

Ferriprox (deferiprone) today (its relevance to DEEP)

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Agenda

- Safety in pediatric patients
- Main factors that could affect efficacy
- Other points to consider

FERRIPROX (DEFERIPRONE)

SUMMARY OF PRODUCT CHARACTERISTICS

4.3 Contraindications

- *Hypersensitivity to the active substance or to any of the excipients.*
- *History of recurrent episodes of neutropenia.*
- *History of agranulocytosis.*
- *Pregnancy.*
- *Breastfeeding.*
- *Due to the unknown mechanism of deferiprone-induced neutropenia, patients must not take medicinal products known to be associated with neutropenia or those that can cause agranulocytosis*

FERRIPROX (DEFERIPRONE)

SUMMARY OF PRODUCT CHARACTERISTICS

4.2 Posology and method of administration

- *Paediatric population*

There are limited data available on the use of deferiprone in children between 6 and 10 years of age, and no data on deferiprone use in children under 6 years of age.

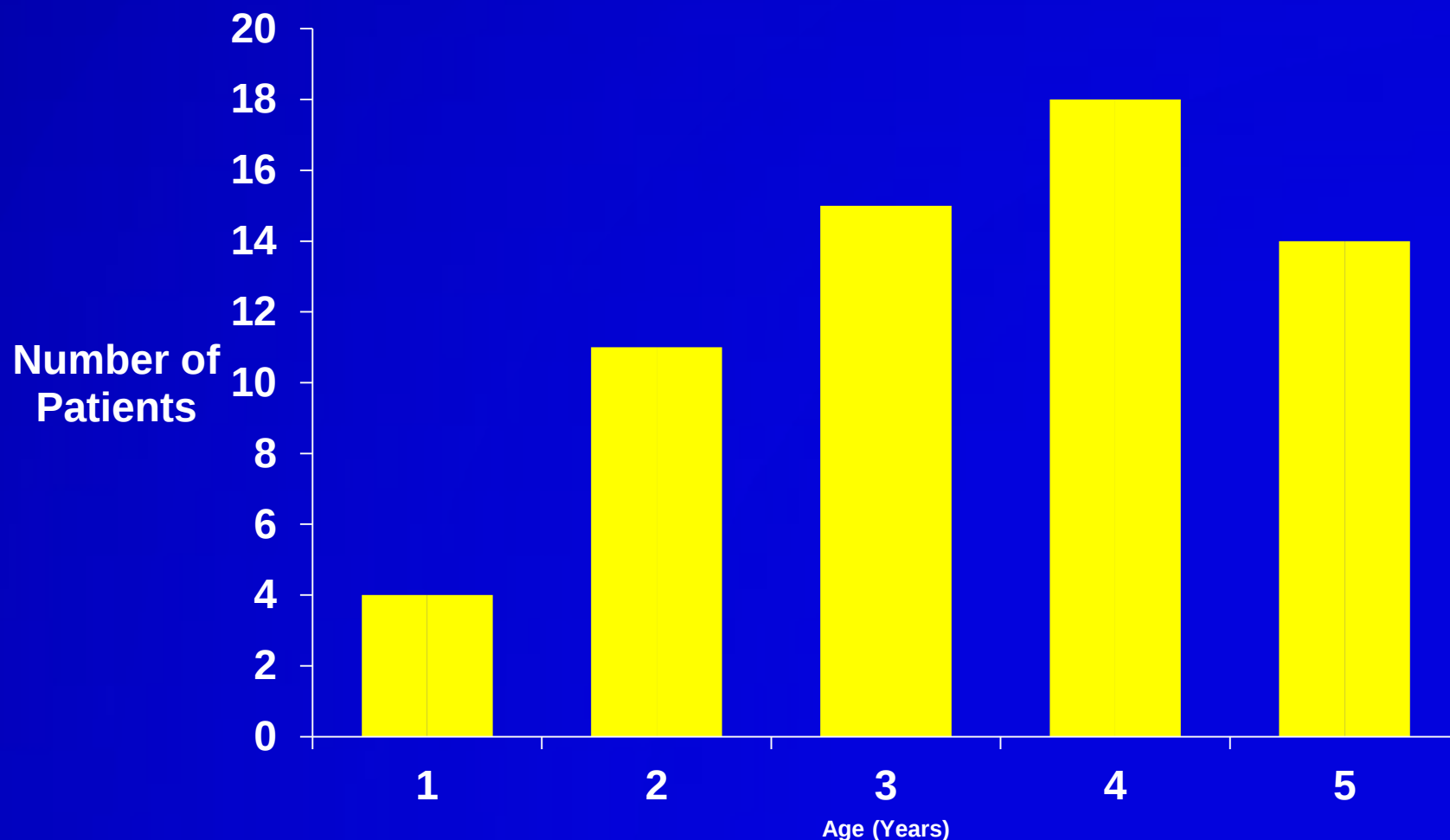
Pediatric (<16 years) vs. Adult Patients Pooled Clinical Trials Safety Data

	Ferriprox (All Doses)	
	Pediatric	Adult
N Exposed	223 (32%)	469 (68%)
Total Exposure (patient-years)	496	1046

