Hemophilia A & Hemophilia B

ARE UNIQUE BLEEDING DISORDERS

Management strategies should be individualized

Hemophilia A[1,2]

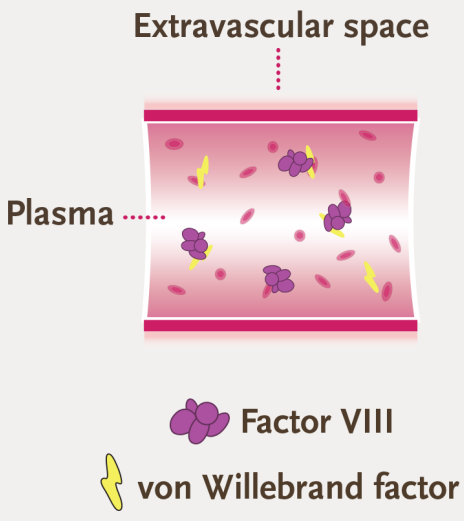
Prevalence	1:5,000 males
Patients with severe factor VIII deficiency	~50%
Annual bleed rate in moderate to severe patients	14-16

Hemophilia B[1,2]

Prevalence	1:30,000 males
Patients with severe factor IX deficiency	~30%
Annual bleed rate in moderate to severe patients	9-11

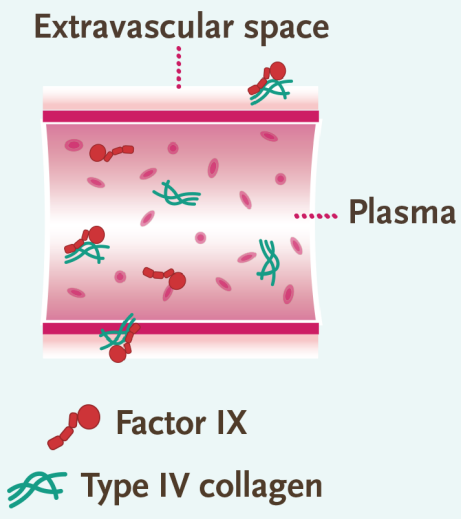
FACTOR VIII

Distribution is largely limited to the plasma and binds to von Willebrand factor[4-6]



FACTOR IX

Has a widespread distribution in the extravascular space and binds to type IV collagen[4,7,8]



Based on a high Volume of distribution,

THE MAJORITY OF FACTOR IX SPENDS ITS TIME IN THE EXTRAVASCULAR SPACE[4]

Due to the complexity of

FACTOR IX,

evaluation of FIX replacement therapies should **INCLUDE MULTIPLE PK PARAMETERS[4]**

FIX=factor IX.

1 PK PARAMETER ≠ ALL FACTOR IX ACTIVITY[9,10]

PK=pharmacokinetic.

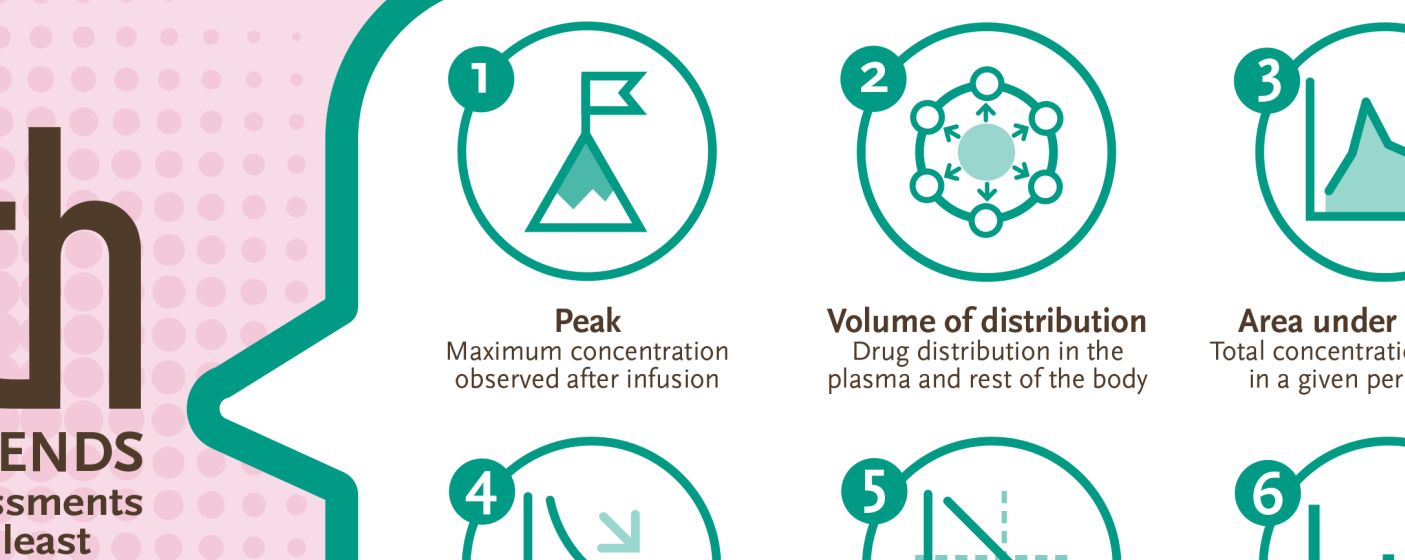
THE ISTH RECOMMENDS

that PK assessments include at least

6 PARAMETERS[3]

ISTH=International Society on Thrombosis and Haemostasis.

When assessing your patients with hemophilia B, consider a patient-centered approach that includes[11,12]:



References: 1. Castaman G, et al. *Haematologica*. 2019;104(9):1702-1709. **2.** American Thrombosis and Hemostasis Network. ATHN research report—ATHNdataset. Published June 30, 2019. **3.** Ragni MV, et al. *J Thromb Haemost*. 2018;16(7):1437-1441. **4.** Iorio A, et al. *Thromb Haemost*. 2017;117(6):1023-1030. **5.** Lenting PJ. *J Thromb Haemost*. 2007;57:1353-1360. **6.** Morfini M. *J Clin Med*. 2017;6(3):E35. **7.** Gui T, et al. *Blood*. 2002;100(1):153-158. **8.** Björkman S, et al. *Haemophilia*. 2013;196:882-886. **9.** Dolan G, *Blood Rev*. 2018;32(1). doi: 10.1111/hae.14046. **10.** Mann DM, et al. *Haemophilia*. 2021;27(3):332-339. **11.** McLaughlin JM, et al. *Haemophilia*. 2014;20(4):506-512. **12.** Srivastava A, et al. *Haemophilia*. 2020;26(suppl 6):1-158.

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