



Irish Haemophilia Society Introduction to Haemophilia

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Content

- Introduction to Haemophilia
- Introduction to Von Willebrand's Disease
- Inheritance
- Bleeding patterns
- Introduction to Factor replacement therapy
 - Plasma derived and Recombinant products
 - Prophylaxis v On Demand
- Organisation of care
- HIV and Hepatitis C
- Current and future threats
- Risk Communication
- Future developments



Bleeding

- Aura
- Pain, Heat, Swelling
- Damage

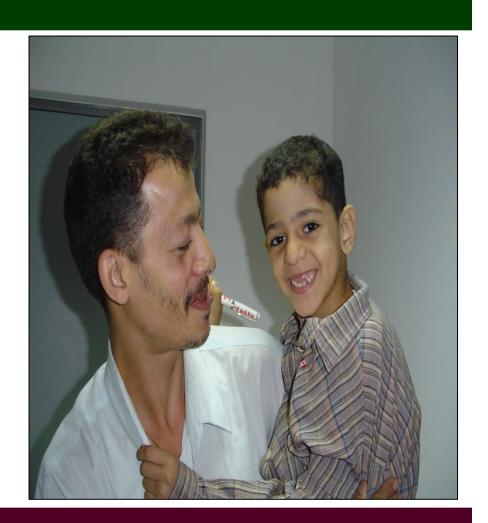
Early treatment





Haemophilia A

- FVIII deficiency
- 105 per million males
- 1.05 per 10,000 males
- 80% of Haemophilia





Haemophilia B

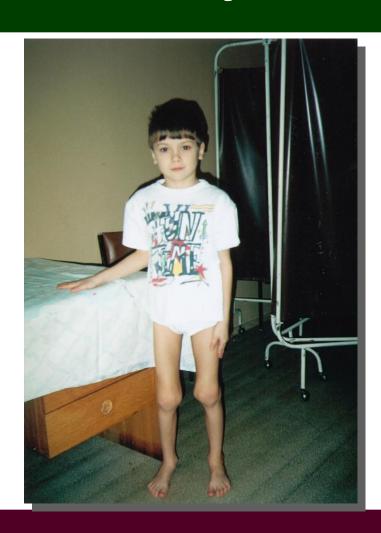
- FIX Deficiency
- 28 pre million males
- 0.28 per 10,000 males
- 20% of Haemophilia





Haemophilia -Severity

- Severe < 1%
- Moderate 1 to 5 %
- Mild 5 to 40%
- Severe spontaneous bleeds





Von Willebrands

- Type 1 Mild
- Type 2A Moderate
- Type 2B
- Type 2N
- Type 3 Severe

0.1% of Population





Ireland

Haemophilia A 410

• Haemophilia B 203

• VWD 918

• Other 510



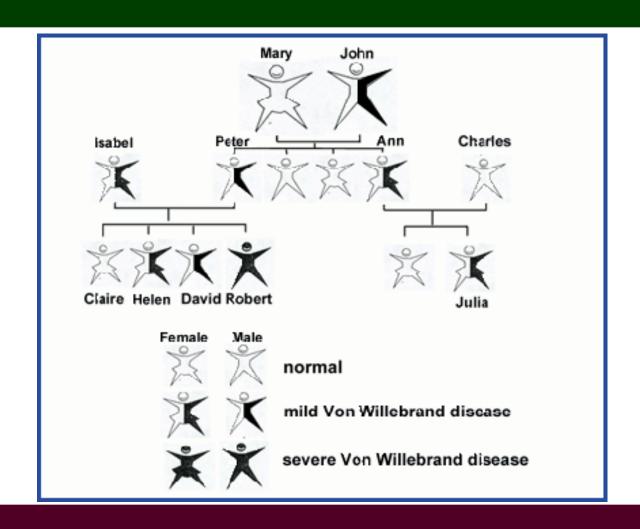


Inheritance of Haemophilia

- Sex linked Inheritance
 - X chromosome
- Carrier mother
 - Sons 50% chance, haemophilia
 - Daughters 50% chance, carriers
- Man with Haemophilia
 - Sons, no haemophilia
 - Daughters, obligatory carriers
- 30% Spontaneous Mutation



