



U.S. Food and Drug Administration

### **Notice: Archived Document**

The content in this document is provided on the FDA's website for reference purposes only. It was current when produced, but is no longer maintained and may be outdated.



## **IG- associated thrombotic adverse events – Pharmacovigilance**

**Risk Mitigation Strategies to Address Potential Procoagulant  
Activity in Immune Globulin Products**

**May 17-18, 2011  
Rockville, Maryland**

**Paul-Ehrlich-Institut/ Langen**

**Steffen Gross  
Markus Funk  
Brigitte Keller-Stanislowski**



# Background

## IVIG Octagam

### ➤ Signal: July-August 2010

- 8 cases of TEE associated with one batch (B010C844A) in Germany revealed an 80fold higher rate of TEE compared to the product information

### ➤ Regulatory Actions: September 2010

- Suspension of MA and recall of all batches IVIG Octagam 5 % by PEI 15.9.2010
- Initiation of Article 107 procedure according to Directive 2001/83 EC by PEI
- CHMP Opinion 22.9.2010
- Commission decision 4.10.2010: Suspension of IVIG Octagam 5% and 10 %
- Art. 31 procedure start: 9/ 2010, positive opinion of CHMP 4/2011 (Commission decision pending)
- Standing Committee phase started 17 May 2011



# Background

## ICIG Vivaglobin

### ➤ Signal: March 2011

- In-house research testing by the MAH revealed that several lots contain certain levels of procoagulant activity
- Urgent Safety restriction to change the SPC and the package leaflet
- Dear Healthcare Professional Communication
- Initiation of an Art. 36 procedure according to Directive 2001/84 EC

# Reporting rate of TEEs of selected Human Normal IGs



IG	Reporting rate	
	Period	1 TEE : Kg Ig distributed
IG O	2010	1: 75 - 1 : 150* kg
IG O	2004 – 2010	1 : 458 kg
IG A	2008 - 1/2011	1:8068 kg
IG B	2/2008- 2/2010	1:4158 kg
IG C	2003 - 2008	1:2673 kg
IG D	1/2008 – 1/2009	1:7000 kg
IG E	2004 – 10/2009	1: 4378 kg
IG F (scIG)	2008 - 2010	1 : 433 kg
IG H	2002 - 2008	< 1: 3700 kg

\* Reporting rate increased after regulatory actions

# TEE Reporting Rate



Year	Octagam 5 % 1 TEE/ kg IG distributed	Vivaglobin 1 TEE/ kg IG distributed
2005	1: 1475 kg	0
2006	1: 1200 kg	0
2007	1: 1600 kg	0
2008	1: 531 kg	1: 683 kg
2009	1: 495 kg	1: 340 kg
2010	1: 75 kg	1: 420 kg



# IG- associated thrombosis route cause / trigger

- **Drug factors**
  - Hyperviscosity
  - ✓ Coagulation factor contaminants (FXI, FXIa, FXIIa)
  - High doses
  - Rapid infusion
  
- **Patient factors**
  - Age
  - Co-morbidity  
(immobilization, previous TEE, cardiovascular disease)
  - Co-medication
  - Underlining disease  
(autoimmune disease >> primary immunodeficiency)



## Associated TEE risks in reported cases

	Human Normal Immunoglobulins			
Parameters	Sandoglobulin	Kiovig	Vivaglobin	Octagam 5 %
Median age of patients (range)	53 (17 - 93)	54 (7 – 81)	52 (12 – 77)	64 (11 – 89)
Risk factor for thrombosis documented in pts. with TEE	16/21 (76%)	22/32 (69 %)	8/19 (42%)	30/116 (26%)
Indication autoimmune disorder	9/21 (43 %)	12/32 (38 %)	n.a.	30/116 (26 %)
Art. TEE, stroke, LE, MI	4/21 (19%)	20/32 (63 %)	9/19 (47%)	100/116 (86%)
Onset of TEE <24 h post administration	12/21 (57%)	7/32 (22%)	4/19 (21%)	62/116 (54%)





# Summary

- Detection of increased reporting rates of TEE for two normal human immunoglobulins via spontaneous reporting
- The signal is consistent with levels of procoagulant activity of certain batches
- No such signal for other products
- For IG O patients without risk factors for thrombosis concerned and high number of arterial thrombosis
  
- Next steps
  - ↳ Re-evaluation of data with more precise exposure data
  - ↳ Link of batches associated with TEEs of several products with coagulation tests (e.g. TGA)

**Thank you for your attention**

**[www.pei.de](http://www.pei.de)**

