

Post Hoc Analysis to Evaluate the Effect of Recombinant Factor IX Fc Fusion Protein (rFIXFc) Prophylaxis in Adults and Adolescents With Target Joints and Hemophilia B

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INTRODUCTION

- The ongoing extension study B-YOND is evaluating the long-term safety and efficacy of rFIXFc among adults/adolescents and children who have completed the Phase 3 B-LONG¹⁻³ or Kids B-LONG⁴ studies, respectively
- Among individuals with severe hemophilia, bleeding episodes frequently occur in joints; over time, recurrent bleeding in the same joint may result in joint damage and hemophilic arthropathy⁵
- Longitudinal data from subjects with target joints at entry into B-LONG, throughout the B-YOND extension study, are reported here

OBJECTIVE

- To evaluate the sustained efficacy of rFIXFc in B-YOND subjects with target joints at entry into the B-LONG study

METHODS

Study Design

- Subjects completing B-LONG (ClinicalTrials.gov Identifier: NCT01027364) could enroll in 1 of 4 treatment groups in B-YOND (NCT01425723; Table 1)
- In this post hoc analysis, subjects with ≥1 target joint (major joint with ≥3 bleeding episodes in a 3-month period) at entry into B-LONG with available on-study data were evaluated

Table 1. B-YOND treatment groups^a

Treatment group	Dosing guidance per protocol
Weekly prophylaxis	• ~20–100 IU/kg every 7 days
Individualized prophylaxis	• ~100 IU/kg every 8–16 days OR twice monthly prophylaxis
Modified prophylaxis	• Personalized dosing for participants in whom optimal prophylaxis could not be achieved using either individualized or weekly prophylaxis – For example, investigators could prescribe more frequent dosing or additional prevention doses prior to strenuous activity, or target a FIX trough level >5 IU/dL, if warranted by bleeding history and/or activity level
Episodic (on-demand)	• Dosing based on type and severity of bleeding episodes

FIX = factor IX.
*Subjects who changed treatment regimens during B-YOND were included in the analyses of each treatment regimen for the period they were on that regimen; thus, individual subjects may be included in >1 treatment regimen.

Outcome Measures and Statistical Analyses

- Outcomes were analyzed over the cumulative duration of B-LONG through the first B-YOND interim data cut (October 17, 2014)
- An analysis of target joint resolution was performed. A target joint was considered resolved if there were ≤2 spontaneous bleeds in the target joint over a consecutive 12-month period⁶

RESULTS

Study Population

- Baseline characteristics for subjects with target joints at baseline are shown in Table 2
- For subjects with target joints at baseline (subjects who changed treatment groups during B-YOND were included in >1 treatment group), median (range) cumulative efficacy duration of rFIXFc treatment was the following:
 - Weekly prophylaxis (n = 40): 16.8 (4–43) months
 - Individualized prophylaxis (n = 12): 27.4 (11–44) months
 - Modified prophylaxis (n = 11): 27.4 (3–30) months
 - Episodic (n = 14): 10.5 (8–39) months

Table 2. Baseline characteristics for subjects with target joints at entry into B-LONG^{a,b}

