

# IS IV IRON SUCROSE SIMILAR SAFE FOR MY PATIENTS?

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# Contents

## Introduction

The role of intravenous (IV) iron for treatment of iron deficiency anemia (IDA) in obstetrics and gynecology

## *Is IV Iron Sucrose Similar (ISS) Safe for My Patients?*

Clinical and non-clinical data suggest reduced efficacy and/or safety concerns with various **ISS's**

## Conclusion

ISS may affect stability of the iron complex, which can lead to difference in safety and efficacy

# Benefits of IV Iron Compare to Oral Iron



- First choice option for treatment
- May produce gastrointestinal disorders
- Limited by
  - poor absorption
  - low efficacy
  - poor compliance

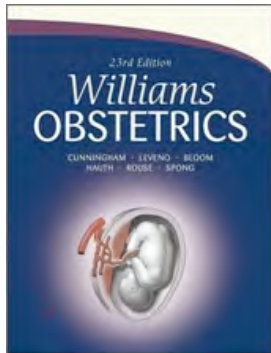


- Rapidly deliver to the bone marrow
- Repletion of iron store is rapid
- High doses may be administered
- Frequency of adverse events is low

IV iron increased hemoglobin  
*more rapidly, effectively, and convenient*  
than oral iron

# Obstetrics and Gynecology

- Blood business



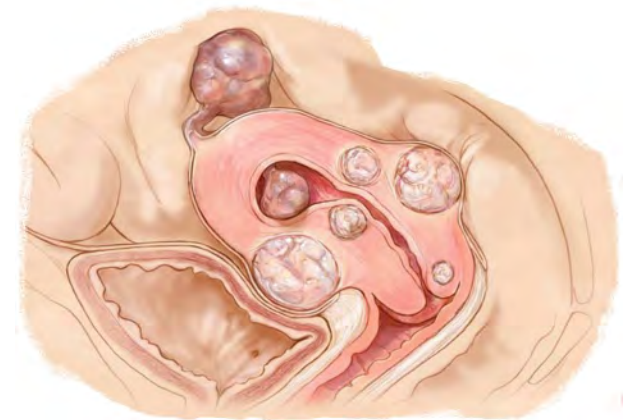
## OBSTETRICAL HEMORRHAGE: INTRODUCTION

Obstetrics is "bloody business." Although medical advances have dramatically reduced maternal mortality, hemorrhage was a direct cause of more than 17 percent of 4200 Pregnancy Mortality Surveillance System of the Centers for Disease Control and Prevention. The United Kingdom reported in the Confidential Enquiry into Maternal and Child Health (2008) that 12 percent of maternal deaths were caused by obstetric hemorrhage. The need for admission of pregnant women to intensive care units (Gilbert, 2003; Hazelgrove, 2008).