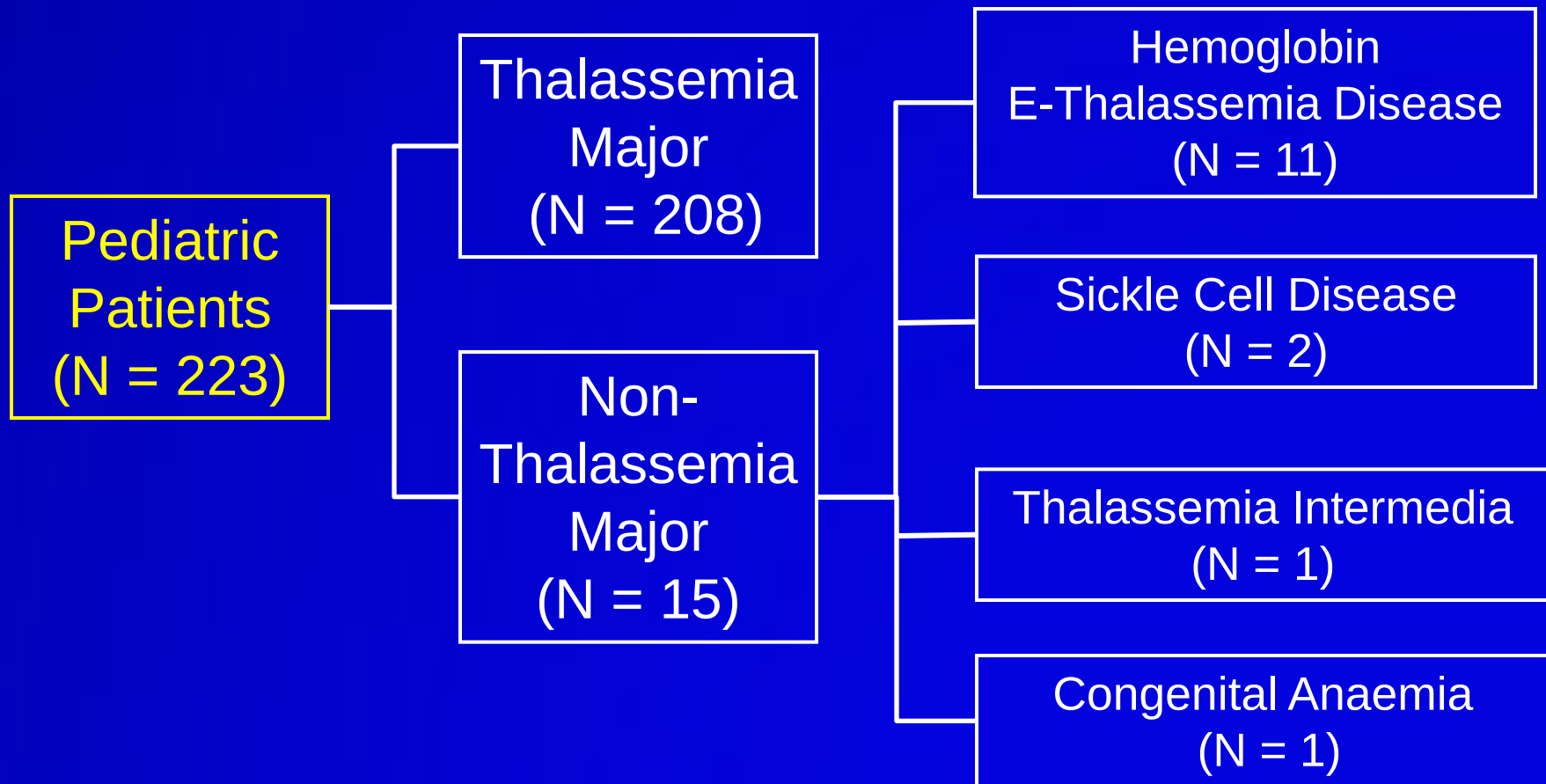
Pediatric (<16 years) vs. Adult Patients Pooled Clinical Trials Safety Data

	Ferriprox (All Doses)			
	Pediatric N=223			Adult N=469
	1-5 years	6-11 years	12-15 years	≥16 years
N Exposed	62	81	80	469
Total Exposure (yrs)	106	156	234.6	1046

Patients aged 1-5 in Pooled Safety Data



Primary Diagnosis Pediatric Patients (<16 Years Old)



