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Real-world Bleeding Rates on Emicizumab using Digital Treatment Diary data

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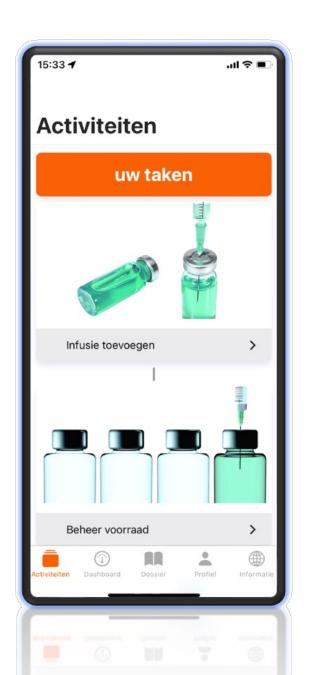
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HemoNED

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INTRODUCTION

- Dutch people with a congenital bleeding disorder use a mobile-based treatment diary app
 - To log bleeds and infusions
 - The diary is linked to the Dutch **Hemophilia Patient Registry** HemoNED
- Many people with severe hemophilia A have switched to emicizumab for prophylaxis
- Yet, the efficacy of emicizumab has not been evaluated in a real-world setting using nationwide treatment diary data







AIMS

- . Assess **bleeding rates** on emicizumab among people with severe hemophilia A
- 2. Assess the reliability of the **secondary use** of treatment diary data for clinical research





METHODS

- Eligible:
 - Dutch people with severe hemophilia A of all ages
 - using emicizumab
 - who have used the digital treatment diary
- Data sources:

digital treatment diaries verified and complemented with electronic health records (EHR)

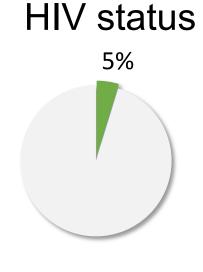
- o Included bleeds: treated with ≥1 FVIII concentrate administrations (document in diaries and/or EHRs)
- Subgroup: bleeds treated with ≥2 FVIII concentrate administrations
- Outcomes:
 - Annual bleeding rates (ABR)
 - Annual joint bleeding rates (AJBR)
 - Proportions of people with zero treated bleed

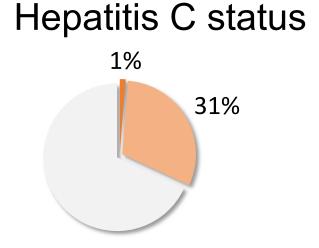
RESULTS

232 participants with severe hemophilia A

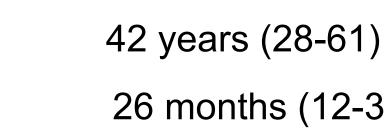
Age, median (IQR) 29 years (15-53)

Follow-up, median (IQR) 27 months (14-31)





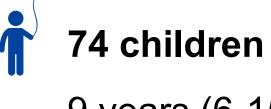
Current infection at the start of emicizumab ■ Treated or cleared before start of emicizumab



Inhibitor status

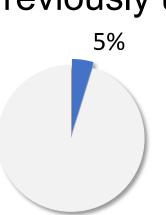
26 months (12-31)

158 adults



9 years (6-15) 28 months (22-33)

Previously untreated patient



Past inhibitor before the

start of emicizumab Current inhibitor at the start of emicizumab

Table 1. Bleeding rates on emicizumab

	All partici-	All adults	18-30yr	31-60yr	>60yr	All children	0-10yr	11-17yr
	pants (n=232)	(n=158)	(n=50)	(n=68)	(n=40)	(n=74)	(n=44)	(n=30)
ABR, median (IQR)								
Bleeds treated ≥1 times	0.6 (0.0-1.4)	0.8 (0.0-1.5)	0.7 (0.0-1.4)	0.8 (0.0-1.5)	0.8 (0.0-2.6)	0.6 (0.0-1.2)	0.4 (0.0-1.1)	0.9 (0.3-2.0)
Bleeds treated ≥2 times	0.3 (0.0-0.8)	0.4 (0.0-0.9)	0.4 (0.0-0.9)	0.4 (0.0-0.8)	0.0 (0.2-1.1)	0.1 (0.0-0.5)	0.0 (0.0-0.4)	0.5 (0.0-1.3)
AJBR, median (IQR)								
Joint bleeds treated ≥1 times	0.0 (0.0-0.8)	0.0 (0.0-0.8)	0.0 (0.0-0.7)	0.2 (0.0-0.9)	0.0 (0.0-1.1)	0.0 (0.0-0.5)	0.0 (0.0-0.4)	0.4 (0.0-1.2)
Joint bleeds treated ≥2 times	0.0 (0.0-0.4)	0.0 (0.0-0.4)	0.0 (0.0-0.4)	0.0 (0.0-0.3)	0.0 (0.0-0.4)	0.0 (0.0-0.4)	0.0 (0.0-0.2)	0.4 (0.0-0.5)
All bleeds treated with either at least 1 FVIII concentrate administration or at least 2 FVIII concentrate administrations were included								

All bleeds treated with either at least 1 FVIII concentrate administration of at least 2 FVIII concentrate administrations were included. ABR, annual bleeding rate; AJBR, annual joint bleeding rate; IQR, interquartile range

