**EWGGD Cerezyme® Emergency Treatment Program (CETP)**

Introduction: This program is set up for the benefit of patients with type I and III Gaucher disease at high-risk for the development of progressive disease or complications in Europe and affiliated countries during the period of Cerezyme shortage.

The program is conducted by a Board of Advisors consisting of an independent group of scientists, all members of the European Working Group for Gaucher Disease (EWGGD). Genzyme's role is and will be limited solely to the execution of shipments based on orders issued by treatment centres for treating patients approved through the CETP.

CETP is not a charitable program and will run for a finite period until end of December 2009 or until the limited supply has been fully allocated.
The program is coordinated by the Academic Medical Centre (AMC), Amsterdam, The Netherlands.

Background: An acute shortage of imiglucerase (to 20% of prior global supply) has occurred as a result of viral contamination of the production facility; production was temporary ceased for the month of July and consequently limited supply will continue until year end. All countries are allocated 20% of their unconstraint demand for the period of shortage.

An urgent meeting of physicians, researchers and patients was convened through the agency of the European Working Group for Gaucher Disease: this was instigated by patients internationally represented by the European Gaucher Alliance. Here it was decided to create an Emergency Treatment Program to allocate Cerezyme to patients at high risk for the development of complications. The full paper will become available online through the Blood Cells, Molecules and Diseases website shortly.

If there is insufficient enzyme within the current allocation to treat patients at high risk, the treating physician may apply for additional Cerezyme to CETP.

Included countries: **Algeria, Austria, Belgium, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Middle East, Morocco, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tunisia, Turkey, UK.**

Patients at high risk: The following criteria were developed for previously untreated as well as treated patients.

| | |
|---|---|
| A. Infants, children, adolescents | |
| B. Adult patients (either type I or III) with: | - Exacerbation of disease while on dose reduction/dose interruption |
| | - platelet count < 20.000/ µl<br>- thrombocytopenia and bleeding<br>- symptomatic anemia<br>- severe co-morbidity requiring imiglucerase treatment, such as:<br>1. need for chemotherapy<br>2. condition that puts a patient at risk for bleeding, e.g, cirrhosis, major surgery, that cannot be postponed for 3-6 months<br>3. lung disease caused by Gaucher cell infiltration<br>4. new acute bone event during last 12 months |
| C. Pregnant women with symptomatic Gaucher disease | |

Recommendations for monitoring during imiglucerase reduction or cessation of enzyme replacement therapy and during the recovery period

- clinical examination and history at least every three months
- complete blood count at least every three months
- plasma sample for biomarker analysis such as chitotriosidase

For the assessment of chitotriosidase, it was recommended to employ local laboratory facilities for early evaluations, using percentage increase from baseline as a possible indication of deterioration. For an analysis of absolute values in the entire group, the stored plasma sample can afterwards be assayed at a central facility to correct for differences between labs.
Results of all follow-up studies need to be carefully recorded and all were encouraged to submit these data to the Gaucher Registry of the International Collaborative Gaucher Group (ICGG) and/or national registries.

Application process:
The treating physician will submit a request form with details on the patient to the AMC (see below for contact details). Approval / response letters to the physicians will be provided by the Program coordinator as soon as possible but no later than 10 days after applications have been received. This program does not guarantee that Cerezyme supply will be available for all emergency cases.
The CETP board will review and discuss applications on a weekly basis. If necessary, additional information can be requested. After approval, Genzyme will ship the necessary extra Cerezyme as soon as possible, preferably within 1-2 weeks. For logistical reasons, a prerequisite to the granting of a request is that import of imiglucerase should be feasible within 1 month.

The estimated shipment duration for CETP eligible countries is given below :

| | | |
|---|---|---|
| Europe | EU and Switzerland | delivery within 5 working days |
| Middle East | Kuwait, Qatar, Oman | delivery within 5 working days |
| | Jordan, Lebanon, UAE, Saudi-Arabia, Iran | delivery within 3 to 4 weeks |
| | Israel | delivery within 5 working days; shipment on Monday and Friday only |
| North Africa | Morocco, Algeria, Tunisia | Uncertain, potential long import procedures |



**CETP coordinating centre contact details:**

**Fax: +31 20 566 9667**
**E-mail: cetp@amc.nl**
**Websites: www.gaucher.org.uk/index.php**
**www.amc.nl/CETP**
**www.esgld.org**

**Cerezyme® Emergency Treatment Program (CETP)**
**Request Form**

To request emergency treatment to Cerezyme® (imiglucerase for injection) please complete the following information and send a signed copy by email (cetp@amc.uva.nl) or fax (+31 20 566 9667) to the CETP coordinating centre at the AMC. Please note that this program does not guarantee that Cerezyme supply will be available for all emergency cases.

**If the request is for a new untreated patient, please include a copy of the lab report confirming disease diagnosis.**

**Healthcare Provider Contact Information:**

Name: _____

Address:_____

Phone:_____

Email:_____

**Patient Information:**

Initials: _____ Previously treated with Cerezyme ❑ No ❑ Yes

Date of Birth: _____

Type of Gaucher disease: ____ _____ ____Weight (kg):_____

Dose (U/kg):_____ Frequency (e.g., every other week):_____ _____

**Check all applicable patient criteria and add detailed clinical information in the narrative section on the next page:**

**A. Infant, child or adolescent** ❑ No ❑ Yes

**B. Adult patients (either type I or III) with:**

Exacerbation of disease while on dose reduction/dose interruption ❑ No ❑ Yes

Platelet count < 20.000 ❑ No ❑ Yes

Thrombocytopenia and bleeding ❑ No ❑ Yes

Symptomatic anemia ❑ No ❑ Yes

Severe co-morbidity requiring imiglucerase treatment ❑ No ❑ Yes

**C. Pregnant women with symptomatic Gaucher disease** ❑ No ❑ Yes

**Narrative** (relevant history and clinical details in relation to indication given above):

_____

_____

_____

_____

_____

_____

_____

Healthcare Provider:_____/_____Date:_____
Print Name/Signature dd-mmm-yyyy

This section to be completed by CETP coordinator

Received by date:_____Approved by date:_____
dd-mmm-yyyy dd-mmm-yyyy