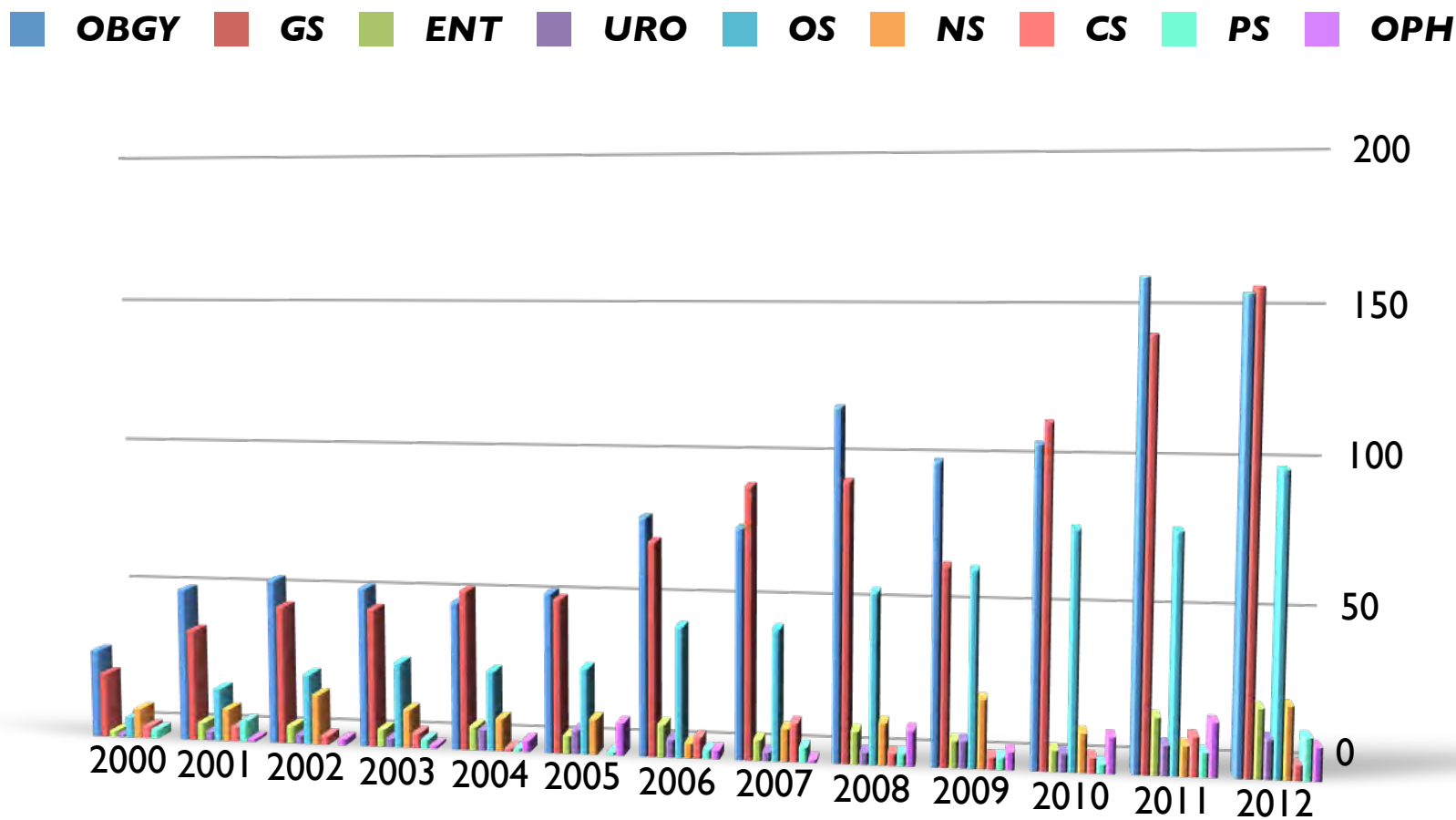
- Anemia

Diagnoses	Value
<b>Menorrhagia</b>	<b>65 (34.4%)</b>
GI Bleed, Bleeding Ulcer or Gastric Erosion	27 (14.3%)
Chronic Kidney Disease	24 (12.7%)
<b>Pregnancy</b>	<b>20 (10.6%)</b>
Angiodysplasia	20 (10.6%)
Gastric Bypass	14 (7.4%)
Crohn's Disease or Ulcerative Colitis	13 (6.9%)
Cancer	8 (4.2%)
AV Malformation	6 (3.2%)
<b>Fibroids</b>	<b>5 (2.6%)</b>
Multiple Surgeries	4 (2.1%)