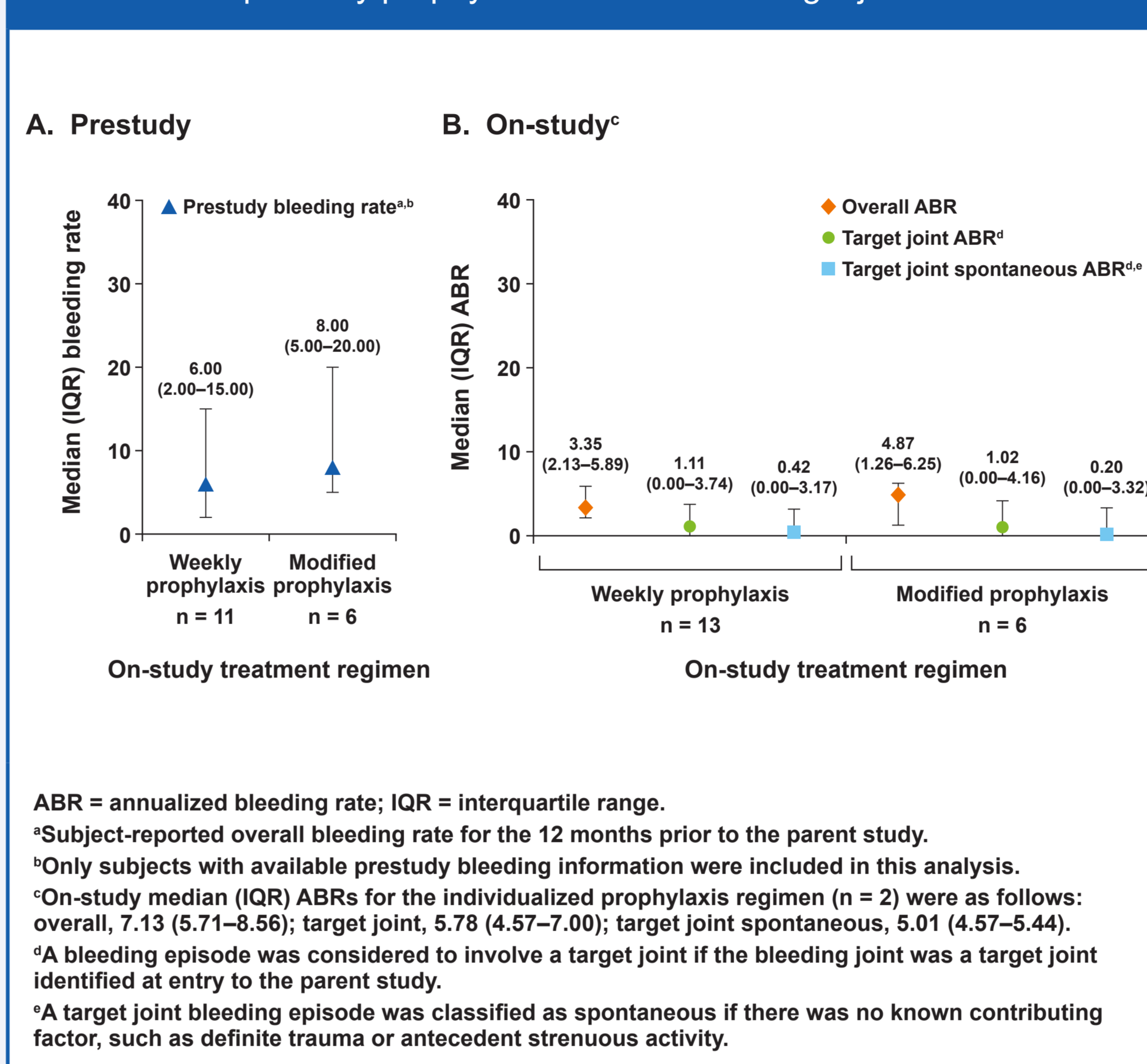
Characteristic, n (%)	n = 60
Prestudy regimen	
Episodic	44 (73.3)
Prophylaxis	16 (26.7)
Number of target joint(s)	
1	20 (33.3)
2	13 (21.7)
3	7 (11.7)
>3	20 (33.3)
Target joint location	
Knee	42 (70.0)
Ankle	33 (55.0)
Elbow	28 (46.7)
Hip	6 (10.0)
Shoulder	3 (5.0)
Wrist	3 (5.0)

^aIncludes subjects with ≥1 target joint at entry into B-LONG and with an efficacy period (defined as the sum of all intervals of time during which subjects were treated with rFIXFc according to treatment regimens of the study, excluding surgical rehabilitation periods).
^bA target joint is defined as a major joint (eg, knee, ankle, elbow, hip, shoulder, and wrist) into which repeated bleeding occurred (frequency of ≥3 bleeding episodes into the same joint in a consecutive 3-month period).