Pediatric Patients by Dose

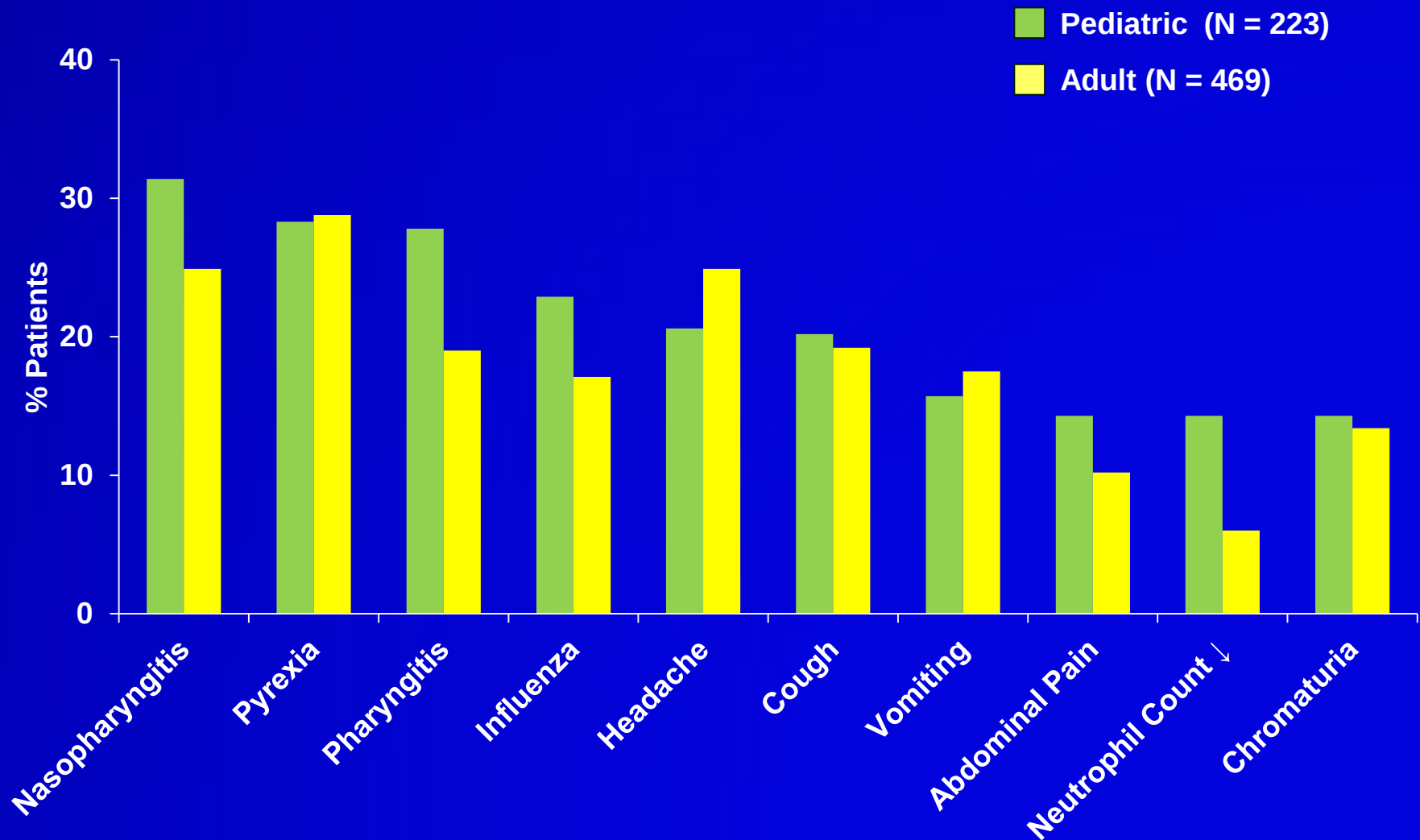
Pooled Safety Data

Ferriprox (all doses) mg/kg/d
n=223 (%)

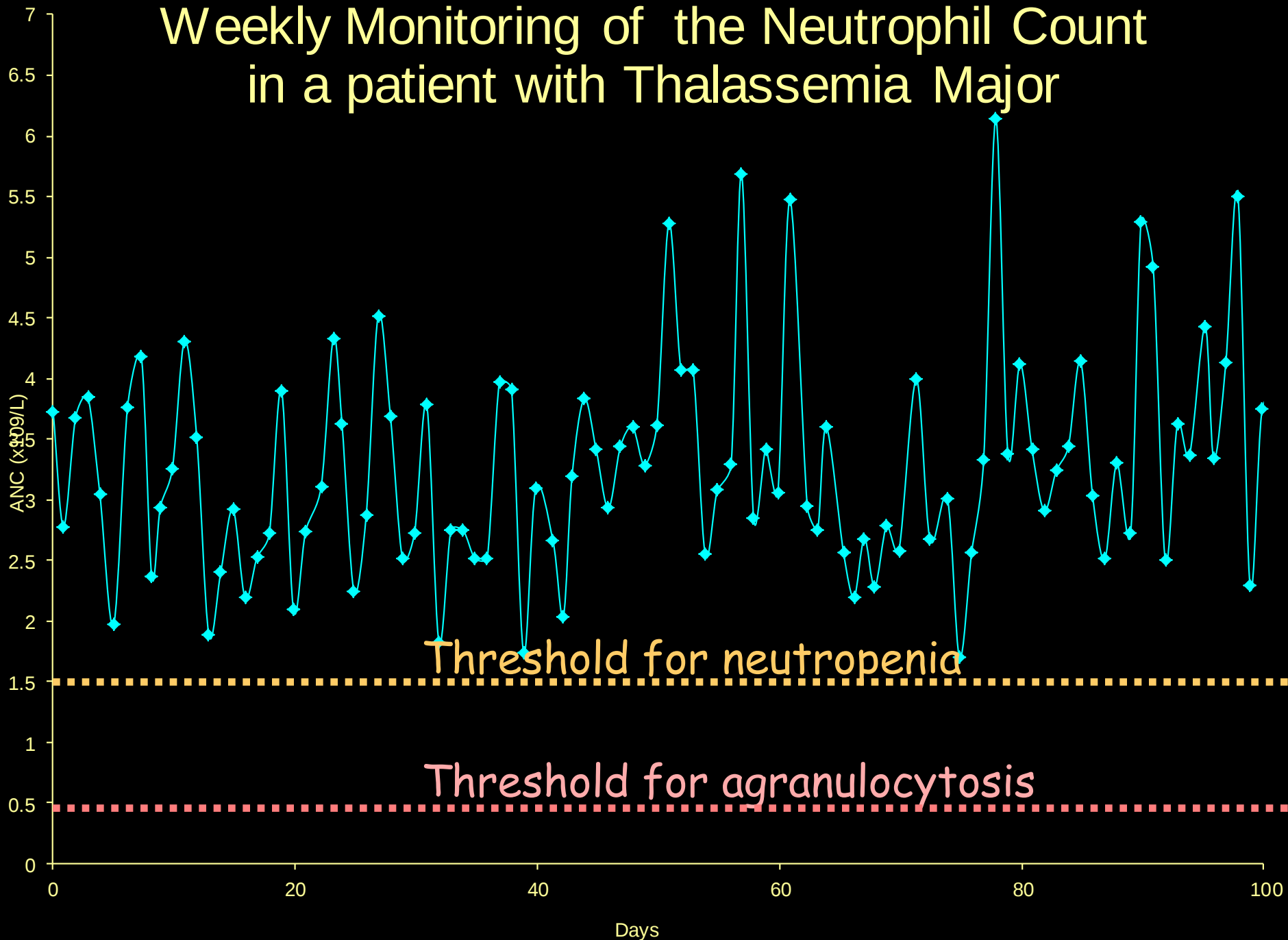
	50 mg/kg/d	75 mg/kg/d	100 mg/kg/d	Combination Therapy
N patients	3 (1.3)	140 (62.8)	67 (30.0)	13 (5.8)