- Auerbach M et al. Blood 2009;114(Suppl):1555






# Surgical Patients Number Registered in the Center for Bloodless Medicine & Surgery at SCH University Hospital, Seoul



# Development of Iron Sucrose in Korea

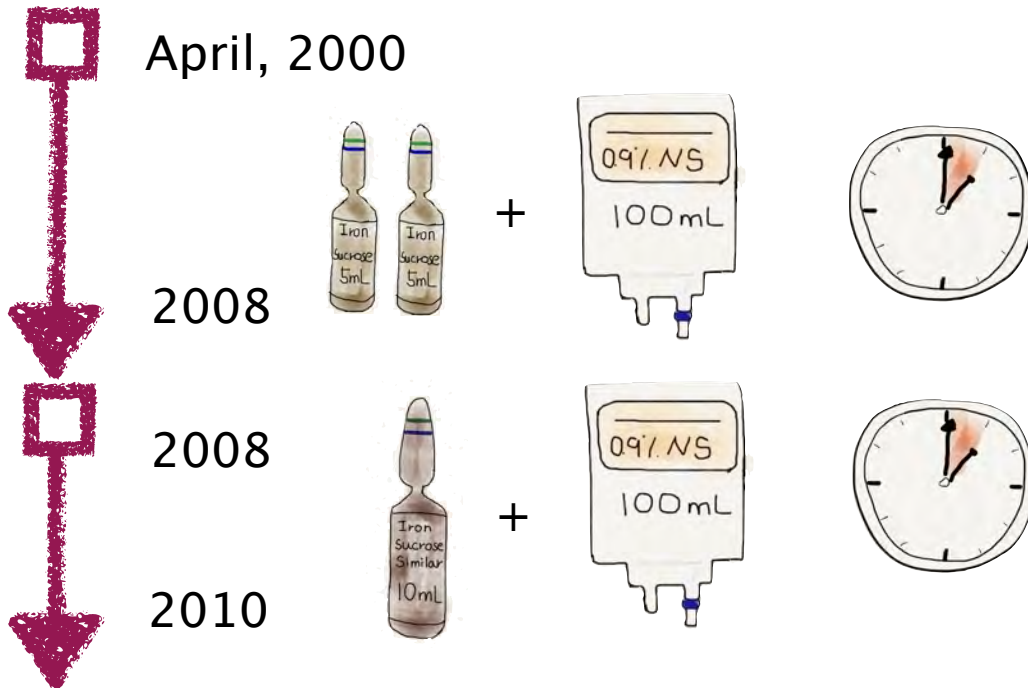
Year	Component	Dose	Price	Brand Name	
1999	Ferric hydroxide sucrose complex <b>Original</b>	540 mg/mL <b>5 mL/ampoule</b> (100 mg/ampoule)	<del>₩</del> 11,053 (\$ 10.05) <del>₩</del> 8,842 <b>(\$ 8.04)</b>	<b>Venoferum®</b> (JW Pharma, Vifor Pharma Ltd.)	
2007	Ferric hydroxide sucrose complex Generic	540 mg/mL 5 mL/ampoule (100 mg/ampoule)	<del>₩</del> 7,516 (\$ 6.83)	Annerum® (BMI Korea)	
	Ferric hydroxide sucrose complex <b>Generic</b>	540 mg/mL (20 mg as iron) <b>10 mL/ampoule</b> (200 mg/ampoule)	<del>₩</del> 11,272 <b>(\$ 10.25)</b>	<b>Ferex®</b> (Samyang Genex Bio)	
	Ferric hydroxide sucrose complex Generic	540 mg/mL (20 mg as iron) 5 mL/ampoule	<del>₩</del> 7,516 (\$ 6.90)	Ferrowel® (Hanwha Pharma Co.Ltd.)	

