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From Theory to Practice: Real-World Challenges in Personalized HAE Care

Announcer:

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Dr. Cohn:

This is CME on ReachMD. My name is Danny Cohn, and today I'm here with my colleague Thomas Buttgereit, and today we'll discuss real-world challenges in tailoring HAE treatments and adjusting protocols based on patients' needs.

Let's just start now with a real-world case.I recently saw this 45-year-old female patient who was diagnosed with hereditary angioedema at the age of 18. She had experienced the angioedema attacks from puberty, so from the age of 12, and she had been using attenuated androgens for over 20 years but recently switched to another long-term prophylactic treatment. She was switched to a plasma kallikrein inhibitor that is administered subcutaneously once every 2 weeks.She has a very busy family life, has 2 children, of whom one also has hereditary angioedema, and she recently experienced quite a few breakthrough attacks. So still, her condition is not fully controlled. And she comes in the office and wants to discuss with her physician how she can improve her disease control.

Thomas, is this something that you recognize from your clinic?

Dr. Buttgereit:

Absolutely, Danny. This is really a real-world challenging case. You described a patient who is standing in her life with lots of stress factors, so she has taking care of her family, and she is using already a long-term prophylactic treatment, which is administered every 2 weeks. But despite of this, she is facing breakthrough attacks. So the stressful life could be, of course, a trigger factor of these attacks. This is something we need to discuss with the patient, I think, if there are any options to change this. On the other hand, one should say she is maybe some kind of a partial responder to the treatment she uses, long-term prophylaxis. This is something we also see in clinical trials and also in real-world life, so it is definitely something we need to discuss with the patient if this change in treatment strategy makes sense to switch treatment to other options. I mean, you mentioned she used, in the past, androgens, so oral treatments, and maybe she had some good experience with oral treatments, so one could offer her to switch to a different type of long-term prophylaxis. There are also other options despite of kallikrein inhibition; we have oral small molecules available for kallikrein inhibition. We can replace C1 inhibitor, but this will then come with more frequent injections.

So this is really something we need to discuss, the treatment approach, the administration of treatment, but also taking into account the whole situation of life in this patient. And I think this makes this case really challenging and requires a lot of shared decision-making with the patient, right?

Dr. Cohn:

Exactly. So that is also what I did with her. First, we sat down and we discussed whether these complaints that she had were actual

angioedema attacks, and she confirmed that the episodes that she had were really typical of her presentation of angioedema attacks. They responded well to acute treatment. And it turned out, when we assessed all the evoking factors, that the specific trigger that evoked her angioedema attacks were the moments that she was alone with her 2 children when her husband was away for travel, and especially when the kids who went to school, had exams, she was also stressed, and they were very busy days. And we discussed if it would be helpful in these circumstances to use short-term prophylaxis, just very briefly, with these specific episodes because there's no way to increase the dose. There are no other attractive treatment options reimbursed currently for her yet. But then in the end, we suggested that she would use C1 inhibitor concentrates just in a few situations per year to prevent these specific stress fact – or not the stress, but their response to the stress with the breakthrough angioedema attacks.

Dr. Buttgereit:

So you used the right approach. Perfect.

Dr. Cohn:

Thank you, Thomas, for an excellent discussion, and I thank the audience for joining us today. See you next time.

Announcer:

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