Top 10 Adverse Events, Irrespective of Causality in Pediatric vs. Adult patients

Pooled Safety Data



Weekly Monitoring of the Neutrophil Count in a patient with Thalassemia Major



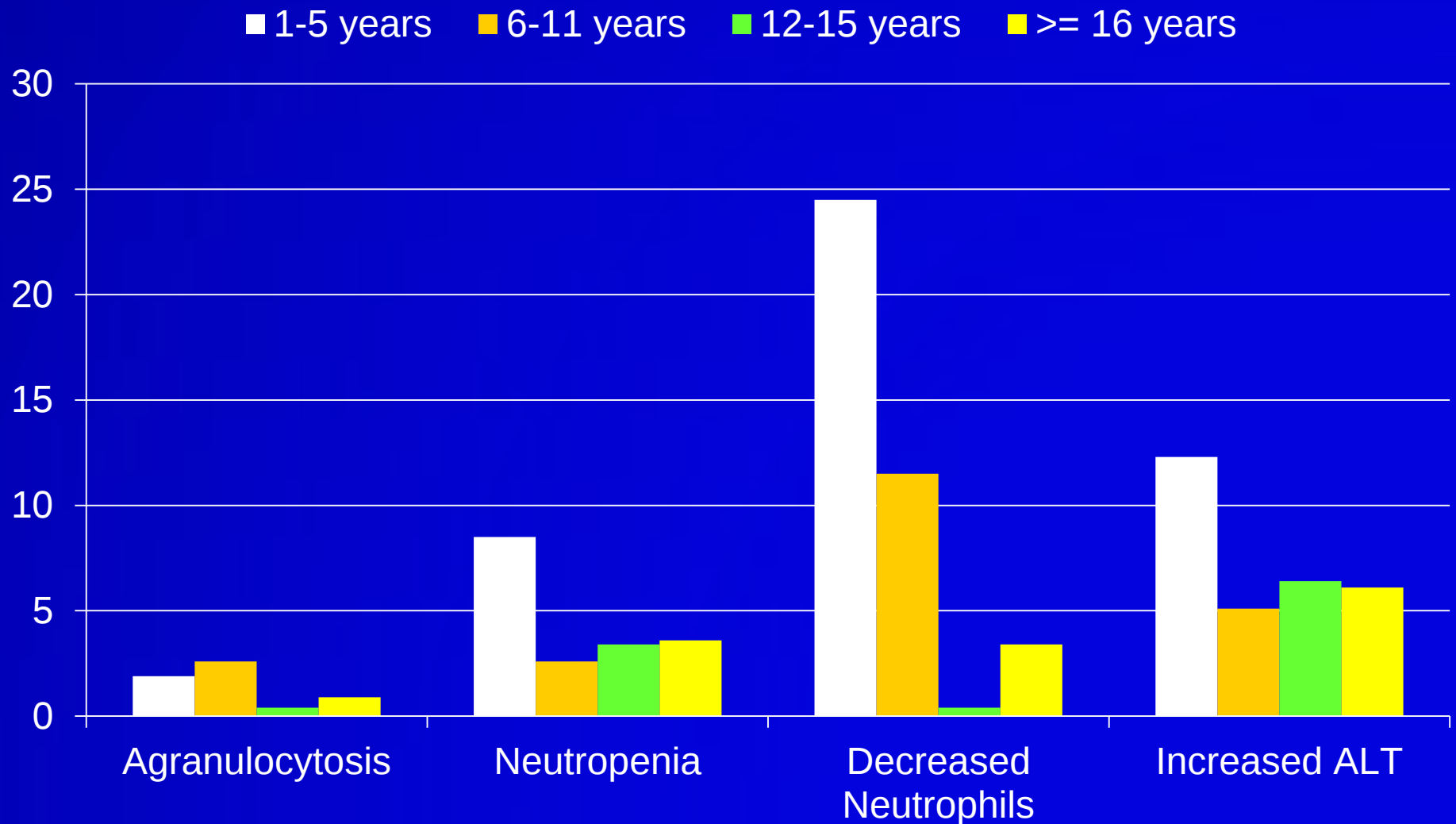
Prevalence of Neutropenia in the U.S. Population: Age, Sex, Smoking Status, and Ethnic Differences