# Development of Iron Sucrose in Korea

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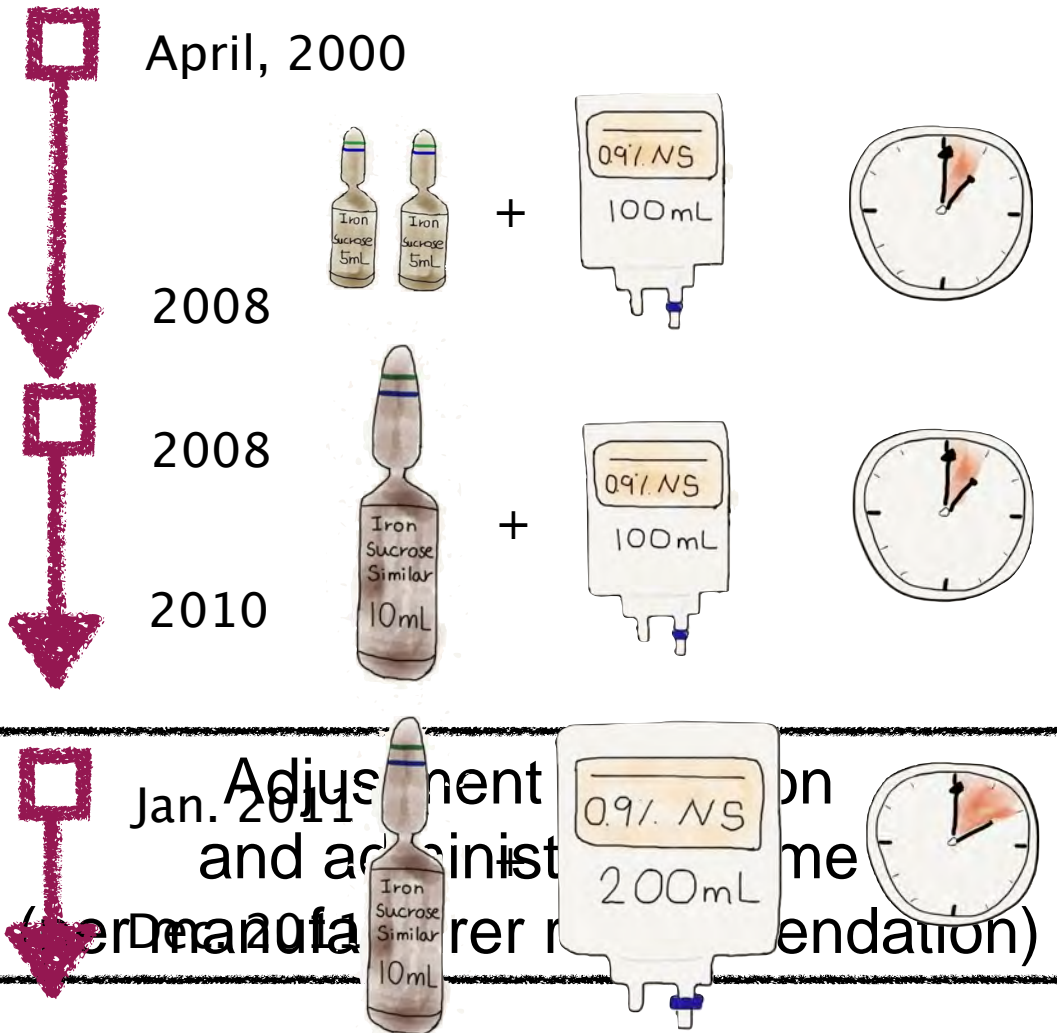
# IV Iron Treatment in IDA Patients at SCH University Hospital



Adjustment of dilution  
and administration time  
(per manufacturer recommendation)



# IV Iron Treatment in IDA Patients at SCH University Hospital



# Adverse Events

- Continued – seemingly increasing in frequency



# Adverse Events

- Continued – seemingly increasing in frequency

SOON CHUN HYANG UNIVERSITY HOSPITAL SCH

산부인과 수술환자 정맥주사부위  
표준지침을 통한 정맥염 예방활동

부서: 모자6층 산부인과 병동  
팀장: 차상현 교수  
팀원: 전숙진 외 13명  
기간: 2011.2.20 - 2011. 9. 30



개선평안

산부인과 수술환자 정맥염 예방위한 가이드라인

1. 표준주의 준수(손씻기 앞뒤 20초, 흐르는 물 40초)
2. 주사부위는 투명반창고나 테가담 붙이기 - 면, 종이반창고 가급적 제한
3. 산부인과 수술환자 - 1년 미만 신규간호사 IV 제외
4. 근무별 라운딩시 주사부위 관찰
5. 정맥주사 전,후 환자교육 - 구부리기, 바닥질기, 주사부위 움직임 제한
6. 환자가 주사부위 통증 호소시 부종이나 발적증상 없어도 반드시 다른 부위로 교체
7. 청분액(FEREX,페렉스)는 반드시 NS200 + FEREX 1A mix 하여 주입한다
8. 산부인과 수술환자 바늘 게이지 교체하기  
수술 전날 주사있는 경우 24G => 수술일 18G => 수술 후(POD1) 24G  
이후에는 병원지침에 따라 48시간 마다 바늘을 교체한다
9. IV 환부에 안발 때 시도하였던 부위 자주 재시도 하지않고 다른 부위, 다른 간호사로 재시도 하도록 한다
10. 정맥주사 치료 완료 후 바늘 제거시 5분 이상 손으로 지혈하도록 한다



**ISS discontinued at our site**



**Retrospective analysis to examine the true number of adverse events**

# Is Iron Sucrose Similar Safe for My Patients?

*Korean Journal of Obstetrics and Gynecology*  
*Vol. 49 No. 1 January 2006*

## 산부인과적 수술로 인한 빈혈교정에 정맥 철분제제의 사용

순천향대학교 의과대학 산부인과학교실

강미경·방성윤·김지영·박은희·김미경·최규연·이정재·이임순

## Intravenous Iron in the Treatment of Postoperative Anemia Following Obstetric and Gynecologic Surgery

Mi Kyoung Kang, M.D., Seong Yun Bang, M.D., Ji Young Kim, M.D., Eun Hee Park, M.D.,  
Mi Kyung Kim, M.D., Ku Yeon Choi, M.D., Jeong Jae Lee, M.D., Im Soon Lee, M.D.

