

# Pregnancy-Triggered Atypical Hemolytic Uremic Syndrome (aHUS): A Global aHUS Registry Analysis

Date of summary: April 2021

▶ This is a summary of the key disease features and outcomes for women with pregnancy-triggered atypical hemolytic uremic syndrome (p-aHUS for short) who are enrolled in the Global aHUS Registry

- ⊙ p-aHUS is a rare disease and better understanding of its features and outcomes can help physicians to diagnose it and treat women with this disease

## ▶ Background

- ⊙ aHUS is a rare disease that can be triggered by pregnancy, among other causes
- ⊙ In patients with aHUS, part of their immune system (the complement system) is overactive, which can lead to damage to the body, especially the kidneys
- ⊙ p-aHUS is difficult to diagnose because early symptoms are similar to other known pregnancy complications
- ⊙ Eculizumab (Soliris®) was developed by Alexion Pharmaceuticals, Inc., and was approved to treat aHUS in 2011

## ▶ What did this analysis look at?

- ⊙ Patient characteristics, disease features, and outcomes of women in the Global aHUS Registry with p-aHUS were compared with those of women of child-bearing age with aHUS not triggered by pregnancy (non-p-aHUS). Comparisons included:
  - age, genetic mutations related to the complement system, and family history of aHUS
  - kidney disease and other complications associated with aHUS
  - response to eculizumab treatment



## ▶ What is the Global aHUS Registry?

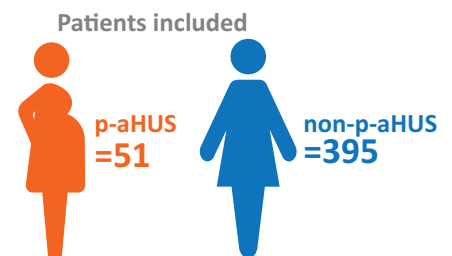


- ⊙ The observational Global aHUS Registry was established in 2012 for long-term follow-up of patients with a diagnosis of aHUS
- ⊙ It is the largest collection of information about patients with aHUS from a single registry

## ▶ What were the findings from this analysis?

### ▶ Patient characteristics

- ⊙ Registry data for women with p-aHUS and women of child-bearing age with non-p-aHUS were compared
  - Age, family history of aHUS, and the proportion of women with genetic mutations related to the complement system were similar across both groups



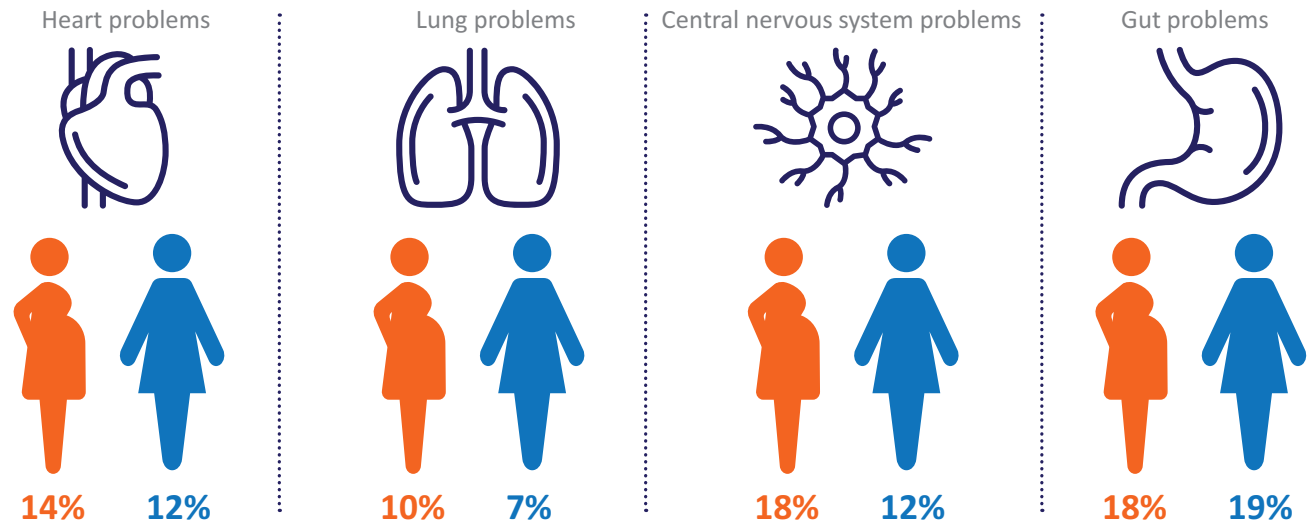
### ▶ Disease features

- ⊙ The proportion of women who received treatment for kidney disease (a common complication with aHUS) was similar for those with p-aHUS and those with non-p-aHUS



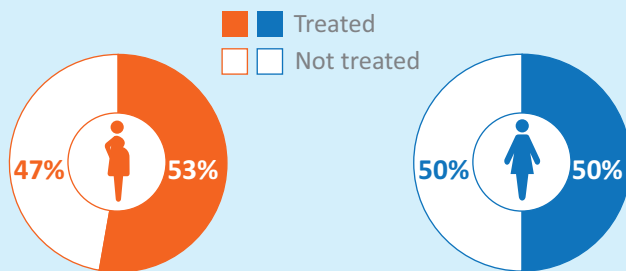
\*Dialysis from the onset of symptoms; <sup>§</sup>Kidney transplant after aHUS diagnosis

- Many women also experienced other complications associated with aHUS and the proportions were similar across both groups



### ► Eculizumab treatment

- In both groups, the likelihood at any point in time of developing serious kidney disease, known as end-stage renal disease, was reduced for women treated with eculizumab compared with those who were not



Eculizumab-treated women were **7 times** less likely to develop end-stage renal disease at any point in time

Eculizumab-treated women were **6 times** less likely to develop end-stage renal disease at any point in time

### ► Plasma infusion/plasma exchange

- The proportion of women who received plasma infusion/plasma exchange to treat aHUS was also similar for those with p-aHUS and those with non-p-aHUS



- In both groups, most of those treated with eculizumab received plasma infusion/plasma exchange prior to eculizumab

### ► What were the main conclusions from this analysis?

- These findings confirm that aHUS triggered by pregnancy (p-aHUS) is similar to aHUS
- Women with p-aHUS receiving eculizumab treatment have a lower likelihood of developing end-stage renal disease over time compared with those not receiving eculizumab, as also seen in women with non-p-aHUS



### ► Who sponsored this analysis?

Alexion Pharmaceuticals, Inc., Boston, MA, USA.

- Alexion thanks all of the patients, physicians, and patient organizations for their assistance with the Global aHUS Registry
- Alexion also thanks independent patients and patient organizations for their reviews of this summary

### This summary is based on the following research article:



- Fakhouri F *et al.* Pregnancy-triggered atypical hemolytic uremic syndrome (aHUS): a Global aHUS Registry analysis. *Journal of Nephrology*; 2021: <https://doi.org/10.1007/s40620-021-01025-x>