Leading the Way

MANAGING PRIMARY IMMUNODEFICIENCY (PI):

THE EVOLVING LANDSCAPE FOR INBORN ERRORS OF IMMUNITY (IEI)

FACULTY SPEAKER:

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DATE:

Friday, September 18, 2026
Please RSVP by: September 11, 2026

TIME:

Registration: 5:45 PM ET / 4:45 PM CT / 3:45 PM MT / 2:45 PM PT
Presentation: 6:00 PM ET / 5:00 PM CT / 4:00 PM MT / 3:00 PM PT

LOCATION:

IntercontinentalHotel-Cleveland Clinic
9801 CarnegieAve
Cleveland, OH 44106
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PROGRAM OVERVIEW

Primary immunodeficiency (PI), also referred to as inborn errors of immunity (IEI), represents a class of inherited disorders with an underlying intrinsic defect in the immune system.[1,2] PI is no longer defined by infections alone.[3] Its diverse clinical presentation, including gastrointestinal, pulmonary, and rheumatologic manifestations, complicates the diagnosis of PI.[4] Failure to appropriately diagnose and treat PI has significant consequences.[5]

This program will:

- Feature real patient case(s), including their diagnostic history and treatment history leading up to and beyond initiating Hizentra
- Provide an overview of the clinical features in the real patient case that complicated the diagnosis of PI
- Examine a shared decision-making approach to discussing Hizentra with patients
- Discuss clinical data for Hizentra and the recommendations for dosing and administration in patients with PI

REGISTER:

To register for this educational program, **go to www.LeadingtheWayProgram.com or scan QR code and complete the registration form.** A confirmation e-mail will be sent to you upon receipt. There is no fee for this educational activity. **This program/event is developed and offered by CSL Behring. This is not an official program/event of the Cleveland Clinic.**

Program Number: L1427

Should you need to contact a Program Manager, please e-mail us at CSL.Program@trio-hc.com or call 973-451-2351. Seating is limited, so please reply early. Parking, mileage, or other expenses will not be reimbursed.

WE LOOK FORWARD TO YOUR ATTENDANCE AT THIS LIVE EDUCATIONAL PROGRAM IN YOUR AREA.

This program is intended for healthcare professionals and select office staff only—spouses, guests, and children are not permitted to attend. This is not a CME program. Due to mandatory government reporting obligations of the 2010 Patient Protection and Affordable Care Act ("Open Payments-Payments Sunshine Act"), payments or transfers of value made to covered recipients will be reported to CMS. Additional state restrictions and disclosure requirements may also apply.

Important Safety Information

WARNING: Thrombosis may occur with immune globulin products, including Hizentra. Risk factors may include: advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.

For patients at risk of thrombosis, administer Hizentra at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.

Please see additional Important Safety Information on next page and accompanying full prescribing information for Hizentra including boxed warning.

Hizentra®
Immune Globulin Subcutaneous (Human) 20% Liquid

Important Safety Information (cont)

Hizentra is contraindicated in patients with a history of anaphylactic or severe systemic reaction to human immune globulin (Ig) or components of Hizentra (eg, polysorbate 80), as well as in patients with immunoglobulin A deficiency with antibodies against IgA and a history of hypersensitivity. Because Hizentra contains L-proline as stabilizer, use in patients with hyperprolinemia is contraindicated.

IgA-deficient patients with anti-IgA antibodies are at greater risk of severe hypersensitivity and anaphylactic reactions. Thrombosis may occur following treatment with Ig products, including Hizentra.

Monitor patients for aseptic meningitis syndrome (AMS), which may occur following treatment with Ig products, including Hizentra. In patients at risk of acute renal failure, monitor renal function, including blood urea nitrogen, serum creatinine and urine output. In addition, monitor patients for clinical signs of hemolysis or pulmonary adverse reactions (eg, transfusion-related acute lung injury [TRALI]).

Hizentra is derived from human blood. The risk of transmission of infectious agents, including viruses and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent and its variant (vCJD), cannot be completely eliminated.

The most common adverse reactions (observed in ≥5% of study subjects) were local infusion-site reactions, as well as headache, diarrhea, fatigue, back pain, nausea, extremity pain, cough, upper respiratory tract infection, rash, pruritus, vomiting, upper abdominal pain, migraine, arthralgia, pain, fall, and nasopharyngitis.

The passive transfer of antibodies can interfere with response to live virus vaccines and lead to misinterpretation of serologic test results.

Indications

Hizentra®, Immune Globulin Subcutaneous (Human), 20% Liquid, is indicated for:

- Treatment of primary immunodeficiency (PI) in adults and pediatric patients 2 years and older.
- Maintenance therapy in adults with chronic inflammatory demyelinating polyneuropathy (CIDP) to prevent relapse of neuromuscular disability and impairment.
  - Limitation of Use: Maintenance therapy in CIDP has been systematically studied for 6 months and for a further 12 months in a follow-up study. Continued maintenance beyond these periods should be individualized based on patient response and need for continued therapy.

For subcutaneous infusion only.

Please see accompanying full prescribing information for Hizentra including boxed warning.

To report SUSPECTED ADVERSE REACTIONS, contact the CSL Behring Pharmacovigilance Department at 1-866-915-6958 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

REFERENCES:

1. Chapel H, Prevot J, Gaspar HB, et al. Primary immune deficiencies - principles of care. *Front Immunol*. 2014;5(627):1-12.
2. Demirdag Y, Fuleihan R, Orange JS, Yu JE. New primary immunodeficiencies 2021 context and future. *Curr Opin Pediatr*. 2021;33(6):657-675.
3. Walter JE, Ayala IA, Milojevic D. Autoimmunity as a continuum in primary immunodeficiency. *Curr Opin Pediatr*. 2019;31(6):851-862.
4. Jolles S. The variable in common variable immunodeficiency: a disease of complex phenotypes. *J Allergy Clin Immunol Pract*. 2013;1(6):545-556.
5. Resnick ES, Moshier EL, Godbold JH, Cunningham-Rundles C. Morbidity and mortality in common variable immune deficiency over 4 decades. *Blood*. 2012;119(7):1650-1657.

Hizentra is manufactured by CSL Behring AG and distributed by CSL Behring LLC.
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