*Department of Obstetrics and Gynecology, College of Medicine, Soonchunhyang University, Seoul, Korea*

# ***Iron Sucrose:***

polynuclear iron(III)-hydroxide core complexed  
with sucrose in water

***Non-Biological Complex Drug***





# Is Iron Sucrose Similar Safe for My Patients?

CMRO

Current Medical Research & Opinion Vol. 29, No. 2, 2013, 141–147

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## Original article

### Comparison of adverse event profile of intravenous iron sucrose and iron sucrose similar in postpartum and gynecologic operative patients

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Jeong Sig Kim  
Gyu Yeon Choi  
Jeong Jae Lee  
Im Soon Lee

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Soonchunhyang University Seoul Hospital,  
Seoul, Korea

## Abstract

### Objective

Severe iron deficiency resulting in anemia is a common problem during pregnancy and in menstruating women. Several choices for IV iron replacement therapies exist and increased pressures on budgets may require cheaper 'iron sucrose similar' (ISS) to be used. In our practice, an iron sucrose similar (Ferex; ISS<sub>FER</sub>) was introduced to reduce costs in the treatment of pregnant women or those planned for surgery. Post several months of use we observed increased rates of adverse events from patients and hence performed this analysis to confirm these findings.

# Study Design

- Determine the rate of adverse events with ISS
- **Retrospective analysis** of inpatients treated over a period of 4 years
- Patients with IDA
  - Post-pregnancy: natural birth or Cesarean sections
  - Post-Gy surgery: myomectomy, hysterectomy, cystectomy and adnexectomy
- Data collected for all treated patients in an anonymous manner with data points focusing on **adverse events during and after injection of IV iron**
- Events from patients charts and all data double checked