Matthew M. Hsieh, MD; James E. Everhart, MD, MPH; Danita D. Byrd-Holt; John F. Tisdale, MD; and Griffin P. Rodgers, MD

Table 3. Prevalence of a Neutrophil Count Less than 1.5×10^9 Cells/L

Variable	Prevalence, %* (95% CI)
Age	
1–4 y	7.24 (5.24–9.24)
3–5 y	3.70 (2.6–4.8)
6–8 y	2.25 (1.51–2.99)
9–11 y	2.73 (1.63–3.83)
12–14 y	2.21 (1.64–2.78)
15–17 y	1.51 (1.0–2.02)
18–24 y	0.66 (0.31–1.01)
25–74 y	0.72 (0.54–0.9)
≥75 y	0.50 (0.17–0.83)

Rate of Specific Adverse Events Stratified by Age: Pooled Safety Data



Ferriprox

Safety in pediatric patients

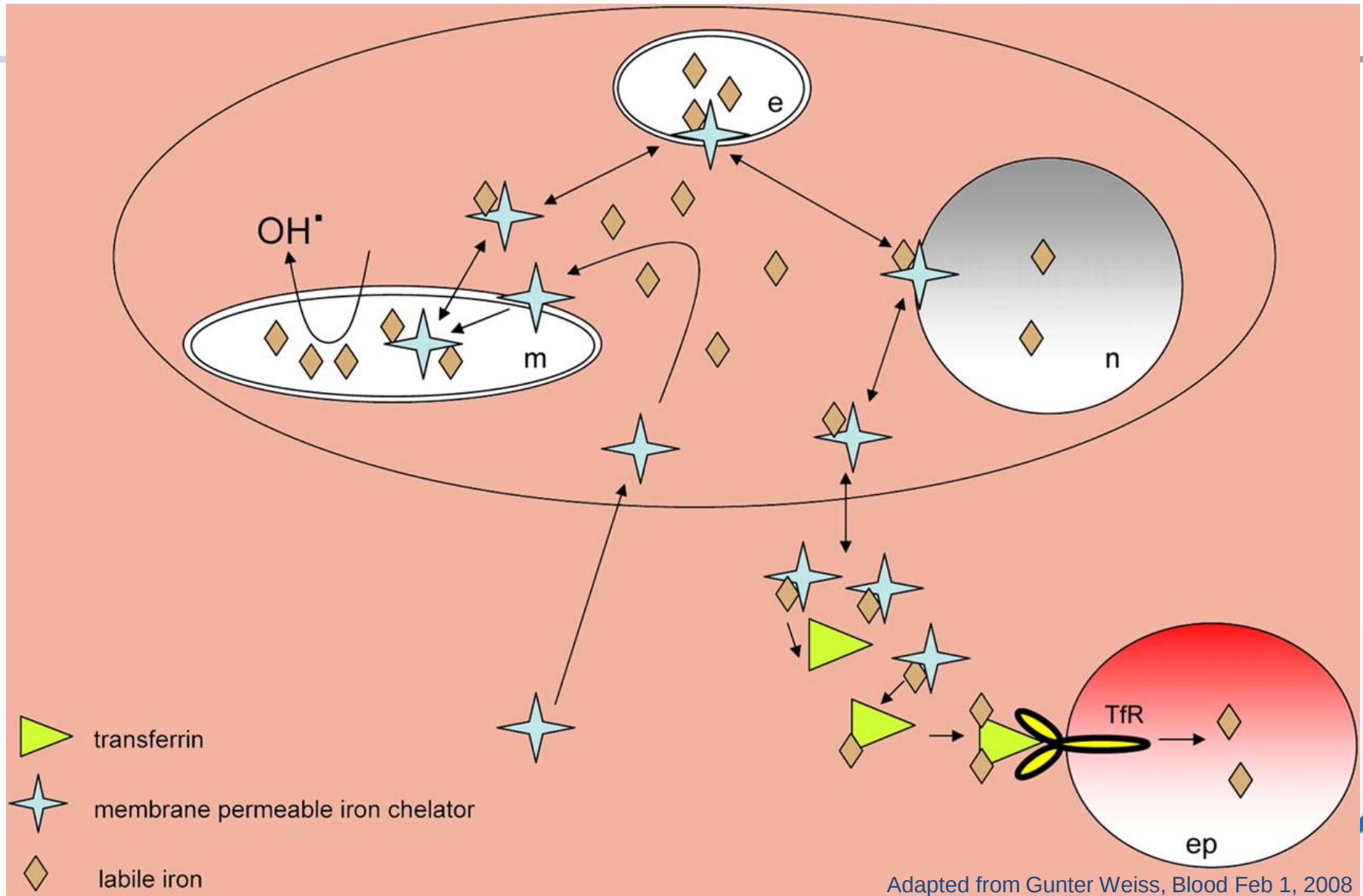
Safety profile of Ferriprox in pediatric patients is comparable to that of adult patients

