

## Clinical relevance of regular blood monitoring in Ig treatment

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**Background:** ABN immunoglobulin(Ig) guidelines advise routine FBC and U&E monitoring with every treatment episode and screening for IgA deficiency.

**Aims:** We audited compliance in inflammatory neuropathy patients on longterm treatment in two UK Neurology departments. We looked for evidence of clinically relevant haematological or AKI Ig-related events.

**Methods:** Data was collected from Nov 2015 to Nov 2017. Accepted definitions for clinically and/or biochemically significant haemolysis, neutropenia, thrombocytopenia and AKI were used.

**Results:** 1919 treatment episodes in 90 patients were analysed. Mean age(S.D)= 57.6(14.4)years, 69.1% male, 74% CIDP (26% MMN), 94% IVIg (6% SCIg). Mean dose= 1.57 (0.74) g/kg/month or 97.1(37.3)g/infusion.

No clinically significant episodes of haemolysis, neutropenia, thrombocytopenia or AKI occurred in relation to Ig treatment. An asymptomatic drop of >10g/L Hb occurred in 68/1919 episodes in 38 individuals (3.5%); mean reduction 17.7 g/L, lowest Hb 99g/L. Two patients with CRF (stage 3) received 28 (IV) and 104 (SC) infusions respectively without impact on eGFR. Two individuals with relative IgA deficiency (0.38g/L, 0.4g/L) received 16 infusions over 1.5 years without complications.

**Conclusions:** No clinically significant Ig-related events were identified in this representative cohort. We suggest annual screening or clinically indicated testing as safe and more appropriate in longterm IVIg use.