Bleeding Rates

- Prestudy and on-study bleeding information is shown in Figure 1
- Subjects on rFIXFc prophylaxis who did not have a target joint re-bleed on-study:
 - Weekly prophylaxis: 15 of 40 (37.5%)
 - Individualized prophylaxis: 1 of 12 (8.3%)
 - Modified prophylaxis: 5 of 11 (45.5%)
 - Episodic: 0 of 14 (0.0%)

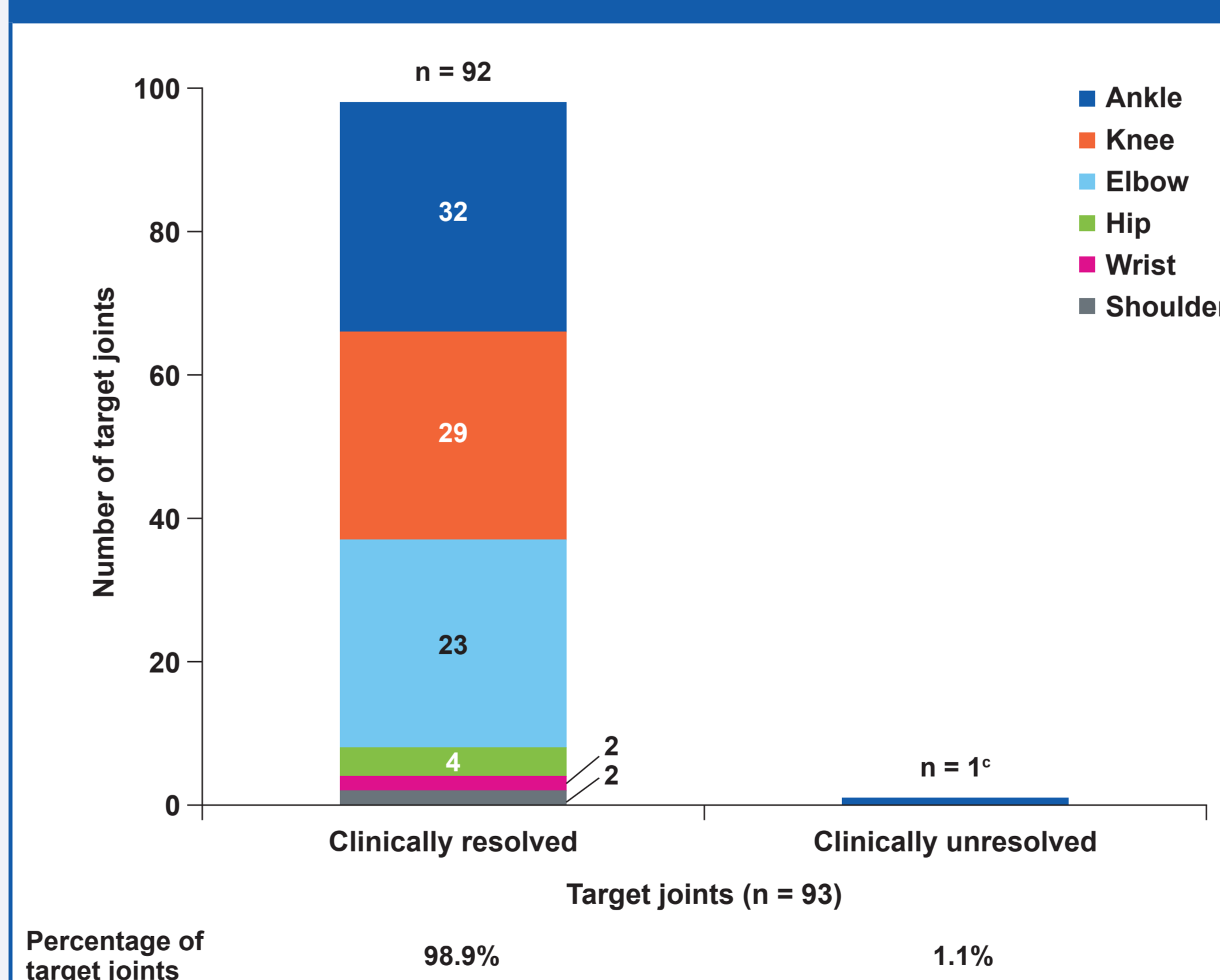
Figure 1. Prestudy bleeding rate (A) and on-study ABR (B) in subjects who received prestudy prophylaxis and who had target joints at baseline



