128-PO-T

MONITORING FOR SWITCHING TO NEW HEMOPHILIC PRODUCTS

Hugh Chul Kim, Sugi Jeon, Hyon Ju Kim
Department of Hematology-Oncology, Ajou University Medical Center, Suwon, South Korean

INTRODUCTIONS and OBJECTIVES

As newer hemophilic therapeutic products are introduced to the clinic, treaters as well as patie nts need to be aware of the Advantage and disadvantage in terms of efficacy, safety and conve nience. We had an opportunity to test the efficacy and safety in Patients who opted to switch to a newer product, Xyntha™, a recombinant procuct derived from B-domain depleted(BDD) but Containing a smallest active form of VIII molecule, as contrast to full length factor VIII.

SUMMARY

- Initial in vivo recovery at 0 time was 117±46 and after 3-6 months of continuous use of Xyn tha ™ (109±25) was similar to 0 time.
- No one developed inhibitor during the study period 217 median exposure days.
- Compared to the previous product usage, no one showed breakthrough bleeding. All experienced excellent efficacy and convenience of all-in-one mixture device.

BACKGROUND

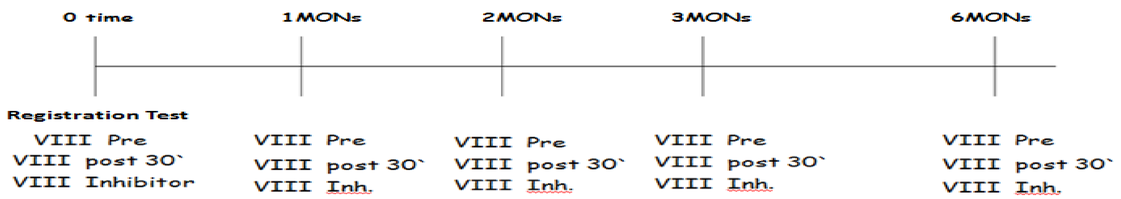
- Due to the withdrawal of Kogenate FS from the Korean market, hemophilia A pts are expected to change to a newer product.
- Most of other Factor VIII products used in Korea, are full-length VIII molecules, therefore, it is necessary to establish the efficacy and safety of Xyntha, a B domain deleted product, for effica cy and especially for inhibitor development.

AIMS OF STUDY

During switching to Xyntha, at 0 time, 1, 3, 6months.
- ➢ efficacy (in vivo recovery)
- ➢ safety (inhibitor development) was studied

METHODS

- Target patients: Patients who switched to Xyntha.
- Factor VIII in vivo recovery (pre- and post 30 min. infusion VIII activity) and Factor VIII antibodies.
- Sampling schedule: day 0, 1 month, 2 months, and 6 months.
- Factor VIII by one stage assay.
- Inhibitor by Bethesda assay.



RESULTS

The results show that in vivo recovery at 0 time was 117+46% and after 6-12 months of con tinuous usage of Xyntha™ in vivo recovery was similar (109+25). No one developed inhibitor up to 12 months usage of the products. Compared to the previous products, during the Xynt ha ™ usage all experienced excellent hemostasis and prophylactic purpose without breakthro ugh bleeding.

Table 1. VIII recovery and inhibitor

Pt	Age (yr)	Wt (kg)	Prev Factor	0time		1MO		2MO		6MO		VIII recovery
				VIII recov	Inhib	VIII recov	Inhib	VIII recov	Inhib	VIII recov	Inhib	Ave
1	38	85	Kogenate	105	N	99	N	89	N	90	N	101
2	28	77	Kogenate	106	N	167	N	129	N			148
3	20	96	Kogenate	95	N		N					95
4	41	117	Mono-p	247	N	171	N	124	N	172	N	149
5	19	59	Advate	95	N	92	N	75	N	91	N	86
6	13	73	Kogenate	91	N							91
7	45	81	Kogenate	103	N		N	79	N	102	N	103
8	34	75	Kogenate	99	N							99
9	46	58	Mono-p	100	N							
10	53	67	Green-M	130	N							
			Mean ±SD	**117 ±46**								**109 ±25**

Fig 1. Xyntha in vivo Recovery at 0t, 1,2,6 M

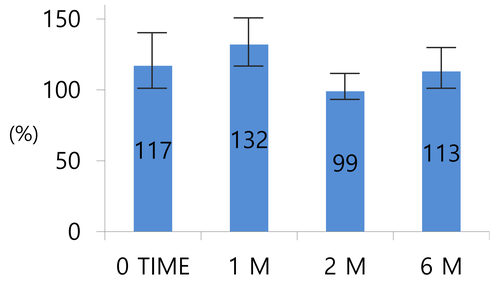


Table 2. Longer Exposures to Xyntha and lack of Inhibitor

pt	Exposure days	Inhibitor
1	245	neg
2	230	neg
3	150	neg
4	324	neg
5	256	neg
6	328	neg
7*	142	neg
8	205	neg
9	66	neg
10	40	neg
Med ED	217	

**Additional 14 pts enrolled into Xyntha with recovery of 130±31.

CONCLUSIONS

In these 10 patients Xyntha proved to be safe and efficacious products while providing con venience in frequent and prophylactic IV infusions with one syringe device containing all mixt ures. As we face newer hemophilic products for switching, rigorous monitoring should be performed to ensure their safety and efficacy, even though these products have gone through the rigorous clinical trials prior to the approval process.