fatty covering that protects nerve fibers (myelin)

2-9 new cases per 100,000 reported in the US annually

More common in young men than women

Closely related to Guillain-Barre syndrome

Symptoms include tingling, numbness, weakness of the arms and legs

Diagnosis by history, examination & nerve testing (NCV)

Treated by steroids, plasma exchange & immunoglobulin therapy

Physiotherapy improve muscle strength, and joint function

30% patients develop disability, if left untreated

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**CIDP: Impact**

**CHRONIC INFLAMMATORY DEMYELINATING POLYNEUROPATHY (CIDP)**

2-9 new cases per 100,000 reported in the US annually

- Most frequent **chronic** auto-immune neuropathy
- Prevalence: 1.0 – 8.9 / 100000
- Incidence: 0.5 – 1.6 / 100000 / year
- If left untreated: 30% significant disability
- Important impact: morbidity, quality of life, economic cost

30% patients develop disability, if left untreated

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**CIDP: Treatment**

**Guidelines EFNS/PNS for the treatment of CIDP**

European Journal of Neurology 2010, 17: 356-363 doi:10.1111/j.1468-1331.2009.02930.x

**EFNS TASK FORCE/CME ARTICLE**

European Federation of Neurological Societies/Peripheral Nerve Society Guideline on management of chronic inflammatory demyelinating polyradiculoneuropathy: Report of a joint task force of the European Federation of Neurological Societies and the Peripheral Nerve Society — First Revision

Members of the Task Force: P. Y. K. Van den Bergh<sup>a</sup>, R. D. M. Hadden<sup>b</sup>, P. Bouche<sup>c</sup>, D. R. Cornblath<sup>d</sup>, A. Hahn<sup>e</sup>, I. Illa<sup>f</sup>, C. L. Koski<sup>g</sup>, J.-M. Léger<sup>h</sup>, E. Nobile-Orazio<sup>i</sup>, J. Pollard<sup>j</sup>, C. Sommer<sup>k</sup>, P. A. van Doorn<sup>l</sup> and I. N. van Schaik<sup>m</sup>

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**CIDP: Treatment**

**Guidelines EFNS/PNS for the treatment of CIDP**

**First line treatments**

- IgG therapy
- Corticosteroids
- Plasma exchange

**Second line treatments**

- Immunosuppressants

GBS/CIDP foundation (2010): IgG is the most frequently used treatment in CIDP

EFNS/PNS recommendations **IVIG: first choice treatment for CIDP**, max. 2 g/kg over 2-5 d, followed by maintenance dose of 1 g/kg over 1-2 d every 3 weeks

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**CIDP: IgG therapy (ICE-trial)**

**Intravenous Immune Globulin CIDP Efficacy (ICE) Trial**

**Intravenous immune globulin (10% caprylate-chromatography purified) for the treatment of chronic inflammatory demyelinating polyradiculoneuropathy (ICE study): a randomised placebo-controlled trial**

Richard A C Hughes, Peter Donofrio, Vera Brill, Marinos C Dalakas, Chunqin Deng, Kim Hanna, Hans-Peter Hartung, Norman Latov, Ingemar SJ Merkes, Pieter A van Doorn, on behalf of the ICE Study Group\*

**Summary**

Background Short-term studies suggest that intravenous immunoglobulin might reduce disability caused by chronic inflammatory demyelinating polyradiculoneuropathy (CIDP) but long-term effects have not been shown. We aimed to establish whether 10% caprylate-chromatography purified immune globulin intravenous (IGIV-C) has short-term and long-term benefit in patients with CIDP.

→ Short-term and long-term efficacy and safety of IVIG, and  
→ Supports use of IVIG as a therapy for CIDP

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UZ LEUVEN CIDP: IgG therapy (PRIMA-trial)

CSL Behring/Privigen Impact on Mobility and Autonomy (PRIMA) Trial

*Journal of the Peripheral Nervous System 18:130-140 (2013)*

RESEARCH REPORT **Intravenous**

Efficacy and safety of Privigen® in patients with chronic inflammatory demyelinating polyneuropathy: results of a prospective, single-arm, open-label Phase III study (the PRIMA study)

Jean-Marc Léger<sup>1</sup>, Jan L. De Bleecker<sup>2</sup>, Claudia Sommer<sup>3</sup>, Wim Robberecht<sup>4</sup>, Mika Saarela<sup>5</sup>, Jerzy Kamienowski<sup>6</sup>, Zbigniew Stelmasiak<sup>7</sup>, Orell Mielke<sup>8</sup>, Björn Tackenberg<sup>9</sup>, Amgad Shebl<sup>8</sup>, Artur Bauhofer<sup>9</sup>, Othmar Zenker<sup>8</sup>, and Ingemar S. J. Merkies<sup>10</sup>; on behalf of the PRIMA study investigators<sup>\*</sup>

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UZ LEUVEN CIDP: IgG therapy IV vs. SC

Two administration methods for IgG therapy : intravenous (IVIG) and subcutaneous (SCIG).

Efficacy, safety and tolerance of IVIG in CIDP have been shown in large RCTs (ICE, PRIMA trial)

SCIG is a new option for maintenance therapy in CIDP (PATH trial)

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UZ LEUVEN CIDP: IgG therapy (PATH-trial)

**Subcutaneous** immunoglobulin for maintenance treatment in chronic inflammatory demyelinating polyneuropathy (PATH): a randomised, double-blind, placebo-controlled, phase 3 trial

Ivo N van Schaik, Vera Bhl, Nan van Galwen, Hans-Peter Hartung, Richard A Lewis, Gen Sobue, John-Philip Lawo, Michaela Praus, Orell Mielke, Billie L. Dunn, David R Comblath, Ingemar S J Merkies, on behalf of the PATH study group<sup>\*</sup>

**Summary**  
Background Approximately two-thirds of patients with chronic inflammatory demyelinating polyneuropathy (CIDP) need long-term intravenous immunoglobulin. Subcutaneous immunoglobulin (SCIG) is an alternative option for immunoglobulin delivery, but has not previously been investigated in a large trial of CIDP. The PATH study compared relapse rates in patients given SCIG versus placebo.

Lancet Neurol 2018; 17: 35-46  
Published online November 6, 2017  
http://dx.doi.org/10.1016/S1473-3099(17)3029-2

→ Efficacy and safety of SCIG as a maintenance treatment for CIDP

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UZ LEUVEN Satellite symposium: Overview

1) Expanding the evidence for subcutaneous immunoglobulins in CIDP: PATH and beyond.  
Prof. dr. Jan De Bleecker, UZ Gent

2) The profiling of the patient with intravenous or subcutaneous immunoglobulin therapy.  
Prof. dr. Nicolas Mavroudakis, ULB Erasme

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