Clinical Target Joint Resolution (≤2 Spontaneous Bleeds in 12 Months)

- Overall, 98.9% (92/93) of target joints were clinically resolved (Figure 2)

Figure 2. Clinical target joint resolution in subjects with target joints at baseline^{a,b}



Prophylactic Dosing

- Prestudy and on-study dosing is shown in Table 3

Table 3. Summary of rFIXFc prophylactic dosing among subjects who received prestudy prophylaxis and who had target joints at baseline^a

Treatment group ^{b,c,d}	Weekly prophylaxis (n = 12)	Modified prophylaxis (n = 5)
Prestudy average weekly dose (IU/kg), median (IQR)	62.7 (40.0–111.3)	95.6 (39.9–109.1)
On-study average weekly dose (IU/kg), median (IQR)	47.6 (41.0–59.3)	38.7 (33.7–61.7)
Prestudy dosing interval (days), median (IQR)	3.5 (2.9–3.5)	3.5 (3.5–3.5)
On-study dosing interval (days), median (IQR)	7.0 (6.9–7.0)	6.9 (6.9–7.0)

^aOnly subjects with available prestudy and on-study dose and dosing interval data were included in this analysis.
^bSubjects are included in each treatment regimen they participated in for the duration of time on that regimen and, as such, may appear in >1 B-YOND treatment regimen.
^cThe on-study average weekly dose and dosing interval for each of the 2 subjects on individualized prophylaxis were: subject 1, 92.5 IU/kg and 7.8 days, respectively; subject 2, 69.6 IU/kg and 10.4 days, respectively. The prestudy average weekly dose and dosing interval for each of these subjects were: subject 1, 30.0 IU/kg and 3.5 days, respectively; subject 2, 40.1 IU/kg and 2.3 days, respectively.
^dAmong all subjects with target joints at baseline, the median (IQR) average weekly prophylactic dose of rFIXFc was: weekly prophylaxis (n = 40), 45.3 (37.3–54.7) IU/kg; individualized prophylaxis (n = 12), 64.9 (47.1–82.3) IU/kg; modified prophylaxis (n = 11), 61.7 (38.7–139.1) IU/kg. The median (IQR) on-study dosing interval was: individualized prophylaxis (n = 12), 10.4 (8.9–13.0) days; modified prophylaxis (n = 11), 6.5 (4.7–7.0) days.

CONCLUSIONS

- In adult/adolescent subjects with target joints, treatment with rFIXFc prophylaxis over an extended time period resulted in low target joint ABRs with prolonged dosing intervals
- Nearly all (98.9%) target joints in subjects on rFIXFc prophylaxis were clinically resolved during the follow-up period

References

- Powell JS, et al. *N Engl J Med*. 2013;369(24):2313–2323.
- Powell JS, et al. *Br J Haematol*. 2015;168(1):124–134.
- Powell JS, et al. *Br J Haematol*. 2015;168(1):113–123.
- Fischer K, et al. Presented at: 25th Annual International Society on Thrombosis and Haemostasis Congress; June 20–25, 2015; Toronto, Canada.
- Simpson ML, Valentino LA. *Expert Rev Hematol*. 2012;5(4):459–468.
- Blanchette VS, et al. *J Thromb Haemost*. 2014;12(11):1935–1939.

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