Reporting of side effects

If your child gets any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the product leaflet. You can also report side effects directly via HPRA Pharmacovigilance, Earlsfort Terrace, IRL - Dublin 2; Tel: +353 1 6764971; Fax: +353 1 6762517. Website: www.hpra.ie; E-mail: medsafety@hpra.ie By reporting side effects you can help provide more information on the safety of this medicine. Adverse events should also be reported to GlaxoSmithKline on 1800 244 255.

Important follow-up risk minimisation information for children who have received gene therapy with STRIMVELIS® ▼ (autologous CD34+ cells transduced to express ADA) – an educational leaflet for parents/carers

New medicines have an inverted black triangle symbol (▼) to show that they are under additional monitoring, to allow quick identification of new safety information. You can help by reporting any side-effects or symptoms you see in your child – contact details are provided at the end of this leaflet

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About this leaflet

The information in this leaflet is essential to ensure effective follow-up for your child after gene therapy with Strimvelis® for ADA-SCID, and describes why and how this should be carried out. Please read this leaflet carefully, and contact your specialist doctor if you have any questions.

Your specialist doctor will follow your child's progress regularly over time to check for the selected risks explained in this leaflet and any other symptoms. You should also report any symptoms or concerns to him or her.

Gene therapy for ADA-SCID and risk of blood cancer

The way that the working copy of the *ADA* gene is placed into a child's bone marrow cells can potentially damage the genetic material in these cells. This may put the child at risk of leukaemia, a type of cancer that affects the white blood cells. None of the children who have received Strimvelis® have developed leukaemia, but there is a small risk that this could occur in the future. It is therefore important to monitor your child for the symptoms of leukaemia.

Symptoms of leukaemia may include fevers, shortness of breath, paleness, night sweats, tiredness, swollen lymph glands, frequent infections, a tendency to bleed and/or bruise easily, or tiny red or purple spots under the skin. If your child develops any of these symptoms you should contact your specialist doctor immediately and also contact the details provided at the end of this leaflet.

Your specialist doctor will check your child's blood for any signs of leukaemia during the routine yearly check-ups, which will continue indefinitely after treatment. A separate registry has also been set up to collect long-term safety information from doctors and parents/carers with children who have been treated with Strimvelis® and you should have been notified of this seperately; if you have not heard about the registry then please ask your specialist doctor.

Autoimmunity

This occurs when the body's immune system sees its own tissues and cells as foreign and attacks these healthy cells. Because the immune system isn't working properly in children with ADA-SCID, they often have autoimmunity before treatment, and autoimmune problems may also be seen after treatment, usually in the first three years as the child's immune system builds itself up.

Autoimmunity can range from a mild immune reaction to autoimmune diseases such as anaemia or liver problems. Your child is more likely to have autoimmune problems after gene therapy if they had them before treatment, or if there is a history of autoimmunity in your family.

Symptoms may include a high temperature, rash, joint pain, painful or weak muscles, or feeling tired or unwell most of the time. Your specialist doctor will look for signs of autoimmunity during your child's follow-up, and you can help by reporting any symptoms you have seen immediately to them and also to the contact details at the end of this leaflet.

An inadequate response to treatment

Gene therapy is designed to treat the immune features of ADA-SCID, including frequent severe infections, but is not likely to help with the non-immune characteristics such as fatty liver, reduced hearing, or behavioural problems. However, the presence of non-immune symptoms does not necessarily mean your child has had an inadequate response to gene therapy. Your doctor will examine your child for both aspects of ADA-SCID at the routine follow-up visits.

You should contact your specialist doctor immediately if you suspect that your child's response to gene therapy has lessened (for example, with symptoms suggestive of infection such as fever, cough, loose stools, pain on passing urine). Blood and other tests should be carried out to test immune system strength and look for evidence that the ADA enzyme provided by Strimvelis® is still working.

If these tests confirm that the response is inadequate, your child can still be considered for enzyme replacement therapy or a bone marrow transplant.

Pregnancy

Family planning at the appropriate time is recommended after treatment with Strimvelis®, as it is not designed to correct the genetic defect in your child's reproductive cells and its effects on pregnancy are not yet known. Your specialist doctor will be able to help you with family planning advice when you or your child think the suitable age has been reached.