Case Report of Real-World Use of human-slra 10% through Subcutaneous Infusion

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INTRODUCTION

IVIG human-slra 10% is a specialized immunoglobulin product combining conventional human plasma with donor plasma containing high titers to RSV and other common respiratory pathogens. IVIG human-slra 10% is indicated for primary immunodeficiency (PI) and is often used as second-line treatment for PI patients who continue to experience frequent breakthrough infections while on conventional immunoglobulin (Ig) replacement therapy.

Human-slra 10% is currently only approved for intravenous (IV) infusion, but many patients transitioning to human-slra are transitioning from subcutaneous (SC) products and are accustomed to ease of use. This presents a need to investigate human-slra's tolerability subcutaneously.

PATIENT HISTORY

- Conventional SCIg therapy at 10g/week
- 3 COVID-19 cases despite multiple boosters
- Prophylaxis with tixagevimab/cilgavimab
- Concurrent shingles infection
- Increased medication use due to chronic cough
  - levoalbuterol daily for 2 months
  - budesonide/formoterol to decrease use of rescue medication
- Quality of life greatly impacted
  - Significant reduction in working hours and ability to travel

RESULTS

After starting subcutaneous human-slra at 10g/week, she has experienced no infections, no levoalbuterol use, and discontinued budesonide/formoterol.

Compared to conventional SCIg, the patient experienced a decreased infusion time from 105 minutes to 80 minutes by her second infusion with human-slra *(Table 1)*. She used the same flow rate tube, needle set, and needle length with both therapies. With human-slra the patient experienced the same ease of use, slightly increased discomfort, decreased pain the days after infusion, decreased swelling, and less drug leakage. The patient experienced the same level of satisfaction with the overall infusion process with both therapies.

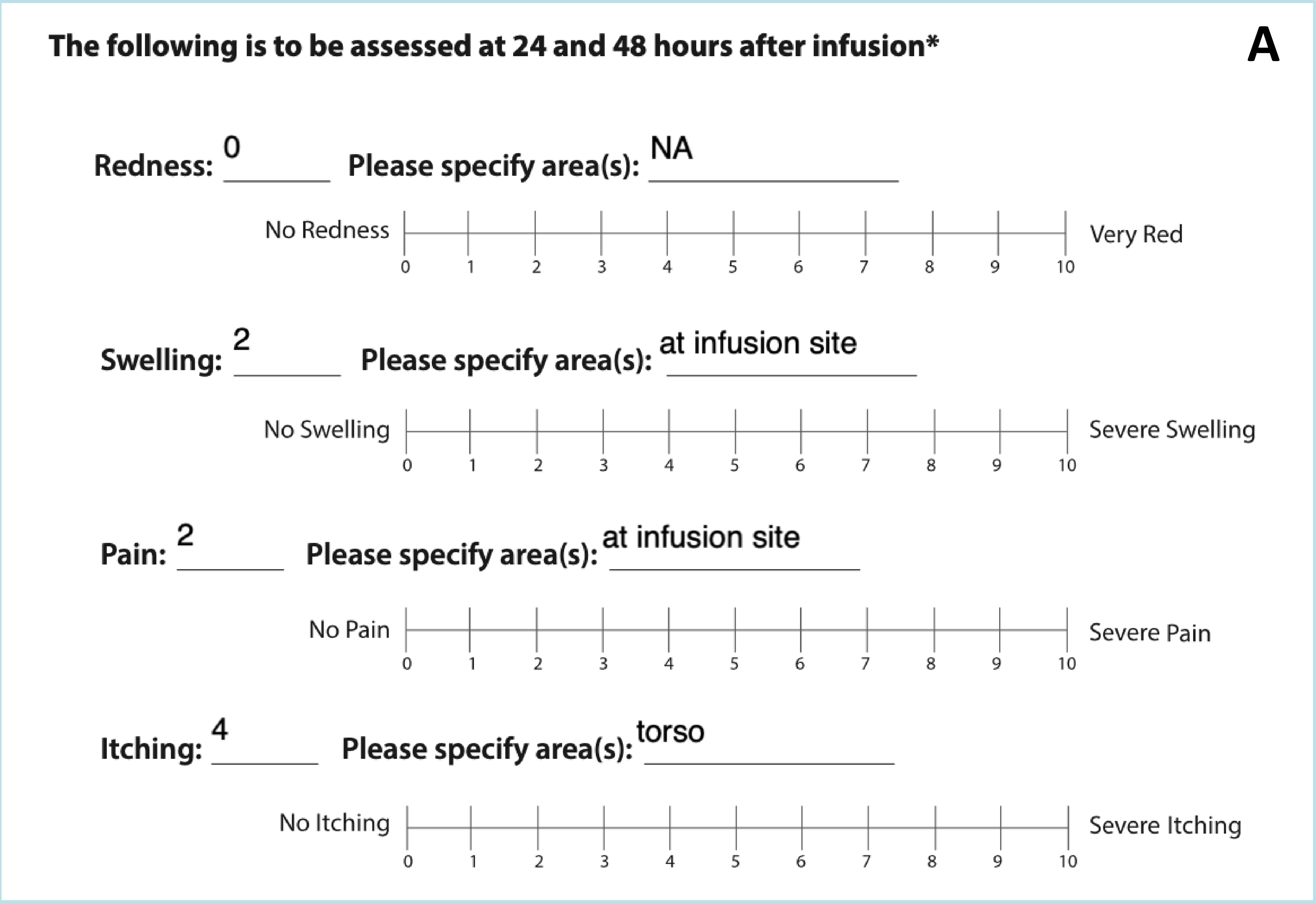
Figure A and B. Snippets from patient's questionnaire. Assessment from figure A was completed after conventional SCIg (baseline). Figure B was completed after the first treatment of human-slra 10%.

