

BloodBrief

An update on C1 inhibitor concentrate



November 2017

Dear Hospital Colleague:

Nationally, the overall demand for C1 inhibitor concentrate continues to increase (Figure 1). This continual increase in demand has caused significant budget impacts to the provinces and territories, the funders of the blood system and healthcare system. From April 2016 – March 2017 over 30,500,000 IU of C1 were issued to hospitals served by Canadian Blood Services. This equates to a cost of over \$54,400,000.00.

C1 inhibitor concentrate is indicated for patients with hereditary angioedema to treat acute clinically significant attacks. Also, some patients with hereditary angioedema may require short or long-term prophylactic treatment with C1 inhibitor concentrate. Information about [hereditary angioedema and Canadian guidelines for treatment](#) were published in 2014. Provincial resources are also available: [British Columbia](#), [Nova Scotia](#).

In a continued effort to promote optimal utilization of C1 inhibitor concentrate, hospital transfusion committees are being engaged via BloodBrief. This BloodBrief provides three years of C1 inhibitor concentrate issue data specific to hospitals, ranking within the issues list, and anonymized and identified (75.6% of hospitals) issue data for other hospitals across the country as a reference. The cost for the amount of C1 inhibitor concentrate issued are also provided to highlight the cost of the product received by the hospitals.

These data do not attempt to indicate appropriateness (or inappropriateness) of use. Rather, the goal is to continue to heighten hospital awareness of issue trends over time and compared to other hospitals. Results from the BloodBrief effectiveness survey conducted in January 2016 confirmed survey results from 2014 and revealed that for 90% of survey respondents the BloodBrief highlighted data/information that was new and it also prompts hospitals to review transfusion practice and blood component demand.

Hospitals have asked if hospital names could be provided within the BloodBrief, in order to enhance benchmarking. You will see that this BloodBrief includes the names of hospitals who have given permission to be “unblinded”. If your hospital name is not shown, but you feel it would be acceptable to do so in future BloodBriefs, please let us know by contacting your Hospital Liaison Specialist.

Please do not hesitate to contact me directly with any questions or comments you may have regarding the content of this BloodBrief. Alternately, your local Canadian Blood Services Medical Officer or Hospital Liaison Specialist is available as well.

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Sincerely,

KWebert

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C1 Esterase 5 year trend by IU

Total thousands of IU | Year on Year % Growth

* FY2017/18 Forecast is based on Q2 year-to-date actuals

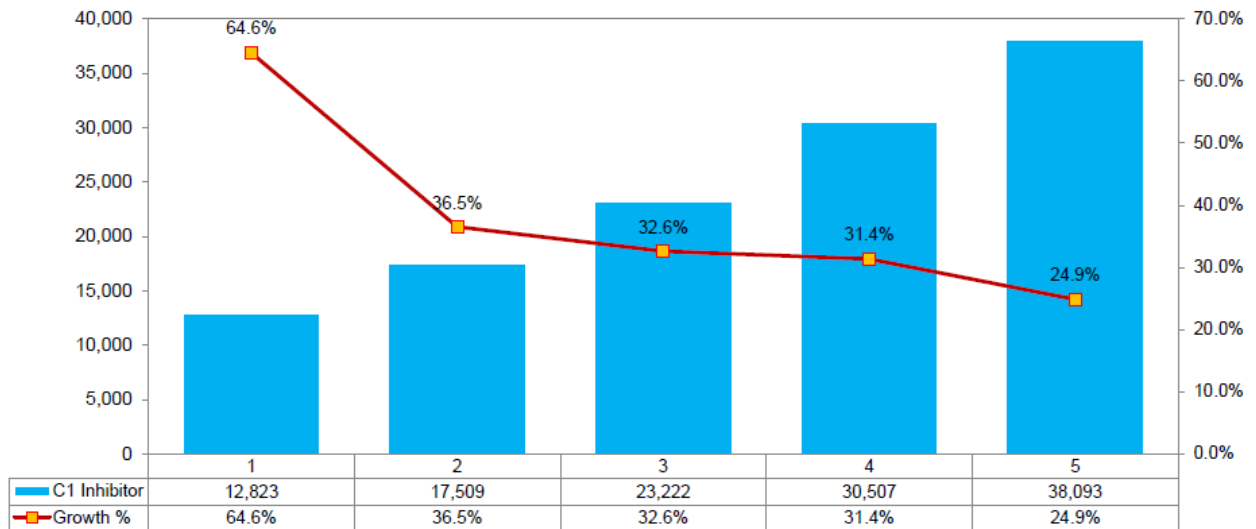


Figure 1: Issues of C1 inhibitor concentrate to all hospitals in jurisdictions served by Canadian Blood Services.



Canadian Blood Services
it's in you to give