Physiochemical properties

Comparison of three chelators

	deferiprone	deferasirox	deferoxamine
Molecular Weight	139	373	560
Partition Coefficient	0.18	6.3	0.02
Protein Binding	<10%	99% (albumin)	<10%
Charge of Chelator	neutral	negative	positive
pFe ³⁺	19	22.5	26

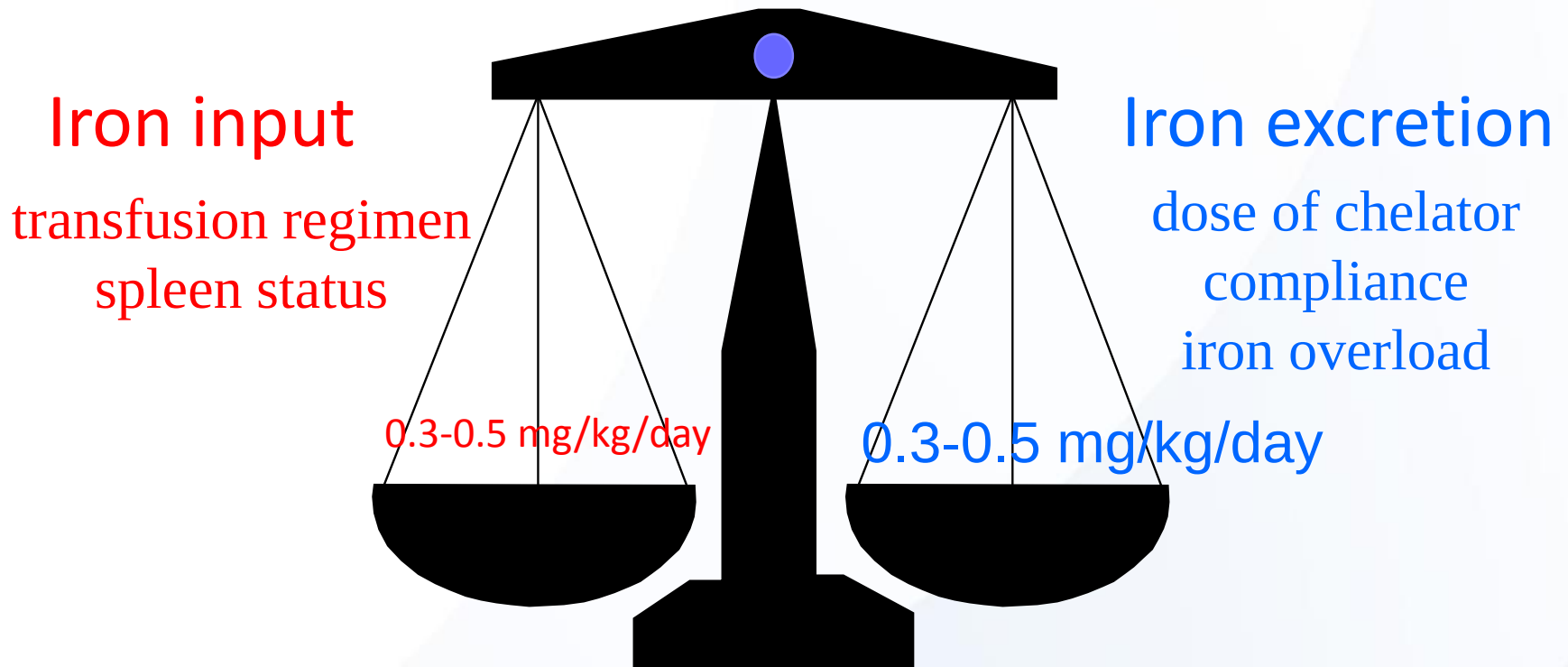
Deferiprone can relocate labile iron from sites of regional iron accumulation to sites of iron consumption



