Safety in a Phase 3 Study of IVIG-stwk 10%: A Descriptive Review of Events of Special Interest and Serious Adverse Events

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ABSTRACT

Introduction

- Events of special interest (ESIs), including thromboembolic, renal, hematologic, and viral outcomes, provide context for intravenous immunoglobulin (IVIG) safety.[1,2]
- Important IVIG-related safety concerns include thromboembolic events, renal dysfunction, hematologic abnormalities, and infectious transmission, all of which support a focus on evaluating these outcomes.[1,2]
- Results of the phase 3 trial showed a favorable safety profile of IVIG-stwk 10%, but ESIs remain incompletely characterized.[3]

Methods

- This post hoc Clinical Study Report (CSR)-only descriptive review evaluated selected ESIs and treatment-emergent serious adverse events (SAEs) in the phase 3 ALYGLO® (IVIG-stwk 10%) intention-to-treat population (ITT).
- Treatment-emergent SAEs were reviewed by CSR subgroup (age, sex, infusion schedule). No statistical analyses were conducted (Figure 1).

1. **Phase 3 study of IVIG-stwk 10%**
2. **ITT population chosen (n=49),** all enrolled subjects who received ≥1 dose of study drug
3. **Relevant ESIs + treatment-emergent SAEs selected**
4. **Descriptive review conducted,** SAEs by subgroup: age, sex, infusion schedule

Figure 1. Post hoc CSR-only descriptive review methods

ABBREVIATIONS

CSR: clinical study report
ESIs: events of special interest
ITT: intention-to-treat population
IVIG: intravenous immunoglobulin
SAEs: serious adverse events
WBC: white blood cell

RESULTS

- No thromboembolic events, deaths, adverse event-related discontinuations, or persistent viral transmission were reported (Figure 2).
- Renal/urinary ESIs were infrequent, unrelated to treatment, and resolved without sequelae.
- No clinically meaningful hematologic, blood chemistry, or hemolytic safety signals were identified.
- Treatment-emergent SAEs were infrequent and unrelated to treatment; 4 of 5 occurred in subjects aged ≥59 years.

Clinical Findings by Safety Domain (n=49)

Thromboembolic events

0 events reported

Direct antiglobulin (DAT/Coombs)

Transient positivity in both infusion schedule groups during treatment

No clinically meaningful hemolytic safety signal identified

Renal/urinary ESIs

3 events in **3** subjects
(nephrolithiasis, hematuria, and proteinuria)

All were determined to be unrelated to treatment and resolved without sequelae

Viral safety

0 events of persistent transmission
(HAV, HBV, HCV, HIV-1, or parvovirus B19)

Hematology

Increased WBC counts in 3 subjects

Increased neutrophil counts in 3 subjects

NO consistent hematologic changes or blood chemistry findings

Treatment-emergent SAEs

5 events in **4** subjects
(bacterial pneumonia, acute myocardial infarction, squamous cell carcinoma of the tongue, and urticaria)

4/5 events in subjects ≥59 years

All 5 SAEs were deemed unrelated to treatment

Figure 2. Summary of selected events of special interest and treatment-emergent SAEs in the Phase 3 IVIG-stwk 10% ITT population.

DISCUSSION

- No safety signals were identified across thromboembolic, renal, hematologic, DAT/Coombs, blood chemistry, or viral assessments.
- Renal/urinary ESIs were infrequent, unrelated to treatment, and resolved. DAT/Coombs findings did not suggest clinically meaningful safety concerns.
- Treatment-emergent SAEs were infrequent, heterogeneous, and unrelated to treatment, with most occurring in older adults.
- Review of SAE patterns specific by region or infusion rate was limited because CSR summaries were not stratified by these variables.
- Generalizability may be limited because subjects with a history of thrombotic events or kidney disease were excluded.

CONCLUSION

- No treatment-related thromboembolic events, acute renal failure, deaths, or adverse event-related discontinuations were observed.
- Renal/urinary ESIs were uncommon; hematologic, DAT/Coombs, blood chemistry, and viral assessments showed no clinically meaningful safety signals.
- Treatment-emergent SAEs were infrequent, occurred in 4 of 49 subjects, and were unrelated to treatment.
- These findings further characterize previously undescribed ESIs and support the safety profile of IVIG-stwk 10%.

REFERENCES

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