

Single center, first study in APAC region, on empowering prophylaxis naïve families of PWH on self-infusion as home therapy for improved compliance and medical outcomes

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INTRODUCTION

Patients with severe hemophilia (factor level <1%) have deficiency of factor VIII (FVIII) or IX levels, resulting in spontaneous and trauma-related bleeding, especially in the joints.

Repeat joint bleeding eventually leads to a crippling arthropathy^{1,2}.

Prophylactic treatment and home therapy is the standard of care^{3,4}

In the developing countries due to inadequate AHF <1% of the patients on prophylaxis and no data on home therapy^{1,2}.

Aim

To do prospective observational study in hemophilia A/B patients by providing factor VIII/IX concentrates prophylaxis 10 unit/kg twice weekly

Objectives of the study

Primary outcome

1. To study outcome of bleed in children in the age range of 1-6 years

- Number of bleeds (Annual Bleed Rate and Annual Joint Bleed Rate)
- Joint status
- Functional assessment
- School absenteeism

2. Secondary outcome

- Train the parents/ care giver for home therapy
- Ensure the compliance to regular prophylaxis.

RESULTS

18 Patients were assigned to prophylaxis and 17 continued 1 patient had inhibitor positive after 10 EDs

out of 17, two required dose escalation 15 unit/kg in one and 25 units/kg in second patient.

The AJBR reduced from 3.82 to 0.88 after 6 m of prophylaxis i.e. 77.97% reduction in bleed rate, ABR reduced by 70.8%

School absenteeism reduced by 80%.

OUTCOME

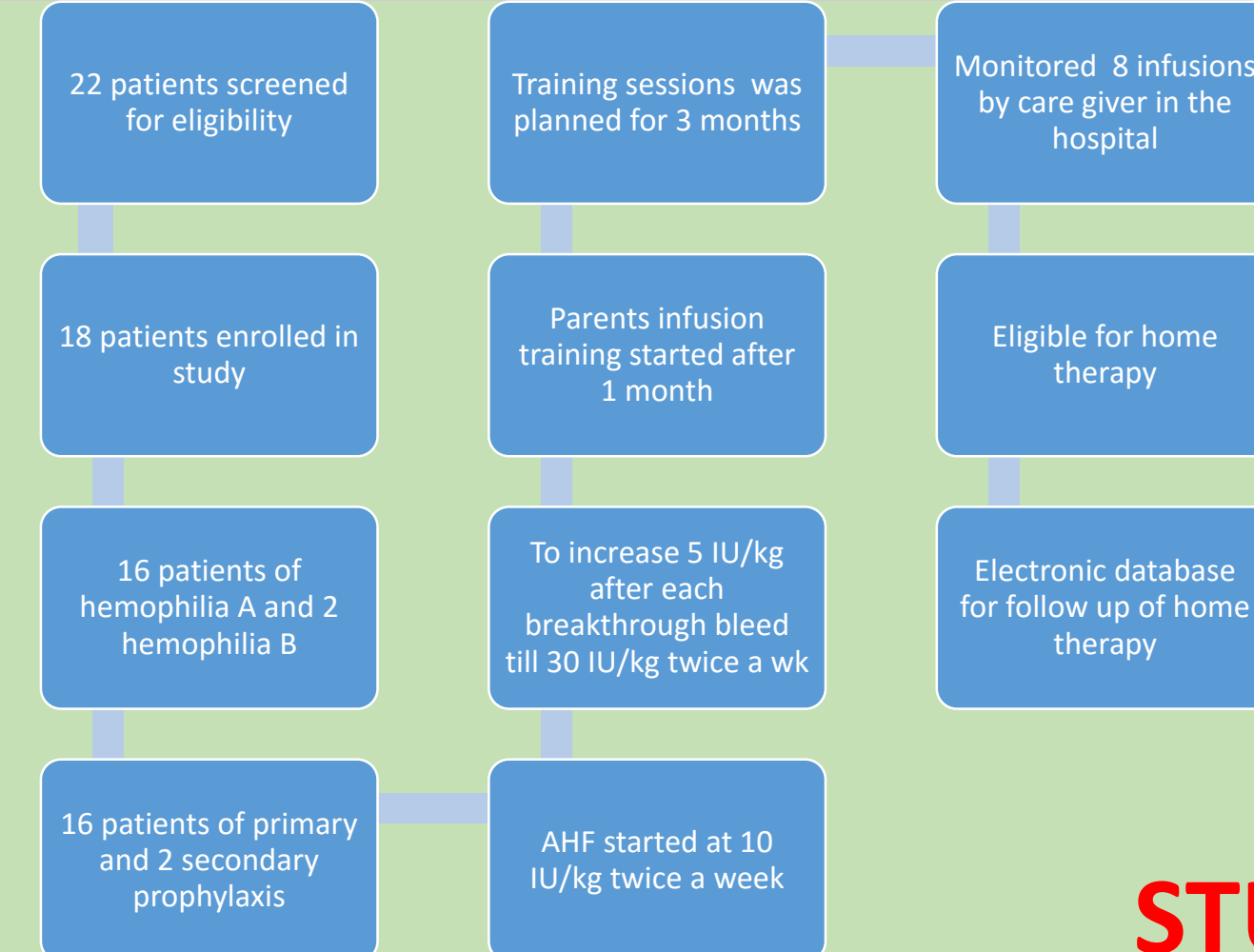
There was no significant change in the joint function scores of patients but the CHAQ showed 83% improvement.

All the parents were trained in infusion of factor concentrate

Six patients are on home-therapy after 8 monitored infusion sessions.

The study had 100% compliance to treatment.

The average dose of factor required total was 13.29 unit/ kg/ patient / dose and 1382.96 unit/kg/ patient /year in this study.



STUDY METHODOLOGY

BASELINE CHARACTERISTICS

Variable	values
Age at diagnosis (Months)	At birth (cephal hematoma) - 2 years
Age at the study entry	1.5-5 years (mean -2.750 yrs)
Diagnosis	16 Hemophilia A 2 Hemophilia B
Weight at the study entry (mean)	12.66 kg
Weight after 6 m	13.25kg
Primary prophylaxis	16
Secondary prophylaxis	2
History of intracranial bleed	3 (2 episodes in 1 pt and 1 episode in 1 pt)

PRIMARY OUTCOME

Variables	Before prophylaxis	After prophylaxis	Significance
AJBR	3.82 ± 4.96	0.88 ± 2.15	0.002
ABR	17.7 ± 6.3	7.5 ± 6.3	<0.001
School absenteeism	3.65 ± 5.62	0.82 ± 2.33	0.017
Quality of life	1.6 ± 1.6	0.3 ± 0.8	.001
FISH	24.3 ± 4.2	26.4 ± 4.3	0.112
HJHS	8.2 ± 4.8	7.3 ± 2.3	1.000
Factor VIII usage/kg/month/patient	115.24 unit	-	-

Artificial skin with simulated veins



Parental counselling



Parental infusion training



Electronic data base



Monitored parental infusion



Booklets for awareness



22 patients screened for eligibility

18 patients enrolled in study

6 patients shifted to home therapy at 4 months

HOME THERAPY – RESULTS

2 patient ADHD, 2 Hemophilia B, 4 patients <1.5 years age

Currently, 9 patients on home therapy

Electronic database for follow up of home therapy

CONCLUSION

Low dose factor prophylaxis is efficacious and safe method of prophylaxis in severe hemophilia
Home therapy is possible in the developing countries with dedicated training

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