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Clinical Expert Summary
C1 inhibitor (human) (Cinryze®) 500 Units powder and solvent for solution for injection

C1 inhibitor (human) (Cinryze®) for the treatment and pre-procedure prevention of angioedema attacks in children aged 2–11 years with hereditary angioedema (HAE); routine prevention of angioedema attacks in children aged 6–11 years with severe and recurrent attacks of HAE, who are intolerant to or insufficiently protected by oral prevention treatments, or patients who are inadequately managed with repeated acute treatment.

1. Existing guidelines
No guidelines that influence prescribing in Wales were identified.

2. Disease prevalence/incidence
Clinical experts have confirmed that there are five children aged 2-11 years with HAE in Wales at present eligible to receive Cinryze® for the treatment and pre-procedure prevention of angioedema attacks. Clinical experts have also confirmed that there are no children aged 6-11 years in Wales that would be eligible for treatment with Cinryze® for routine prevention of angioedema attacks.

3. Current treatment options
Experts highlighted that Berinert® (C1 inhibitor concentrate) is the only alternative to Cinryze® in Wales at present.

4. Unmet need
No areas of unmet need were highlighted.

5. Knowledge of product in given indication
One expert stated that Cinryze® would provide an additional option for the treatment of acute episodes of swelling, and be considered for prophylaxis of such swellings in the unusual situation where this might be required.

It should be noted that one expert involved in compiling this response declared a non-personal, non-specific interest in relation to C1 inhibitor (Cinryze®) for the indication under consideration.

Appendix: Previous AWMSG clinical expert summary (published February 2013)

This report was published as part of a previous AWMSG appraisal of C1 inhibitor (Cinryze®) (Advice number 0313). The advice from this appraisal has been superseded by advice number 2117. The original appraisal documentation is included here for completeness.

Clinical Expert Summary

C1 inhibitor (Cinryze®▼) 500 units powder and solvent for solution for injection, for the treatment and pre-procedure prevention of angioedema attacks in adults and adolescents with hereditary angioedema (HAE) and routine prevention of angioedema attacks in adults and adolescents with severe and recurrent attacks of hereditary angioedema, who are intolerant to or insufficiently protected by oral prevention treatments, or patients who are inadequately managed with repeated acute treatment.

1. Existing guidelines

Experts consulted stated that there are several consensus documents, including:

- Cicardi et al (2012). Evidence-based recommendations for the therapeutic management of angioedema owing to hereditary C1 inhibitor deficiency: consensus report of an International Working Group[1].
- Gompels et al (2005). C1 inhibitor deficiency: consensus document[2].

An expert noted that a World Allergy Organisation HAE consensus document is currently in preparation.

2. Disease prevalence/incidence

Experts consulted gave prevalence estimates of 50 (1:50,000) and 40–50 (1:60,000) HAE patients diagnosed in Wales.

3. Current treatment options

An expert consulted listed tranexamic acid, danazol (or equivalent) and C1 inhibitor concentrate as treatment options for prevention of attacks, and C1 inhibitor (Berinert® or Cinryze®▼ [blood products]) and Ruconest® (conestat alfa; recombinant C1 inhibitor) as current treatment options for acute attacks. The expert stated that the main therapy currently used in Wales is Berinert®. The preference of this expert was to have all of the above options available so that patient care can be appropriately individualised.

Another expert listed the oral agents tranexamic acid, stanozalol and danazol, as well as Berinert® and icatibant as current treatment options.

Another expert stated that tranexamic acid and the androgenic steroids stanozalol and danazol have been available for prophylaxis for about 40 years and are still used. They continued that these are not effective for acute swellings that occur periodically in patients despite prophylactic treatment.

It was stated that HAE patients seen at the National Immunology Service for Wales are given a home supply of C1 inhibitor (currently Berinert®) for acute attacks, with a small number supplied icatibant.

4. Unmet needs

Experts were of the opinion that there are issues regarding awareness of this rare condition, which often leads to delay in diagnosis and treatment. In addition, patients can face a delay in treatment during acute episodes. Treatments that the patient could be trained to self-administer at home would be of benefit and would minimise delays.

It was stated that the geography of Wales means that some patients have considerable distances to travel and it may be that therapies that they can be trained to administer themselves will be beneficial in these situations.

5. Knowledge of product in given indication

Experts consulted stated that Cinryze®▼ would provide an alternative purified, nanofiltered C1 inhibitor for patients in Wales.

It should be noted that two experts involved in compiling this summary declared a personal specific interest and one expert declared a non-personal specific interest in relation to Cinryze®▼ for the indication under consideration.

References

1 Cicardi M, Bork K, Caballero T et al. Evidence-based recommendations for the therapeutic management of angioedema owing to hereditary C1 inhibitor deficiency: consensus report of an International Working Group. *Allergy* 2012; 67 (2): 147-57.

2 Gompels MM, Lock RJ, Abinun M et al. C1 inhibitor deficiency: consensus document. *Clinical & Experimental Immunology* 2005; 139 (3): 379-94.