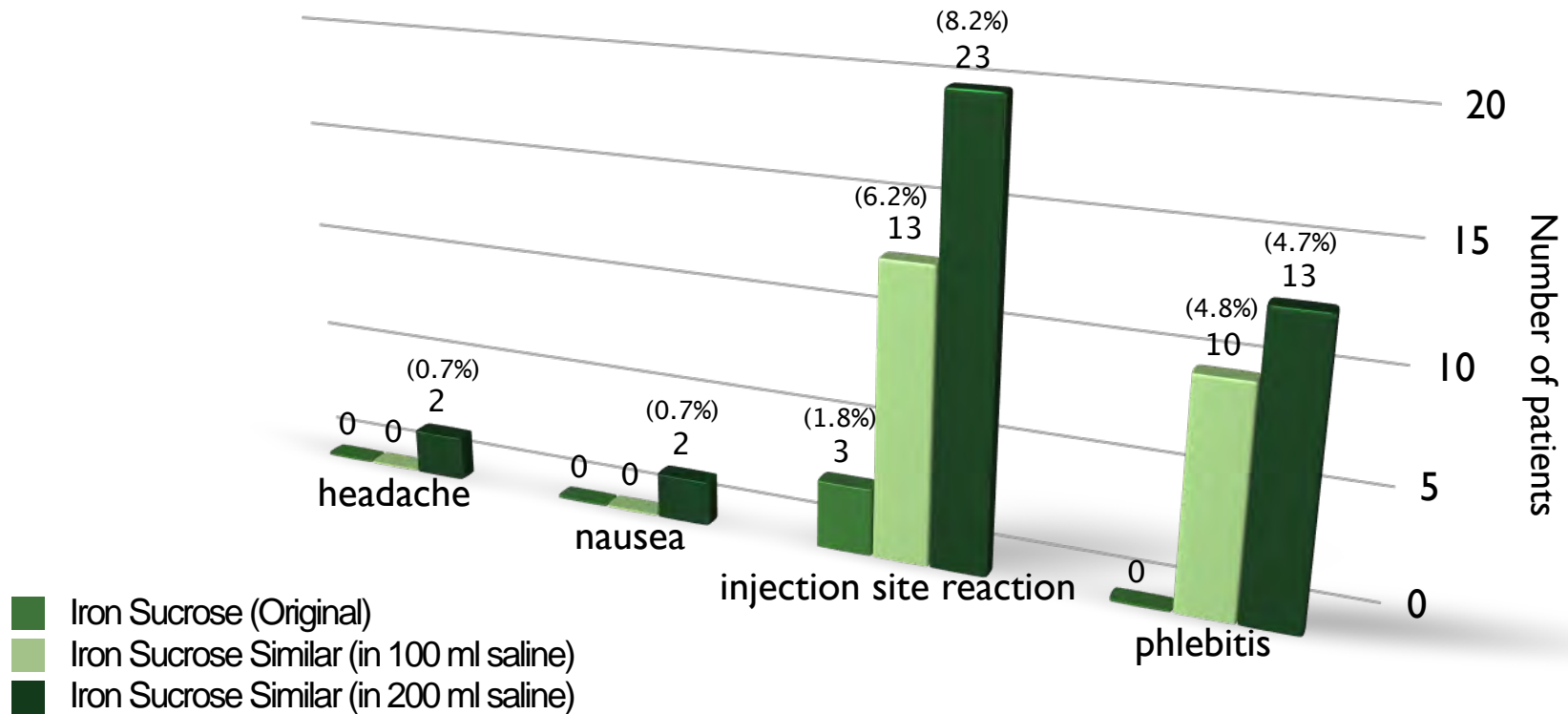
# Patient Demographics

	IS <sub>ORIG</sub>	ISS <sub>FRX</sub> -100	ISS <sub>FRX</sub> -200	<i>p</i> -value
Number of patients	169	210	279	
Age (years) (95% CI)	38.0 ± 9.7 (36.5–39.5)	38.5 ± 10.8 (37.0–39.9)	39.1 ± 10.6 (39.9–40.4)	0.536
Planned operation				0.002
Obstetric surgery	78	94	101	
Uterine surgery	76	74	118	
Other	15	42	59	
Baseline Hb (g/dL) before iron injection (95% CI)	8.8 ± 1.3 (8.6–9.0)	9.9 ± 1.7 <sup>†</sup> (9.7–10.1)	10.3 ± 1.5 <sup>†</sup> (10.1–10.5)	<i>p</i> < 0.001
Total iron doses (mg) (95% CI)	416 ± 184 (388.0–444.1)	498 ± 159 <sup>†</sup> (476.4–519.8)	490 ± 198 <sup>†</sup> (467.0–513.7)	<i>p</i> < 0.001

<sup>†</sup>Significantly different from IS<sub>ORIG</sub> group.

IS<sub>ORIG</sub>: iron sucrose originator (Venoferrum); ISS<sub>FRX</sub>: iron sucrose similar (Ferex).

# Results



***Increased in adverse events*** with use of an ***ISS***



The events were ***acute***

# Results

- Most events were considered relatively mild with minimal
- However it caused increase patient stress and reluctance for repeat treatment



# Comparison of Physicochemical Characteristics

**Table 2.** Physicochemical characteristics of the iron sucrose similar Ferex (ISSFRX) compared to the USP specifications for iron sucrose injection and the shelf-life specifications of iron sucrose originator (ISORIG) injection.

Parameter	USP*	IS <sub>ORIG</sub> <sup>†</sup>	ISS <sub>FRX</sub>		
Lot	—	—	FRX05-07003	FRX05-10001	FRX05-12001
Year of analysis	—	—	2008	2010	2012
Characteristics	—	Dark brown, opaque, aqueous solution	Dark brown, opaque, aqueous solution	Dark brown, opaque, aqueous solution	Dark brown, opaque, aqueous solution
pH	10.5–11.1	10.5–11.0	11.0	10.7	10.6
Titrateable alkalinity (ml)	0.5–0.8	0.5–0.8	0.8	0.6	0.4
Turbidity point	4.4–5.3	4.7–5.3	5.2	4.9	4.7
Molecular weight					
Mw (Da)	34,000–60,000	34,000–54,000	38,100	39,000	37,600
Mn (Da)	≥24,000	24,000–36,000	28,900	28,800	28,200
P	≤1.7	≤1.7	1.3	1.4	1.3
Reduction potential (mV)					
Fe(III)/Fe(II)	–700 to –800	–700 to –800	–630	–680	–640
Fe(II)/Fe(0)	–1350 to –1450	–1350 to –1450	–1410	–1390	–1340

\*United States Pharmacopeial Convention. Iron Sucrose Injection, Official monograph in The United States Pharmacopeia. United States Pharmacopeial Convention: Rockville, 2008; Vol. 31, pp. 2449–2451.

