

Patient experiences of chronic arthropathy in severe haemophilia B before and after switchover to extended half-life factor IX concentrate

Introduction

In 2017, an en-masse switch to a recombinant extended half-life (EHL) factor IX (FIX) Fc fusion concentrate was undertaken for a complete national cohort of people with haemophilia in Ireland.

This offered a unique opportunity to evaluate the effect of EHL FIX concentrate therapy on patient experience in the **real-world setting; focusing on quality of life and surgical management.**

Potential benefits of EHL FIX therapy include(1):

1. Reduced infusion burden
2. Reduced breakthrough bleeding
3. Increased FIX levels
4. Improved quality of life

Method

28 people with severe haemophilia B completed switchover to EHL FIX concentrate, Alprolix, in 2017.

Quality of life: PROBE quality-of-life questionnaires were completed prior to switchover, as well as **at 3 months, 12 months.** Questionnaires for **24 months** post-switchover are currently being collected.

Surgical management: Surgical data was analysed for all procedures completed between March 2017 and December 2018. Patient parameters including age, procedure type, history of inhibitors and peri-procedural FIX consumption were gathered for each surgery.

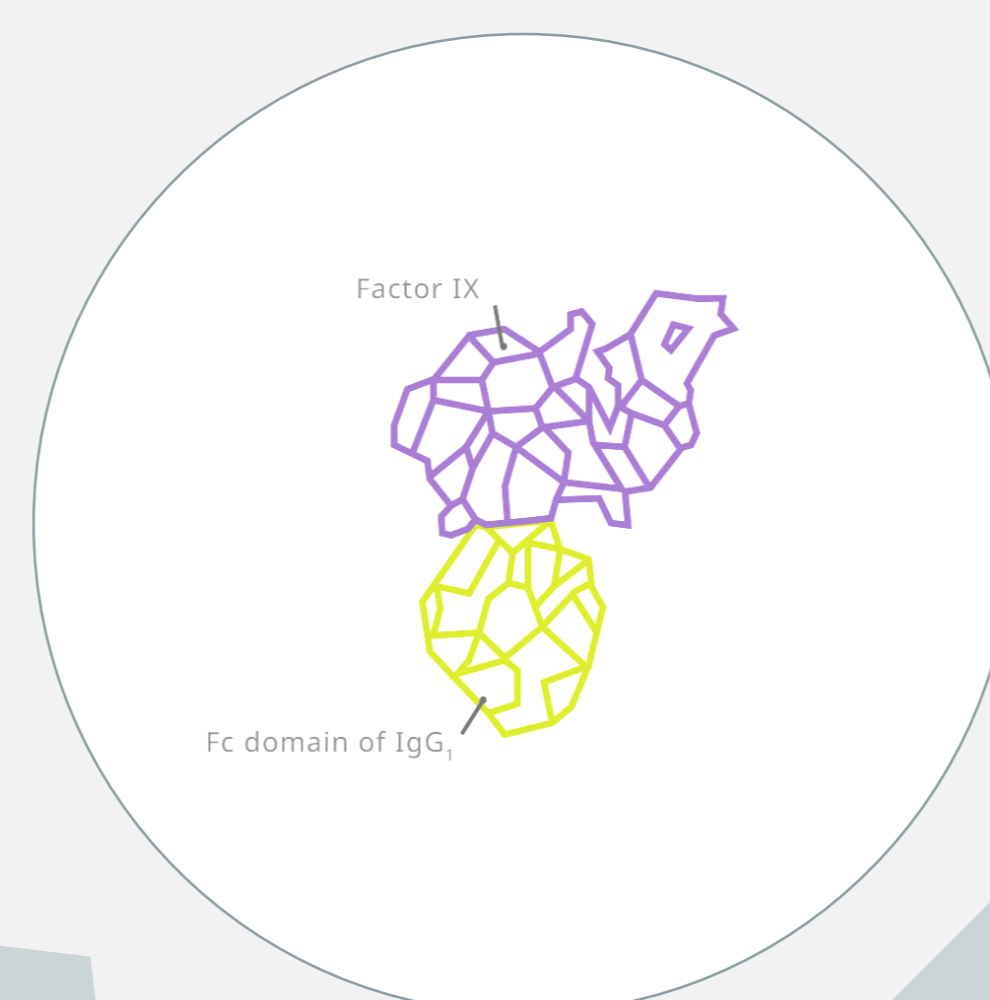


Figure 2

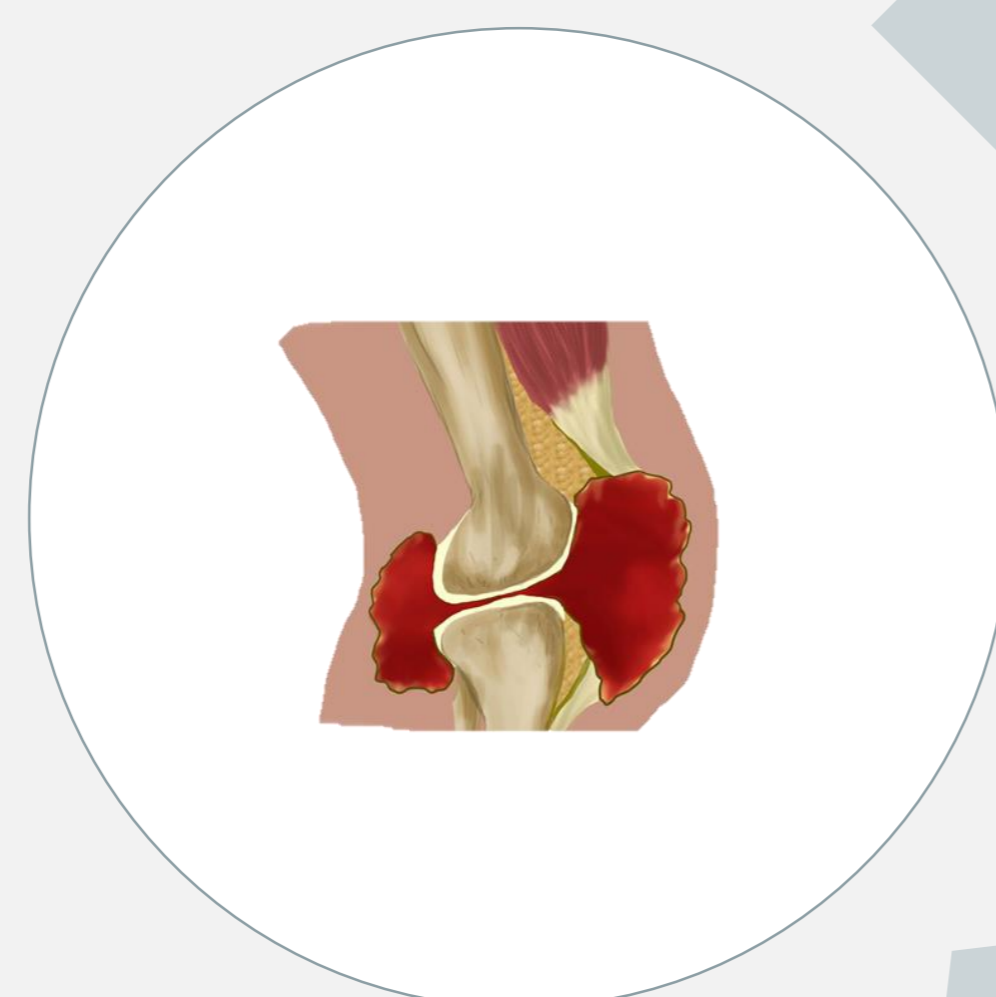


Figure 1



Figure 3



Figure 4

Conclusion

Quality of life: No significant changes in patient experience of chronic arthropathy were observed up to 12 months post-switchover to Alprolix. This may signify that 12 months is **too early** for significant changes to have occurred. However, these results may also suggest that due to the complexity of **chronic pain**, switchover to a novel therapy may not alleviate underlying pain processes.

Surgical management: Alprolix was effective in 92% of all procedures.

The full results of this project will be published as part of the **LAF9 study(2)**, including 24 month post-switchover analysis, where PROBE quality of life data will be correlated with patient parameters including; annualised bleed rate, haemophilia joint health scores and pharmacokinetic data.

Results

Descriptive statistics and regression analyses were performed for all available questionnaires up to 12 months post-switchover.

Quality of life: Despite improvements in the number of infusions required to treat breakthrough bleeds, reductions in mobility aid use and chronic pain scores, an increase in pain medication use was observed.

However, overall, no changes were **statistically significant.**

Surgical management: Alprolix was **effective in 92% of all procedures**; 19 of 21 minor procedures and all major surgeries.

References

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