NAVIGATING THE CENTRAL PRECOCIOUS PUBERTY (CPP) PATIENT JOURNEY

18 March 2022

Kate Davies

This virtual promotional meeting is organized and funded by Ipsen. This meeting is intended for UK healthcare professionals only. Prescribing information can be found at the end of this virtual meeting.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in Google Play or Apple App Store. Adverse events should also be reported to Ipsen via email at pharmacovigilance.uk-ie@ipsen.com or phone on 01753 627777

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Agenda

Time	Topic	Speaker
2pm – 2.30pm	Introduction to Central Precocious Puberty	Kate Davies Associate Professor Paediatric Prescribing & Endocrinology, London South Bank University
2.30pm – 3pm	Suppression of puberty in girls with neurodevelopmental disability.-What do we need to consider?	Karen Blair Advanced Paediatric Endocrinology Nurse Specialist, Norfolk and Norwich University Hospital
3-3.30pm	Case Study – A Precocious Puberty Puzzle	Isabel Sharrat Clinical Nurse Specialist Paediatric Endocrinology, Barts Health NHS Trust
3.30pm – 4pm	Why would I want 4 injections when I can have 2? Jackie O'Sullivan - Specialist Nurse CYP Endocrinology, The Great North Children's	Jackie O'Sullivan Specialist Nurse CYP Endocrinology, The Great North Children's Hospital
4pm - 4.30pm	Discussion	Question & Answer Session with speaker panel
4.30pm	Wrap up and close	Kerry Prentice, Local Access Manager, Ipsen

Decapeptyl SR (triptorelin) prescribing information

See full summary of product characteristics (SmPC) before prescribing. Available at www.medicines.org.uk **Presentation:** Powder and solvent for suspension for injection, sustained release formulation. Vials for all preparations contain an overage to ensure the licensed dose is administered. *Decapeptyl SR 11.25mg:* Triptorelin pamoate 15mg. *Decapeptyl SR 22.5mg:* Triptorelin pamoate 28mg. **Indication:** *Decapeptyl SR 11.25mg:* Treatment of precocious puberty (onset before 8 years in girls and 10 years in boys). *Decapeptyl SR 22.5mg:* Treatment of central precocious puberty (CPP) in children 2 years and older with an onset of CPP before 8 years in girls and 10 years in boys. **Dosage and Administration:** *Decapeptyl SR 11.25mg:* One IM injection every 3 months. *Decapeptyl SR 22.5mg:* One IM injection every 6 months (24 weeks). *Additional dosing information:* The treatment of children should be under the overall supervision of a paediatric endocrinologist or of a paediatrician/endocrinologist with expertise in the treatment of CPP. Treatment should be stopped around the physiological age of puberty in boys and girls and should not be continued in girls with a bone maturation of more than 12 years and in boys with a bone maturation of more than 13-14 years. **Contraindications:** Hypersensitivity to gonadotropin releasing hormone (GnRH), its analogues or to any of the listed excipients. Pregnancy and lactation. **Precautions and Warnings:** Rarely, treatment with GnRH agonists may reveal the presence of a previously unknown gonadotroph cell pituitary adenoma, when patients present with a pituitary apoplexy characterised by sudden headache, vomiting, visual impairment and ophthalmoplegia. There is an increased risk of incident depression (which may be severe) with GnRH agonist treatment. Patients should be informed and treated if symptoms occur. Patients with known depression should be monitored closely. Caution is required with intramuscular injection in patients treated with anticoagulants, due to the potential risk of haematomas at the site of injection. Subcutaneous administration is not recommended. Treatment of children with progressive brain tumours should follow a careful individual appraisal of the risks and benefits. In girls, initial ovarian stimulation at treatment initiation, followed by the treatment-induced oestrogen withdrawal, may lead, in the first month, to vaginal bleeding of mild or moderate intensity. Pseudo-precocious puberty (gonadal or adrenal tumour or hyperplasia) and gonadotropin-independent precocious puberty (testicular toxicosis, familial Leydig cell hyperplasia) should be precluded. Bone mineral density may decrease during GnRH agonist therapy for central precocious puberty. After cessation of treatment subsequent bone mass accrual is preserved. Slipped capital femoral epiphysis can be seen after withdrawal of GnRH agonist treatment. **Interactions**: Drugs which raise prolactin levels should not be prescribed concomitantly as they reduce the level of GnRH receptors in the pituitary. When Decapeptyl SR is co-administered with drugs affecting pituitary secretion of gonadotropins, caution should be exercised, and it is recommended that the patient's hormonal status be supervised. Since androgen deprivation therapy may prolong the QT interval, concomitant use of Decapeptyl SR with drugs known to prolong the QT interval or able to induce torsade de pointes, such as class IA (e.g. quinidine, disopyramide) or class III (e.g. amiodarone, sotalol, dofetilide, ibutilide) antiarrhythmics, methadone, moxifloxacin, antipsychotics etc. should be carefully evaluated.
Undesirable effects: *Very common:* Vaginal bleeding (including vaginal haemorrhage, withdrawal bleed, uterine haemorrhage, vaginal discharge, vaginal bleeding including spotting). *Common:* Hypersensitivity, headache, hot flush, abdominal pain, acne, injection site reaction (including injection site pain, injection site erythema and injection site inflammation), weight increase. During post-marketing use: Anaphylactic shock, affect lability, depression, nervousness, visual disturbance, hypertension, angioneurotic oedema, myalgia, blood prolactin increase and blood pressure increase have been reported. *Prescribers should consult the Summary of Product Characteristics in relation to other side effects.* **Overdosage:** No human experience of overdosage. **Pharmaceutical Precautions:** Do not store above 25ºC. Keep the container in the outer carton. Reconstitute only with the suspension vehicle provided. Decapeptyl SR is a suspension, therefore once reconstituted, it should be administered immediately. **Legal Category:** POM. **Basic NHS cost:** *Decapeptyl SR 11.25mg* £207.00 per vial. *Decapeptyl SR 22.5mg £414.00 per vial.* **Marketing Authorisation Numbers:** *Decapeptyl SR 11.25mg*: PL 34926/0003. *Decapeptyl SR 22.5mg* PL34926/0013. **Marketing Authorisation Holder:** Ipsen Ltd., 190 Bath Road, Slough, Berkshire, SL1 3XE, UK. Tel: 01753 627777. **Date of preparation of PI:** September 2020. **Ref:** TRI-UK-003925

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