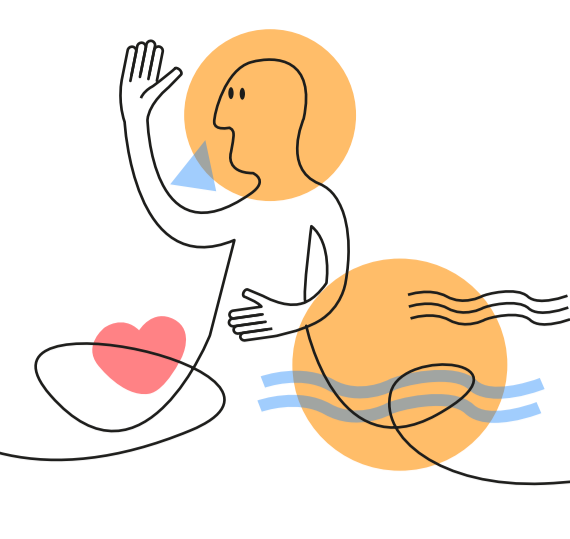


What is haemophilia A?



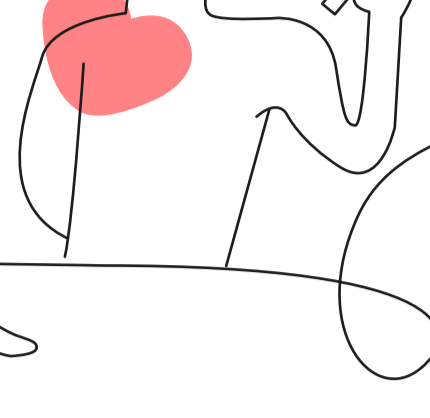
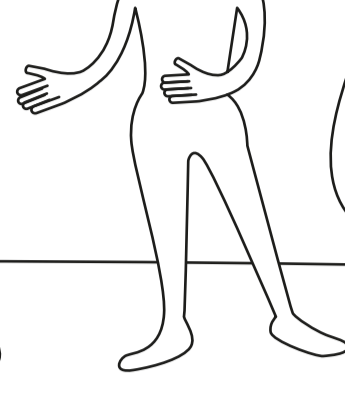
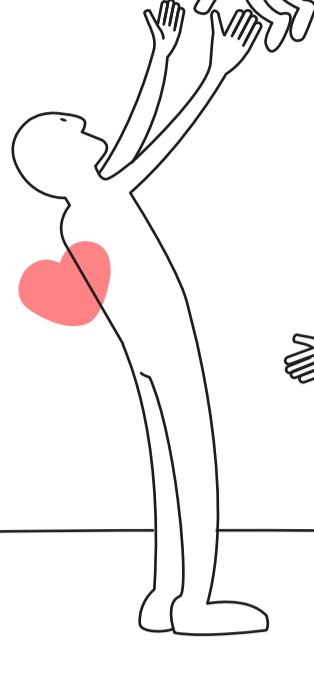
Haemophilia is an inherited, **serious bleeding disorder** where a person's **blood does not clot properly**, leading to uncontrolled bleeding, which can occur spontaneously or after minor trauma.

It can **significantly reduce the quality of life** of people affected, as well as their family, friends and caregivers.¹

Haemophilia A is the most common form – affecting

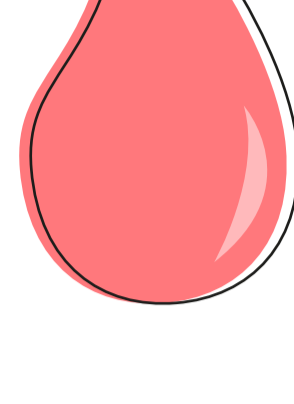
900,000

people worldwide^{2,3}



What happens in the blood of a person with haemophilia A?

In a healthy person, proteins called **clotting factors** work together to form a blood clot and help stop bleeding.



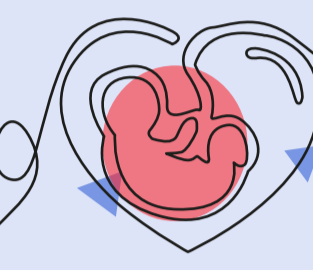
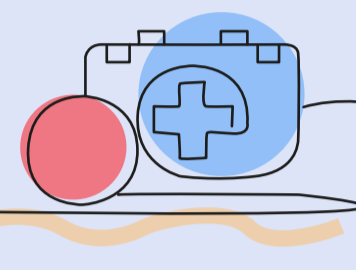
People with haemophilia A either **lack or do not have enough** of a clotting factor called

factor VIII

which leads to their blood not being able to clot properly.

