

Which attacks should we treat and what are the considerations for selecting treatment?

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Why is this topic important?

Reasons to treat an attack

- ✓ Extremely painful
- ✓ Threatening/frightening
- ✓ Fatigue
- ✓ Impaired productivity
- ✓ Ruin happy moments (birthdays, school trips, wedding)
- ✓ **Effective**

Reasons not to treat an attack

- ✗ Treatment unavailable
- ✗ Costs?

What does the science say?

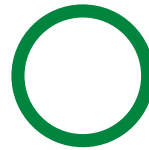
“Effective therapy should be used for the acute treatment of attacks of angioedema to reduce duration and severity of attacks”

Level of Evidence: High (100% Agree)
Strength of Recommendations: Strong (100% Agree)
2019 International/Canadian guideline¹



**KEEP
CALM**

**YOU'RE
IN CHARGE**



“We recommend that all attacks are considered for on-demand treatment”

2021 EAACI guideline²

“All HAE attacks are eligible for treatment irrespective of the location of the swelling or the severity of the attack”

2020 US HAEA guideline³



EAACI, European Academy of Allergy and Clinical Immunology; HAE, hereditary angioedema; US HAEA, US Hereditary Angioedema Association.

1. Betschel et al. *Allergy, Asthma Clin Immunol.* 2019;15(72) 2. Maurer et al. *J Allergy Clin Immunol.* 2021;25:S0091-6749(21)00821-6.

3. Busse et al. *J Allergy Clin Immunol Pract.* 2021;9(1):132-150.e3; Image source: <https://www.hetleidskwartiertje.nl/in-charge-voorzitter-van-een-commissie/>.

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Which attacks to treat?

- **All** attacks should be treated

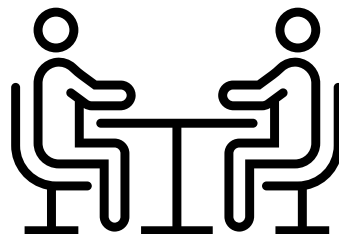
Why?

- **Any attack impacts patients QoL**

Key considerations for selecting treatment

- Treatment setting (home vs hospital)
- Self-administration vs. HCP administration
- Mode of administration
- Mechanism of action
- Efficacy
 - Onset of action
 - Time to resolution of attack
 - Re-dosing / rebound attacks
- Safety

Which attacks should we treat and what are the considerations for selecting a particular treatment?



Treatment	Mechanism	Route	Age restrictions	Considerations
C1-inhibitor concentrates	↑ C1-INH	IV	None or ≥ 2 years*	+ Suited for prophylaxis* - IV administered
Icatibant	Blocks BK2-receptor	SC	≥ 2 years (Europe) ≥ 18 years (US)	+ SC administered • May be painful • Not suited for prophylaxis Treat early!
<i>Ecallantide</i> (not available in EU)	<i>Blocks plasma kallikrein</i>	<i>SC (HCP)</i>	<i>≥ 12 years</i>	<i>N.A.</i>

*Depending on manufacturer and respective Summary of Product Characteristics. Berinert 500/1500 is indicated for the treatment and pre-procedure prevention of acute HAE attacks in patients with HAE type I and II, without age restrictions.
BK2, bradykinin-2; IV, intravenously; SC, subcutaneously; HCP, healthcare professional; N.A., not applicable.