

# **Enzyme replacement therapy for late-onset Pompe disease: a systematic review**

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## Introduction

Pompe disease (PD) is an inherited disorder characterized by deficiency of acid alpha-glucosidase, leading to progressive glycogen accumulation in the body's organs and tissues.

Previous systematic reviews (SR) on enzyme replacement therapy (ERT) for late-onset PD (LOPD) haven't evaluated important endpoints as quality of life (QOL) and safety, creating the need for reassessing clinical outcomes.

# Objective

To evaluate evidence available on the efficacy and safety of ERT for LOPD.

#### Methods

We systematically searched PubMed and Embase for prospective clinical studies published until May, 2017 evaluating ERT for LOPD.

Table 2 - Search Strategies		
Research Data Base	Search Strategy	
Medline (via PubMed)	"Glycogen Storage Disease Type II"[Mesh] AND "alpha-Glucosidases"[Mesh]	
Cochrane (via Bireme)	('glycogen storage disease type 2'/exp) AND ('recombinant glucan 1, 4 alpha glucosidase'/exp or 'recombinant glucan 1, 4 alpha glucosidase')	

6MWT is a substitute outcome for cardiopulmonary system evaluation. In all 12 studies assessing 6MWT, patients under ERT showed improvement, with high QOE.

Muscle strength (MS) was evaluated in 8/25 included studies and only 2/8 were unable to show improvement after ERT, also with high QOE. Strength was graded accoding to the grading scale of the Medical Reasearch Council (MRC) and was measured with dynamometer and quantitative muscle testing (QMT).

Outcomes of interest were defined a priori. Only studies with n>5 were included. Assessment of quality of evidence (QOE) was performed according to the GRADE criteria.



Two endpoints defined a priori was not assessed by any of the

Most AE were considered to be mild or moderate symptoms, such urticaral rashes, flu-like as pruritus symptoms, and hyperhidrosis. None of these AE caused discontinuation of the treatment.

In AE evalution, one concern is antibody formation. In 4/5studies, antibody anti-aglucosidase was analyzed all patients and although developed antibodies there was no correlation with severe AE and infusion-associated reactions (IARs) nor with treatment efficacy. Most IARs were mild to moderate in severity. The results suggest that ERT is safe in patients with PD.

Other outcomes had low or very low QOE, such as WGMS, Survival, Ventilation hours/day. In all 5 studies evaluating WGMS there was no improvement shown, however more data has to be assessed considering the very low QOE.

## Table 3 - Outcomes and number of articles that evaluated it

Outcomes	Number of articles
6MWT	12
FVC (Forced vital capacity)	12
Adverse events (AE)	12
Muscle strength	8
Quality of life (QOL)	6
WGMS (Walton Gardner Medwin Score)	5
Ventilation hours/day	3
Survival	1
Sleep quality	0
Swallowing	0

#### Discussion



#### Quality of life outcome was evaluated in 6/25 studies and 5/6 used the SF-36 questionnaire, which measures physical and mental components. In spite of heterogeneous results across studies, GRADE score was moderate and the final results favors ERT.



Our results corroborate previously published SR on ERT impact on 6MWT and show positive effect of ERT on QOL and MS.

## Our findings also suggest that ERT is safe in LOPD, once most AEs were mild to moderate

and antibody formation did not seem to interfere with any outcome evaluated.