VWD Inheritance





Bleeding

Serious

- Joints (haemarthrosis)
- Muscle/soft tissue
- Mouth/gums/nose
- Haematuria







Bleeding

Life Threatening

Central Nervous System

Gastrointestinal

Neck/Throat

Severe Trauma



Incidence of bleeding into joints

• Knee 45%

• Elbow 30%

Ankle 15%

• Shoulder 3%

• Wrist 3%

• Hip 2%

• Other 2%

Target Joints



The musculoskeletal consequences of "undertreatment"









"Target" joint, Chronic Synovitis





Advanced state of haemophilic arthropathy





Treatment Principles

- Prevention of bleeding should be the goal Prophylaxis
- Treat acute bleeds early
- Home therapy early treatment
- Severe bleeds hospital
- Avoid aspirin, Intramuscular injections, non steroidal antiinflammatory agents
- Treat with Factor Concentrates



Development of Replacement Therapy

1960's

- Plasma
- Cryoprecipitate

1970's

- Cryoprecipitate
- Factor Concentrates
- Prothrombin Complex Concentrates

1980's

- Concentrates
- Virally inactivated concentrates





Development of Replacement Therapy

1990's

- High Purity Concentrates
- Recombinant concentrates
- DDAVP

2000's

- 2nd Generation Recombinant
- 3rd Generation recombinant



Plasma-derived Concentrate

- Manufactured from plasma
- Virally inactivated
- Excellent safety record since 1991
- Donor selection
- Donor screening (tests)
- Good manufacturing practice
- Viral inactivation
- Post use surveillance



Recombinant Concentrates

- Manufactured from cell bank with recombined gene
- Viral inactivation
- No viral transmissions since use in 1994

- 1st Generation
- 2nd Generation
- 3rd Generation



On Demand Therapy

- Treat bleeding episodes
- Treat early
- Home treatment
 - Clinical management



Prophylaxis

Prevention

Maintain level > 1%

FVIII - 3 times weekly

FIX - 2 times weekly

CVAD devices Secondary prophylaxis

- Target joint
- Life event





Factor replacement therapy

Outcome at different doses

	France ('on demand')	The Netherlands (intermediate- dose prophylaxis)	Sweden (high-dose prophylaxis)
Numbers	116	21	19
Age at study analysis	23	21	16–22
Age at start of home treatment	8.9	9.1	NA
Age at start of prophylaxis	NA	4.6	2.6
Annual number of joint bleeds	16.3	5.3	3
Pettersson score	18.8	6.0	6.5
Orthopaedic joint score	7.7	2.0	2.4
Clotting consumption (IU/kg/year)	1634	1828	3713



Manco Johnson Study - Prophylaxis New England Journal of Medicine 2007

- Data on 65 children with Haemophilia collected over 5 years
- On –demand v Prophylaxis
- 93% on Prophylaxis had normal joints
- 55% On- Demand had normal joints
- Prophylaxis associated with 83% reduction in joint damage



Manco Johnson Study

- Prophylaxis New England Journal of Medicine 2007

- 18 abnormal joints in 15 Children
- 13/15 were on demand
- 2/15 were on Prophylaxis

Study demonstrates conclusively that Prophylaxis is effective at preventing joint bleeds and preserving joint function and structure in young boys with Haemophilia A.

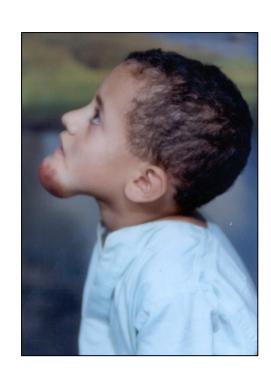


Minimum "Survival" standard

- Treatment in a care centre
- Safe and efficacious replacement therapy



- Life / Limb threatening bleeding episodes
- Surgery
- Major bleeding episodes





Good Standard of Care

- Treatment in a comprehensive care centre
- Provision of safe and efficacious replacement therapy
- Home treatment
- 'On Demand' therapy