Fig 1. Proportion of participants with zero bleeds treated with FVIII concentrate ≥2 times

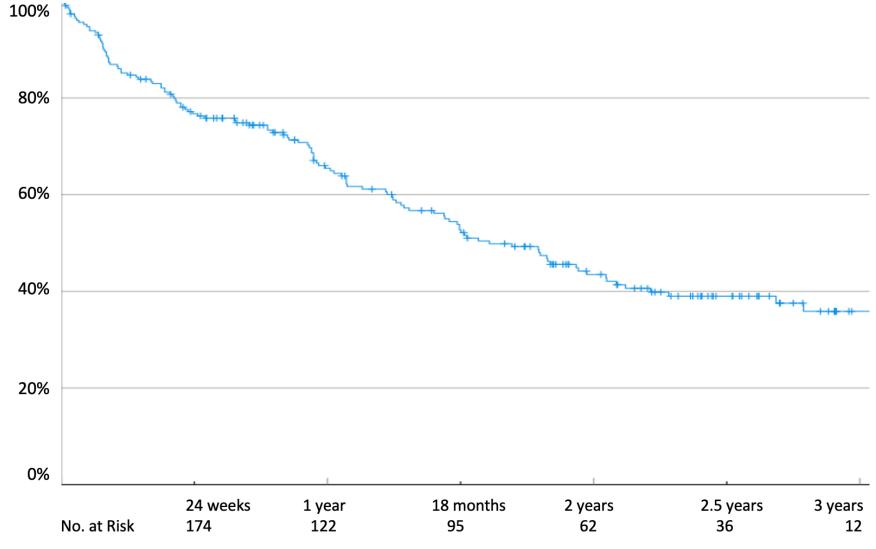


Fig 2. Proportion of participants with zero *joint* bleeds treated with FVIII concentrate ≥2 times

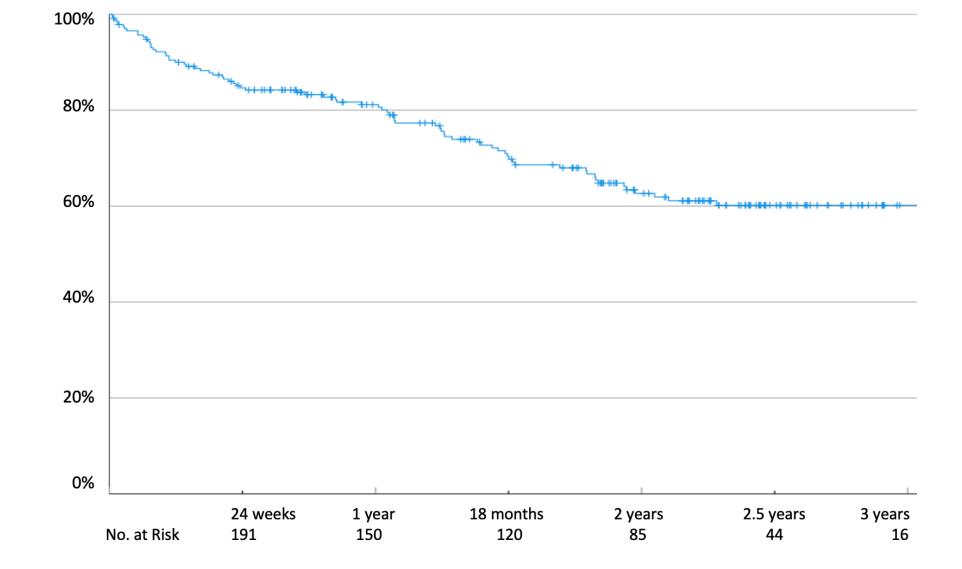


Table 2. Data source of reported bleeds

	Treated bleeds, n (%)	Bleeds treated with	Treated joint	Joint bleeds treated with	
		FVIII ≥2 times, n (%)	bleeds, n (%)	FVIII ≥2 times, n (%)	
Number of bleeds, n	456	235	240	125	
Bleed is reported in:					
Both treatment diary & EHR, n (%)	200 (44%)	116 (49%)	101 (42%)	59 (47%)	
Treatment diary only, n (%)	108 (24%)	27 (12%)	66 (28%)	49 (39%)	
EHR only, n (%)	148 (32%)	92 (39%)	73 (30%)	17 (14%)	
Proportion treatment diary-reported	308/456 (68%)	143/235 (61%)	167/240 (70%)	108/125 (86%)	
bleeds / all bleeds	308/430 (08%)	143/233 (01/0)	107/240 (70%)	100/123 (00/0)	
EHR, electronic health record					



CONCLUSIONS

Real-world bleeding rates in Dutch people with severe hemophilia A using emicizumab, determined using digital treatment diary and electronic health record data, are comparable to other real-world studies.

Most of the **joint bleeds** were documented in the digital treatment diary.

This study showcases the value and limitations of the treatment diary to evaluate treatment efficacy.



REFERENCES



Visit the VastePrik treatment diary website



Treatment diary video 1: Register prophylaxis



Treatment diary video 2: Register a bleed



ACKNOWLEDGEMENT

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