The Efficacy and Safety of Switch Between Agalsidase Beta to Agalsidase Alfa for Enzyme Replacement in Patients With Anderson-Fabry Disease

Juan Fernandez Hospital, Department of Neurology, Buenos Aires, , Argentina
Unidad Renal Corrientes SRL, Medicina Interna Nefrólogo, Corrientes, , Argentina
UZA - University Ziekenhuis Antwerpen), Edegem, , Belgium
University Hospital "Sestre Milosrdnice" Department of neuroimmunology and neurogenetic, Zagreb, , Croatia
Miroslava Hajkova, 2nd Dept of Cardiology&Angiology, Fakultni poliklinika, Prague 2, , Czechia
National University Hosoital Rigshospitalet, Endokrinologisk ward, Copenhagen, , Denmark
Université de Versailles - Saint Quentin en YvelinesService de Génétique Médicale, Paris, , France
Kinderklinik München-Schwabing Städt. Klinikum GmbH, Munich, , Germany
Royal Free Hospital, Dep. of Academic Haematology, Lysosomal Storage Disorders Unit, London, , United Kingdom

The current approved treatment for Fabry disease is enzyme replacement therapy (ERT). There are actually 2 products in this therapeutic class available: Replagal® (agalsidase alfa) and Fabrazyme® (agalsidase beta). Both are indicated for long-term treatment in patients with a confirmed diagnosis of Fabry disease (alfa-galactosidase A deficiency). Both have been commercially available in Europe for almost 10 years, yet little information is available about the clinical and safety profile of patients who switch from one therapy to the other.
An extended shortage of Fabrazyme® that began in June 2009 has necessitated that a large number of patients switch from Fabrazyme® to Replagal®. This offers the possibility to study the clinical status and adverse events in patients who switch from Fabrazyme® to Replagal® on a large-scale basis. In addition, as a result of the increasing Fabrazyme® shortage, many of these patients received a reduced dosage of Fabrazyme® for an extended period before transitioning to treatment with Replagal®.