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Summary of the risk management plan (RMP) for Episalvan (birch bark extract)

This is a summary of the risk management plan (RMP) for Episalvan, which details the measures to be taken in order to ensure that Episalvan is used as safely as possible. For more information on RMP summaries, see here.

This RMP summary should be read in conjunction with the EPAR summary and the product information for Episalvan, which can be found on Episalvan's EPAR page.

Overview of disease epidemiology

Episalvan is a medicine used to treat partial thickness skin wounds. These are wounds where the upper layers of the skin have been lost, for example by a burn or during surgical skin grafting.

Generally, wounds can be classified into:

- full thickness wounds
- partial thickness wounds

In partial thickness wounds, the epidermis (the outer layer of skin) is able to regenerate and, depending on wound depth, the wound heals within 1 to 3 weeks with minimal or no scarring.

Summary of treatment benefits

Episalvan contains a dry extract from birch bark. It is available as a gel that should be applied to the skin. Episalvan was studied in two main studies involving 217 patients with partial-thickness skin wounds in patients who underwent skin graft surgery. The patients received Episalvan together with wound dressing on one half of the wound, while the other half of the wound was treated with standard wound dressing only. In the first study, the average time from surgery to wound closure was 17.1 days for the wounds treated with standard wound dressing only and 15.5 days for the wounds also treated with Episalvan. The respective times were 16.0 and 15.1 days respectively in the second study.

A third study involved 57 patients with partial-thickness burn wounds who had half their wound treated with Episalvan and the other half with a standard disinfectant gel. Both wound halves were also covered with a wound dressing. The average time to wound closure was 8.8 days for the wounds treated with standard disinfectant gel and 7.6 days for the wounds treated with Episalvan.

Unknowns relating to treatment benefits

In Episalvan studies most patients were Caucasians. Episalvan has neither been studied in children, pregnant women, breastfeeding women nor in patients suffering from other simultaneous severe diseases. However, there is no evidence to suggest that treatment benefits with Episalvan would be any different in these patient populations.

Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Allergic reaction (hypersensitivity)	There were three reports of allergic reaction in trials with Episalvan. Episalvan was thought to have caused the allergic reaction in only one of these cases. This event was mild and the patient recovered completely.	Allergic reactions cannot be predicted, and so are not preventable. Episalvan must not be used in patients allergic to Episalvan or any of the other ingredients of this medicine.

Important potential risks

Risk	What is known
Wound infection	Infection is a common complication of any type of wound, especially burn wounds. Wound infection has occurred during treatment with Episalvan, as well as with comparator products. From the current data it is not known if Episalvan increases the risk of contracting wound infections compared with other products. In case of infection, treatment with Episalvan should be discontinued.
Off-label (unauthorised) use in patients with epidermolysis bullosa (an inherited blistering condition)	Use of Episalvan in patients with epidermolysis bullosa has not been studied sufficiently in clinical trials and is therefore not recommended in these patients. As there is currently no approved medication for symptomatic treatment of wounds in patients with epidermolysis bullosa, off-label use may occur.
Prolonged healing time of burn wounds and risk of hypertrophic scarring (raised scar) if surgery is delayed	Episalvan is not intended to replace surgery, but to promote healing of partial thickness wounds treated conservatively with standard wound care. Wounds that do not heal within an acceptable period may need surgical measures to reduce the risk of prolonged healing times and hypertrophic scarring.

Missing information

Risk	What is known
Interaction with other topical medicines (applied to skin)	Interaction with other topical medicines has not been studied in clinical trials. There is a theoretical risk that applying two topical medicines at the same time can lead to irritation or other side effects.
Use in patients with multiple allergic disorders	Use of Episalvan in patients with multiple allergic disorders has not been tested. There is a theoretical risk that such patients have a higher risk of sensitisation (immune system has come into contact with an allergen, built antibodies and is ready to launch a defence reaction when the allergen reappears) against the active substance.
Use in patients with different skin types	Use in non-Caucasian patients with different skin types due to ethnic origin or skin phototypes (based on reaction to sun exposure) has not been tested in

Risk	What is known
due to ethnic origin or skin phototypes (based on reaction to sun exposure) (Fitzpatrick skin types)	clinical trials. There is a theoretical risk that such patients have a higher risk of side effects.
Long-term / repeated use	There is no experience from long-term use of Episalvan for more than 4 weeks and from repeated treatment courses, e. g. for the treatment of chronic wounds such as diabetic foot ulcers or venous leg ulcers. Long-term repeated use has not been tested in clinical trials. There is a theoretical risk that patients who use Episalvan long term have a higher risk of side effects.
Sensitisation	Risk of sensitisation has not been tested in clinical trials. There is a theoretical risk that patients may get sensitised against the active compound leading to allergic reactions after new applications.
Use in children and adolescents	Use in children and adolescents has not been studied sufficiently in clinical trials.

Summary of risk minimisation measures by safety concern

All medicines have a summary of product characteristics (SmPC) which provides physicians, pharmacists and other healthcare professionals with details on how to use the medicine, and also describes the risks and recommendations for minimising them. Information for patients is available in lay language in the package leaflet. The measures listed in these documents are known as 'routine risk minimisation measures'.

The SmPC and the package leaflet are part of the medicine's product information. The product information for Episalvan can be found on Episalvan's EPAR page.

This medicine has no additional risk minimisation measures.

Planned post-authorisation development plan

None

Summary of changes to the risk management plan over time

Not applicable.

This summary was last updated in 01-2015.