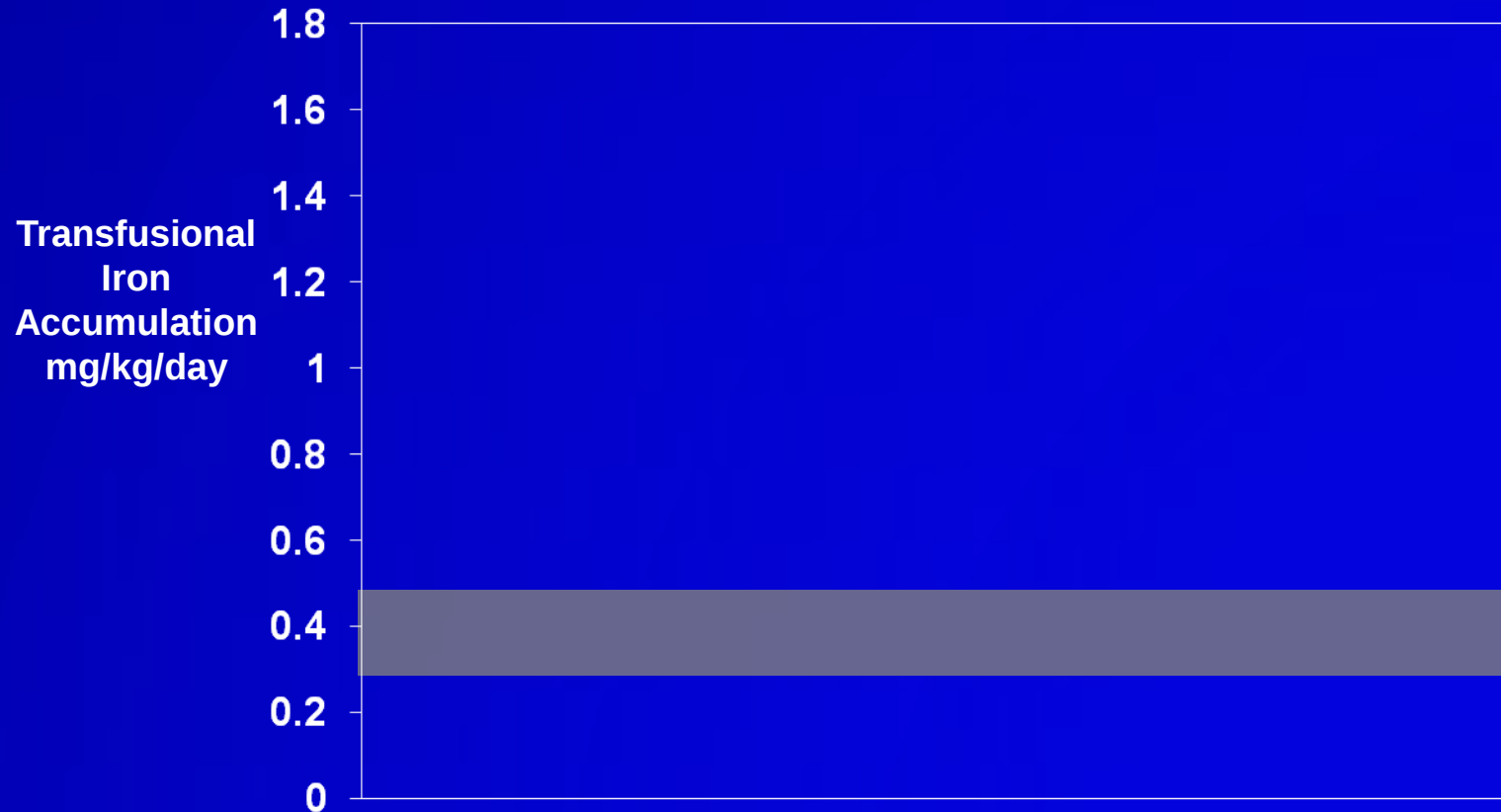
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IRON BALANCE IN TRANSFUSIONAL IRON OVERLOAD

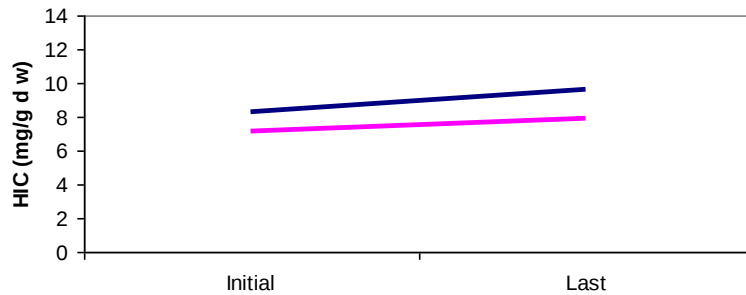


Transfusion Iron Accumulation VS Chelator-Induced Iron Excretion

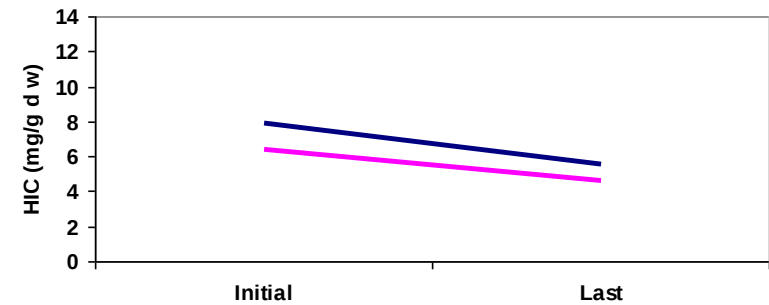


Deferiprone (DFP) is comparable to Deferoxamine (DFO) in Controlling Hepatic Iron Concentration