Optimum Haemophilia Care

- Treatment in a comprehensive care centre
- Provision of safe and efficacious replacement therapy
- Home treatment
- Prophylaxis
- Educated and involved patients / Parents

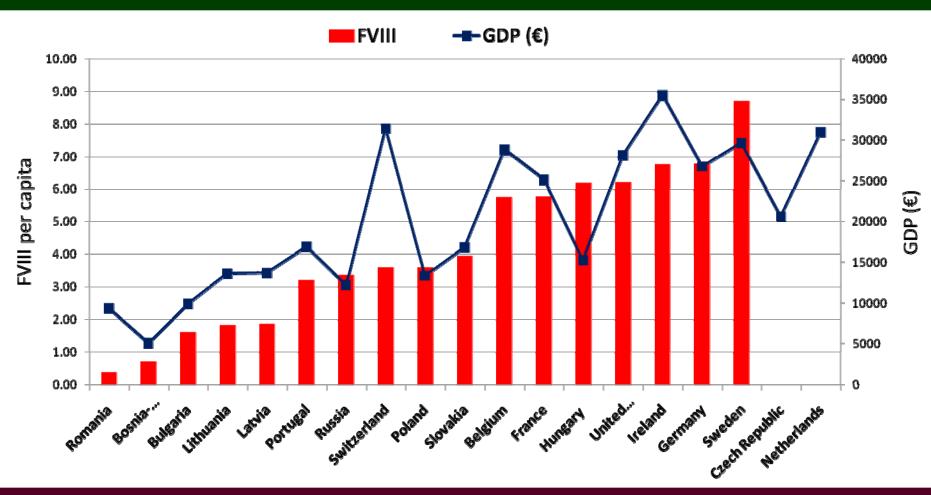


Objectives of Treatment-As Access to replacement Therapy increases:

<u>Objective</u>	Per Capita FVIII use			
Survival	0 - 1			
Functional Independence	1-3			
Joint Integrity	3 – 6			
Full integration into Society	<i>y</i> 5 − 7			



Concentrate Use per capita





Different Reality and perception – Optimum Care

Child:

- Normal life expectancy
- Avoid joint damage
- Normal education, career prospects
- Prophylaxis







Different Reality and perception – Optimum Care

Young Adult:

- No further joint damage
- Education, career prospects better
- Hepatitis C
 - Better treatment in 10 years
 - Relationships, lifestyle
 - Engage with peers, community





Different Reality and perception – Optimum Care

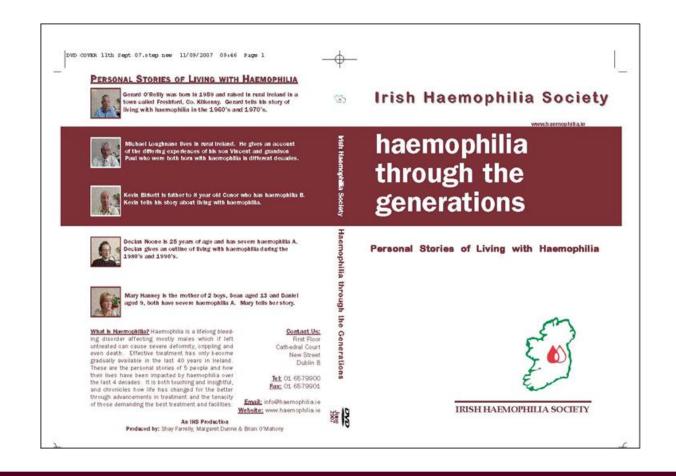
Older Adults (+45 yrs)

- Joint surgery, replacement
- Careers defined by past
- Better HIV therapy, survival
- More aggressive HCV therapy
- First generation who have to consider disease of old age: heart disease, cancer
- First generation to have grandchildren with haemophilia





I.H.S. Educational DVD





National Haemophilia Program...Organisation

- National Haemophilia program with Government support
- Integrated within healthcare system
- National Register
- National treatment protocols
- Organised network of treatment centre's
- National purchase of replacement therapy