METHODS

Infections, clinical evaluations, and infusion questionnaires were collected from a 57-year old female hypogammaglobulinemia patient before and after starting human-slra 10% through SC infusion.

	Baseline (SCIg therapy)	1st Infusion (human-slra)	2nd Infusion (human-slra)
Total Infusion Volume	50 mL	100 mL	100 mL
Total Infusion Time	105 min	85 min	80 min

Table 1. Patient answered the same questionnaire before and after use of human-slra. Treatments were 1 week apart from the other.


The following is to be assessed at 24 and 48 hours after infusion* **A**

Redness: 0 **Please specify area(s):** NA

No Redness 0 1 2 3 4 5 6 7 8 9 10 Very Red

Swelling: 2 **Please specify area(s):** at infusion site

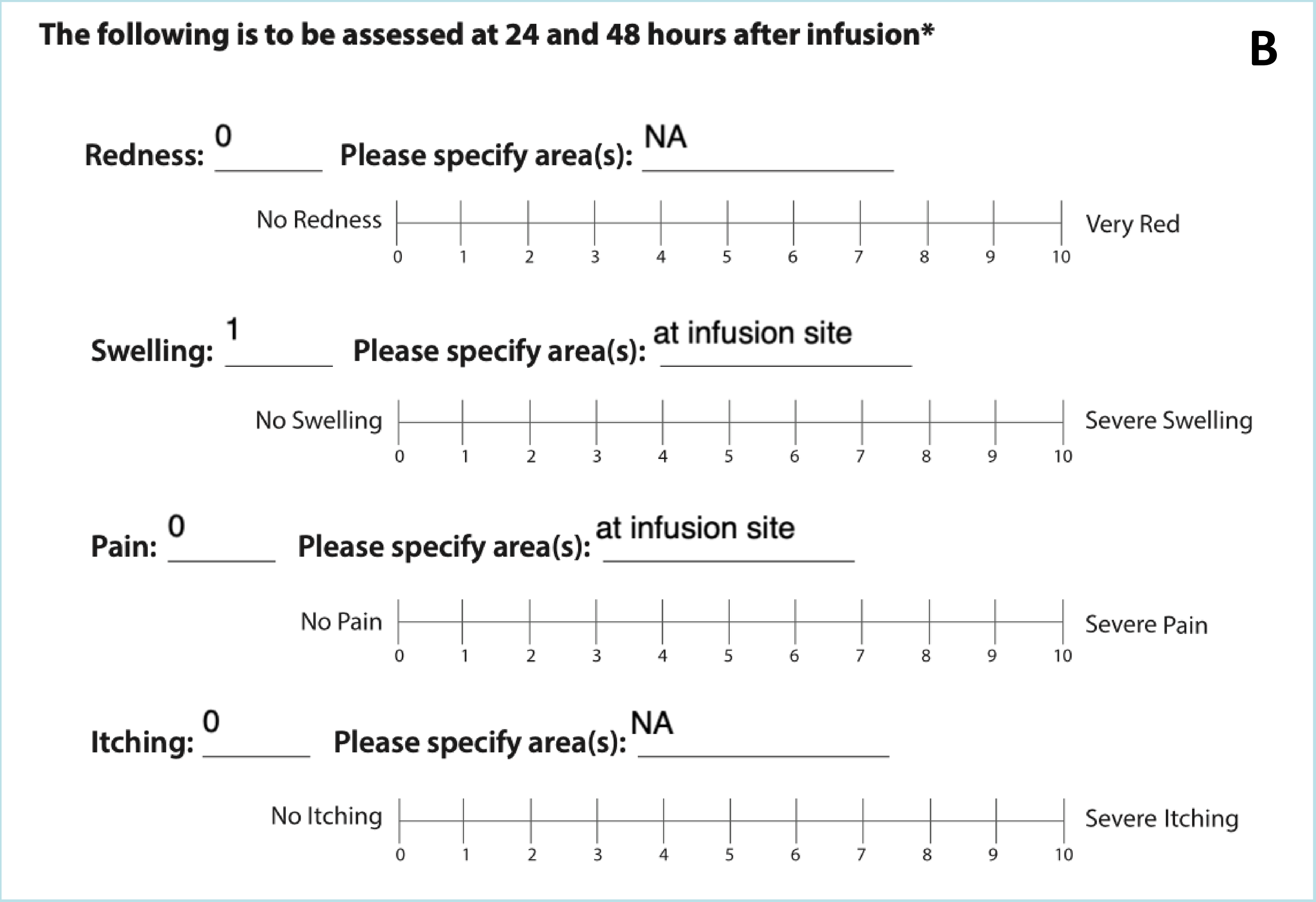
No Swelling 0 1 2 3 4 5 6 7 8 9 10 Severe Swelling

Pain: 2 **Please specify area(s):** at infusion site

No Pain 0 1 2 3 4 5 6 7 8 9 10 Severe Pain

Itching: 4 **Please specify area(s):** torso

No Itching 0 1 2 3 4 5 6 7 8 9 10 Severe Itching


The following is to be assessed at 24 and 48 hours after infusion* **B**

Redness: 0 **Please specify area(s):** NA

No Redness 0 1 2 3 4 5 6 7 8 9 10 Very Red

Swelling: 1 **Please specify area(s):** at infusion site

No Swelling 0 1 2 3 4 5 6 7 8 9 10 Severe Swelling

Pain: 0 **Please specify area(s):** at infusion site

No Pain 0 1 2 3 4 5 6 7 8 9 10 Severe Pain

Itching: 0 **Please specify area(s):** NA

No Itching 0 1 2 3 4 5 6 7 8 9 10 Severe Itching

CONCLUSION

This is the first reported case of use of human-slra 10% administered subcutaneously. Patient experienced better quality of life and disease control and no drop in overall satisfaction with the infusion process when compared to prior treatment with conventional SCIg therapy.