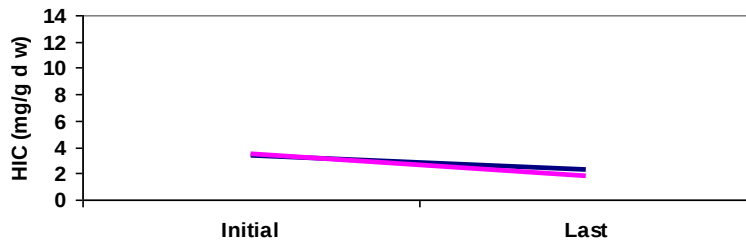
Tricta et al; 1997



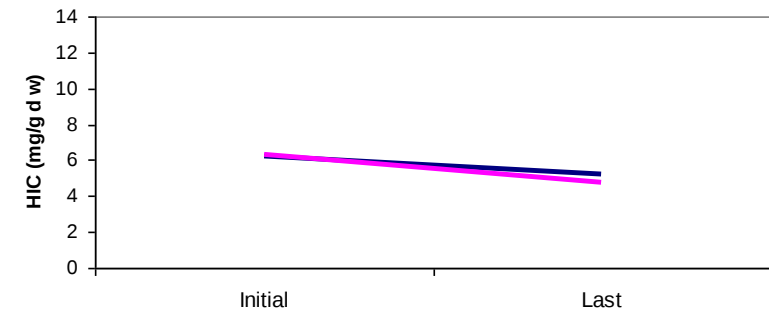
Peng et al; 2003



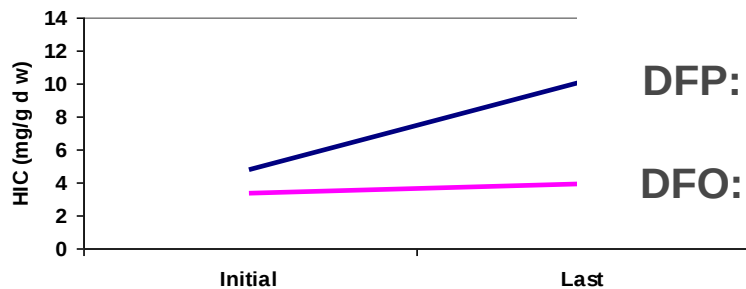
Maggio et al; 2002



Pennell et al; 2006



Fischer et al; 2003



Transfusional iron input:

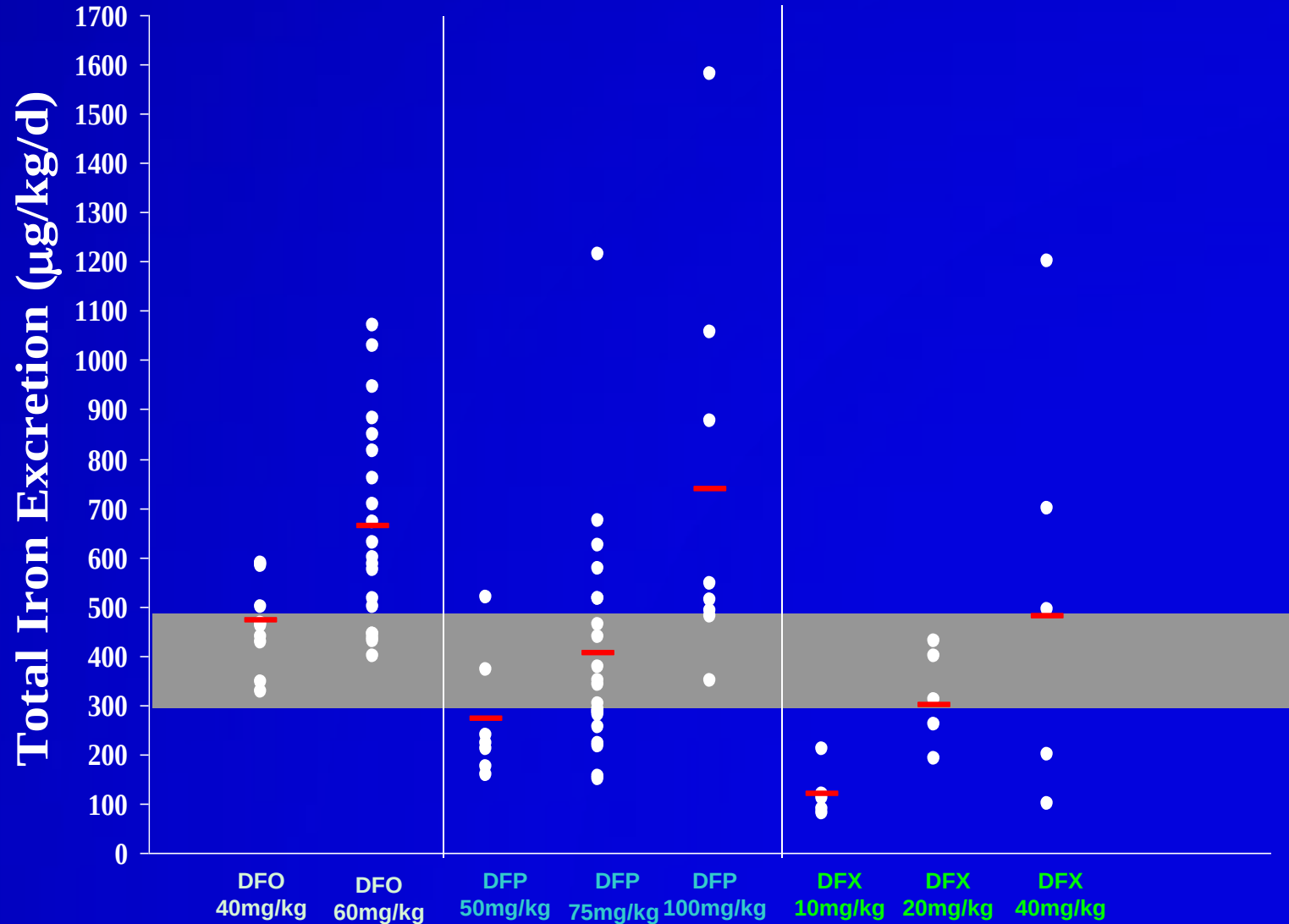
DFP: 24.4 ± 5.3 mg/d

DFO: 18.9 ± 4.7 mg/d

29% higher in DFP-
than in DFO-patients

DOSE RELATED IRON EXCRETION

DFO= Deferoxamine; DFP= Deferiprone; DFX= Deferasirox



Adapted from Grady et al

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Transfusional Iron Overload