Organisation

- National Register at NCHCD
- IT system (Clintech) linking 3 comprehensive care centre's
- National Treatment protocols –NHC- endorsed by Irish Haematology Society
- 3 Comprehensive care centres- NCHCD /OLCH / CUH
- Secondary centres- Waterford /Galway / Limerick / Letterkenny / Sligo



NCHCD Ireland



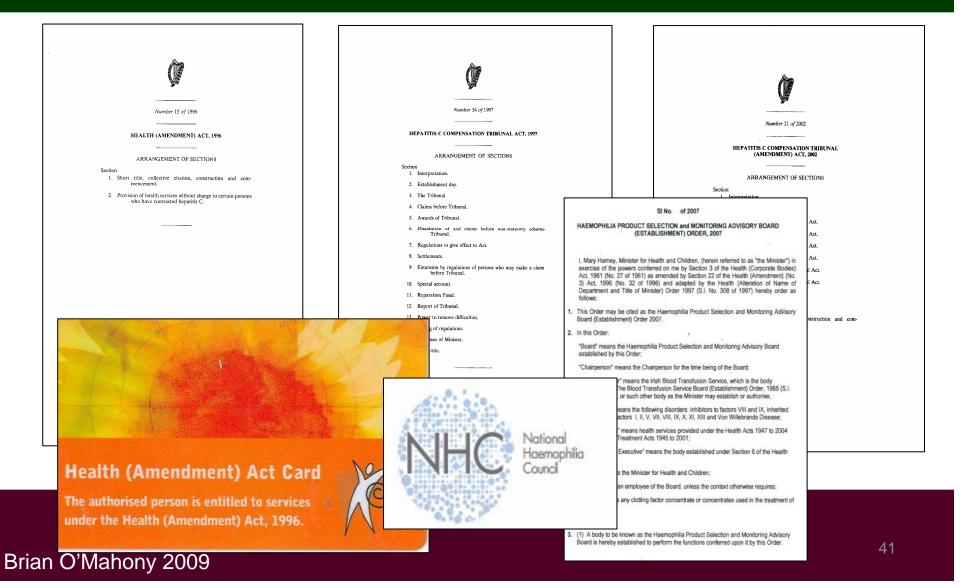


Organisation

- National centre's offer 24 hour advice to other hospitals
- Patients self treat at home and attend centres for review /major bleeds / surgery/ HIV, Hepatitis C / Specialist care
- Statutory National Haemophilia Council
- Haemophilia Product Selection and Monitoring

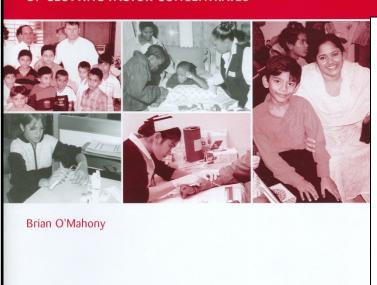


Haemophilia Legislation-Ireland





GUIDE TO NATIONAL TENDERS FOR THE PURCHASE OF CLOTTING FACTOR CONCENTRATES



SCORING CRITERIA		Total	SCORES AWARDED			
		Marks Available				
Phase 1						
Safety	Human albumin in culture medium	10				
	Additional human or animal protein (eg monoclonal antibodies)	5				
	Viral inactivation	10				
	Inhibitors	30				
	Prion Removal	10				
	Excipients (presence or absence of albumin as a stabiliser)	20				
	Others	10				
	Total for Safety	95				
Efficacy	Recovery/Half Life (adult/paediatric)	12				
	Clinical Response (adult/paediatric)	18				
	Total for Efficacy	30				
Quality	Stability	5				
	Volume of Administration	3				
	Instructions for Use & Handling	3			15	
	Ease of Administration	4				
	Application of Unique Bar- Code	3				
	Total for Quality	18				
Security of Supply / Availability	Number of Manufacturing Plants	6			8	
	Security of Supply	10				
	Total for Supply/ Availability	16	-	-		
Scientific	Clinical Opinion	3				
Support	Consumer Opinion	3				-
	Tender	3				
	Total for Scientific Support	9				
Total Scores A	warded: Phase 1	168				

Cost

Total For Cost

Total Scores Awarded: Phase 2