Human a1-proteinase inhibitor for patients with a1-antitrypsin deficiency
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Record Status
This is a bibliographic record of a published health technology assessment from a member of INAHTA. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
The objectives were to assess the clinical and economic implications of human a1-proteinase inhibitor (a1-PI) intravenous infusion for patients with a1-antitrypsin (AAT) deficiency, with or without a diagnosis of chronic obstructive pulmonary disease.

Authors' conclusions
Evidence showing health improvement is inconclusive. In controlled trials, augmentation therapy has not shown reduced lung function impairment in patients with AAT deficiency and COPD, compared with normal care. Conversely, in observational studies, a1-PI is associated with outcomes suggestive of therapeutic benefit in patients with severe AAT deficiency and moderate airflow obstruction. Severe adverse events from treatment have been reported in ~1% of study populations.

Use in patients without COPD is experimental. No evidence was found evaluating the use of a1-PIs in patients with AAT deficiency and no lung function impairment.

Project page URL

INAHTA brief and checklist

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