

Statement from the UKCFMA about the use of Kaftrio in people with cystic fibrosis who have received organ transplants

20 November 2020

- This statement relates to all solid organ transplant recipients with cystic fibrosis (CF), including lung, liver, renal etc.
- Clinical trials and managed access programs for Kaftrio have excluded people with CF who have received organ transplants.
- Although the main benefits seen in trials of Kaftrio in people with CF have been related to CF lung disease (i.e. improved lung function, reduced exacerbation frequency, reduced need for intravenous antibiotics) significant health benefits also occur as a result of improved CFTR expression in other organs.
- The constituent drugs in Kaftrio have significant interactions with immunosuppression medication and there are major implications if immunosuppressive levels become too high or too low.
- Current European Medicines Agency product information for Kaftrio states that it is *not recommended* for people with CF who have had organ transplants.
- However, Kaftrio is *not contraindicated* for people with CF who have had organ transplants.
- Some people with CF who have had, for example, a lung transplant have little or no symptoms, whilst others may have significant CF related symptoms after their transplant.
- For people with CF who have severe ongoing symptoms, the balance of potential benefits from starting Kaftrio might outweigh the risk of side effects and drug interactions. This balance of risk/benefit will depend on the individual circumstances and clinical condition, as well as the type of organ transplanted.
- People with CF with non-lung transplants are likely to benefit most from the improvements in respiratory health with Kaftrio, but people who have had lung transplants may still benefit if they have significant CF-related co-morbidities. Examples of refractory problems that might be improved by a trial of Kaftrio would include:
 - malnutrition
 - sino-nasal symptoms
 - gastro-intestinal symptoms
 - poorly controlled diabetes mellitus
 - On-going CF progressive lung disease (eg in those who have had non-lung organ transplants)
- Decisions about starting treatment in all such cases should be made on a case by case basis and after careful consideration by both the specialist CF team and Transplant Centre.

- If people with CF who have had a transplant, their CF team *and* Transplant Centre all agree to start Kaftrio, the following process is recommended:
 - Blood tests results should be made available to the prescribing CF centre
 - The CF centre should prescribe Kaftrio for home delivery, but the people with CF should only start treatment after being advised by the Transplant Centre.
 - people with CF must liaise with Transplant centre to:
 - i. Co-ordinate the required immunosuppression dose adjustments
 - ii. Co-ordinate the required immunosuppression blood tests
- In some cases people with CF might need to be admitted to the Transplant centre for close monitoring when commencing treatment with Kaftrio.
- All people with CF who have had a transplant should follow the above process before starting Kaftrio, and should not do so without prior counselling as to the potential risks and benefits. This should be led by the Transplant team in conjunction with the CF team.