EACTA
The European Association of Cardiothoracic Anaesthesiologists

Recently, the safety of Aprotinin in cardiac surgery has been called into question. Two recent papers have drawn attention to its use in this setting.(1,2).
Both of these are observational studies. The first represents patient data from the McSPI EPI-2 database, and members may be aware that a substantial number of these patients will have been drawn from the 25 European centres participating in this study.
In response to these publications, on Feb 8th 2006 the United States Food and Drug Administration (FDA) issued an "FDA Public Health Advisory" concerning the use of Aprotinin in cardiac surgery.
The advisory can be found in full at ;
www.fda.gov/CDER/drug/advisory/aprotinin.htm.
The paragraph below is extracted from the report verbatim;

"……While FDA is continuing its evaluation, we are providing the following recommendations to healthcare providers and patients:

- Physicians who use Trasylol should carefully monitor patients for the occurrence of toxicity, particularly to the kidneys, heart, or central nervous system and promptly report adverse event information to Bayer, the drug manufacturer, or to the FDA MedWatch program, as described at the end of this advisory.
- Physicians should consider limiting Trasylol use to those situations where the clinical benefit of reduced blood loss is essential to medical management of the patient and outweighs the potential risks……"

We are also aware of two specialist societies that have also commented on this issue.
The Society of Cardiovascular Anaesthesiologists (SCA) comments can be found at ;
www.scahq.org/sca3/aprotinin.shtml
The Association of Cardiothoracic Anaesthetists (ACTA) comments can be found at ;
www.acta.org.uk/ACTAS4Aprotonin.asp
EACTA members may be interested to read the views of these specialist societies also.

In Europe, Trasylol is licensed on a country-by-country basis, rather than centrally through the EMEA. As a result, as many members may be aware, aprotinin is not available in some EU countries. The EMEA does have a safety role even for products licensed nationally if an issue is drawn to its attention by an appropriate authority. The EMEA may therefore make a comment in due course.

There are a number of issues involved in this controversy. These include the value of observational and phase 4 studies, as well as the primary issue of the safety of Aprotinin and the extent to which these additions to the literature shed light on the subject. EACTA will endeavour to provide a lively debate for its members on these issues in the coming months.

In the meantime, for those European anaesthesiologists who have access to Aprotinin we would endorse the FDA's recommendations.

EACTA Directory Board.

References

1.Mangano DT, Tudor IC, Dietzel C; Multicenter Study of Perioperative Ischemia Research Group; Ischemia Research and Education Foundation.
The risk associated with aprotinin in cardiac surgery.
N Engl J Med. 2006 Jan 26;354(4):353-65.

2. Karkouti K, Beattie WS, Dattilo KM, McCluskey SA, Ghannam M, Hamdy A, Wijeysundera DN, Fedorko L, Yau TM.
A propensity score case-control comparison of aprotinin and tranexamic acid in high-transfusion-risk cardiac surgery. Transfusion. 2006 Mar;46(3):327-38.

Conflict of Interest;
Bayer Inc. has supported a number of educational initiatives and programmes for EACTA