The presenter does not have any involvement with industry that may be perceived as potentially influencing the presentation of the educational material contained within.
Subcutaneous Immune Globulin (SCIG) Therapy

Presentation Objectives:

• provide an overview of Atlantic Guidelines for SCIG Home Administration Programs.

• provide an overview of SCIG program at Capital District Health Authority (CDHA).
Immune globulin replacement therapy -

- Mainstay of treatment for primary immune deficiency (PID)
- IVIG most common treatment choice in Canada
- SCIG more commonly used in parts of Europe
- SCIG has been available for > 20 years
- In Canada – the SCIG product in use is Vivaglobin®, produced by CSL Behring, available for all PID patients since January 2009.

Sources: Canadian Agency for Drugs and Technologies in Health
CSL Behring
IVIG is usually well tolerated but there can be…

- adverse events associated with IV route
- venous access issues
- a drop in IgG levels prior to next dose with associated fatigue
- personal burden for patient in time lost from work or school, travel costs
- higher costs associated with hospital based care

Source: Canadian Agency for Drugs and Technologies in Health
In May 2008 –
National Advisory Committee on Blood & Blood Products
made these recommendations on the utilization of SCIG:

1. Restrict use to immunodeficiency
2. Track use to ensure appropriate doses
3. Track adverse outcomes
4. Administer product through a provincial program or specialty clinic
In keeping with NAC on Blood & Blood Products recommendations:

Feb ’09
Atlantic SCIG Working Group convened to develop guidelines for SCIG home administration programs in hospitals across the Atlantic Provinces.

Nov ’09
Guidelines completed and ready to pilot
Overview of Atlantic SCIG Guidelines

Topics include:

• Eligibility criteria
• Clinical guidelines
• Funding
• Patient education
• Roles & responsibilities
• Consent and responsibility agreement
• Safety & adverse effects
• Product
• Sample forms
SCIG Program at CDHA

Meeting the 4 recommendations of the NAC to:
1. Provide education
2. Track utilization
3. Monitor outcomes
4. Optimize dosing
Our patient education experience to date:

- Three patients –
  2 initiated & 1 transferred from IWK.
  1 about to start
- One to one instruction over 3-4 sessions -
  simulated practice, building skill & confidence,
  use of Resource Binder
- Currently using pump vs push option
- Self care desirable but challenging
Patient benefits:

- sustained IgG levels & more energy
- IV access not needed
- flexibility in scheduling treatments
- ↓ travel costs
- ↓ time lost from work/school
- autonomy & improved quality of life
Patient challenges:

- injection site discomfort associated with volume infused (ranges from 20 – 80 ml per infusion)
- weekly dosing required
- time consuming training sessions
- anxiety associated with self care
- cost of supplies
CDHA benefits:

- care is patient focused – providing suitable treatment option that meets patient needs & preferences
- frees treatment space in MDU for other patient care needs in a high demand area
- reduced hospital costs

CDHA challenges:

- defining & coordinating roles
- coordinating supplies
- time consuming sessions for educator, not suitable for group instruction
Things we’d do differently…

- Arrange training session from CSL earlier in our preparation
- Arrange to observe patient infusion at IWK
- Investigate supply issue earlier in our planning (could be major obstacle in some locations).
Helpful patient resources:

- Canadian Immunodeficiencies Patient Organization
  www.cipo.ca
- Canadian Immunodeficiency Society
  www.cisociety.com
- International Patient Organization for Primary Immunodeficiencies
  www.ipopi.org