<sup>†</sup>Shelf-life specification for IS<sub>ORIG</sub> (iron sucrose injection).

Mw, weight average molecular weight; Mn, number average molecular weight; P, Mw/Mn ratio.

# Limitation and Questions

- Clinical efficacy could not be evaluated
  - Many patients only had Hb measurements prior to ISS / Venoferrum® and next measurement after surgery or pregnancy
  - Differences in patient baseline population
  - *Reduced efficacy in ISS group<sup>1</sup>*
- Unknown if additional toxicities as other assessments not conducted
  - *Animal studies: impact to heart, liver or kidney<sup>2</sup>*

1. Rottembourg J et al. Nephrol Dial Transplant 2011

2. Toblli JE et al. Inflamm Allergy Drug Targets 2012

# Clinical Data Demonstrate Differences between IS and ISS's

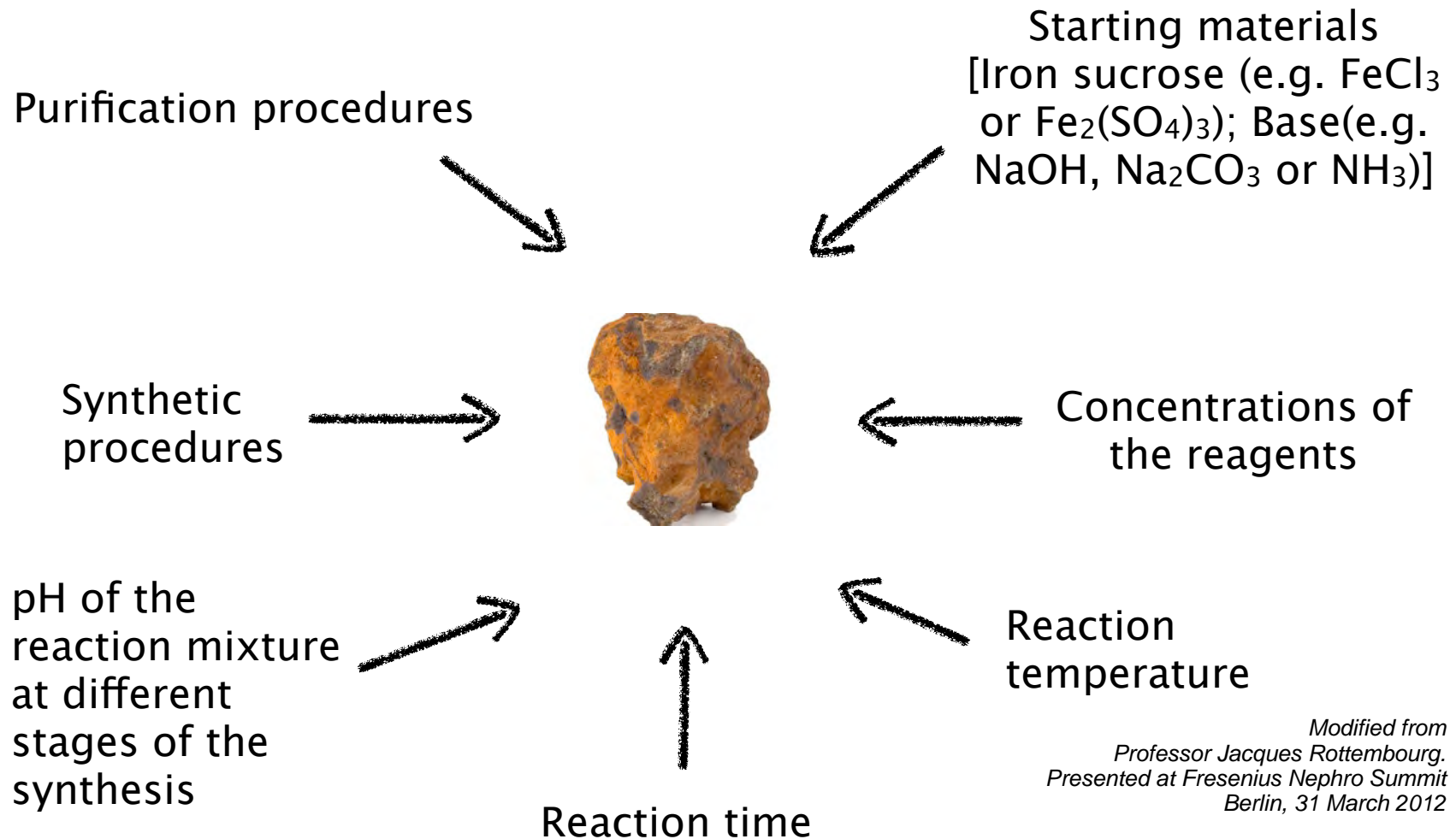
Study	Design	Key Results
<b>Alejandro Martin-Malo et al.</b> <i>Nephrol Dial Transplant</i> 2012	Assessed effects of both Venofer and ISS during the hemodialysis session in percentage of cells with ROS production, ICAM-1 and percentage apoptotic cells	Significant <b>increase of oxidative stress in HD patients treated with ISS</b> : <ul style="list-style-type: none"> <li>The percentage of cells with reactive oxygen species production, ICAM-1 expression and apoptosis was significantly increased with generic iron compounds at T2 and T3 in comparison to the original iron sucrose (Venofer®)</li> </ul>
<b>Rottembourg J et al.</b> <i>Nephrol Dial Transplant</i> 2011	Retrospective evaluation to assess the impact of the switch from the originator IS (Venofer®) to the ISS (FerMyran®) on Hb levels and iron parameters in CKD patients undergoing hemodialysis	Switch to an ISS was associated with: <ul style="list-style-type: none"> <li><b>Significant reduction in Hb level</b></li> <li><b>Reduced iron indices</b></li> <li><b>Increased IV iron and ESA consumption</b></li> </ul> <b>Potential clinical implications of decrease in Hb level and shorter proportion of time spent within target Hb in population receiving an ISS.</b> <b>Both preparations showed a comparable safety profile</b>
<b>Stein et al.</b> <i>CMRO</i> 2012	3 case reports of IBD patients switched from iron sucrose (Venofer®) to an ISS	Patients experienced <b>hypovolaemic dysregulation, urticaria, headache, peripheral edema post treatment with ISS.</b> No adverse effects previously recorded with iron sucrose (Venofer®) administration

ROS, reactive oxygen species; ICAM-1, inter-cellular adhesion molecule-1; HD, hemodialysis  
CKD, chronic kidney disease; ESA: erythropoiesis stimulating agent  
CMRO, Current Medical Research and Opinion; IBD, inflammatory bowel disease



# Iron Sucrose

– Non-Biological Complex Drug –



*Modified from  
Professor Jacques Rottembourg.  
Presented at Fresenius Nephro Summit  
Berlin, 31 March 2012*



# Iron Sucrose Similar



Iron Sucrose

not fully standardized  
manufacturing process:  
*subtle structural modifications*

- Release iron too rapidly into circulation
  - Oxidative stress
  - Inflammation
  - Endothelial damage
  - Hemodynamic alteration



Iron Sucrose  
**Sandoz**

☒ **Safety**  
☒ **Efficacy**

# Conclusions

- ***ISS had more adverse events*** compared to originator iron sucrose (Venofer®)
- ***Iron reduction potentials*** of ISS didn't comply with the pharmacopeial specifications and didn't have standardized manufacturing process
- ***Subtle structural modifications*** may affect the stability of the iron complex, which can lead to difference in safety and efficacy
- ***ISS, copy of non-biological complex drug, should undergo a centralized approval process***, supervised by EMA and FDA.

# Thank You for Your Attention!

CMRO

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0300-7995

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## Original article

### Comparison of adverse event profile of intravenous iron sucrose and iron sucrose similar in postpartum and gynecologic operative patients



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## Abstract

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