Mild

~48% of those with haemophilia A⁴



Occurs when someone has between **5-40%** of the normal amount of **clotting factor**.⁵

Usually becomes apparent after a **wound or medical procedure**.⁶

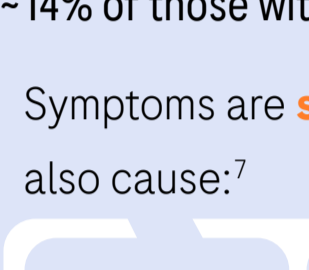
Women may also have **problems controlling bleeding** associated with **menstruation or childbirth**.⁶

Moderate

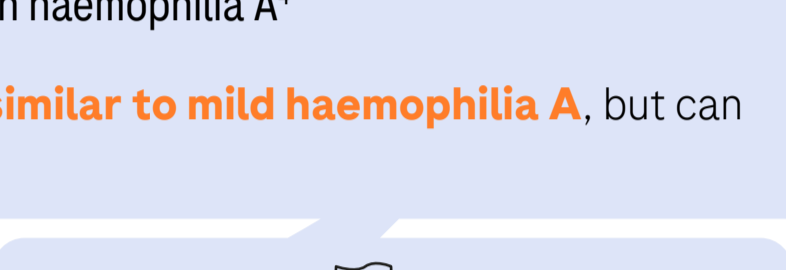
~14% of those with haemophilia A⁴



Occurs when someone has between **1-5%** of the normal amount of **clotting factor**.⁵



Bruising



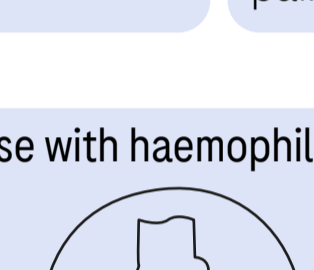
Bleeding into muscles and joints, which if not treated can lead to long-term pain, swelling and stiffness

Severe

~30% of those with haemophilia A⁴



Occurs when someone has less than **1%** of the normal amount of **clotting factor**.⁵



Potentially **life-threatening and joint bleeding** is more frequent and severe.⁷

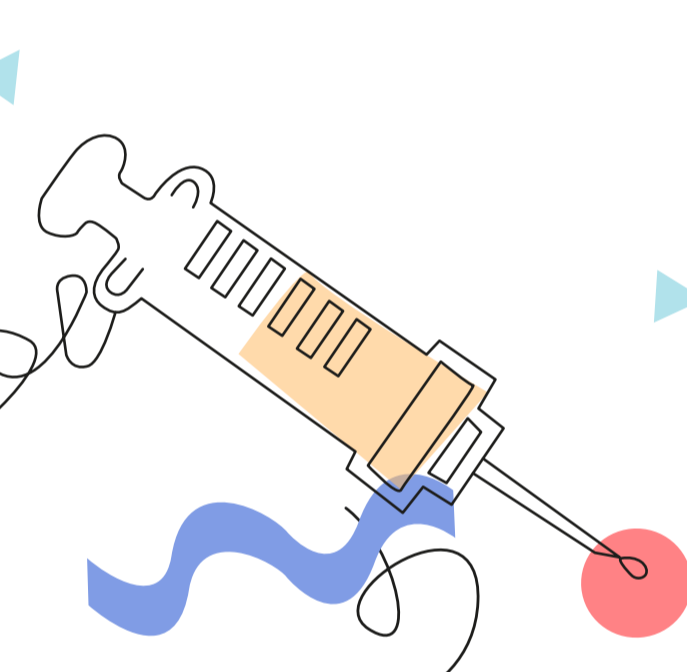


People with **severe haemophilia A** also experience **spontaneous bleeding**.⁷

However, the severity of haemophilia A is not always reflective of bleeding behaviour. While the treatment and management of severe haemophilia A are well-established, there is less information available on the burden of moderate and mild haemophilia A.⁸

The goal for management of haemophilia A should be to eliminate all preventable bleeds regardless of disease severity.

There are many types of haemophilia treatment:

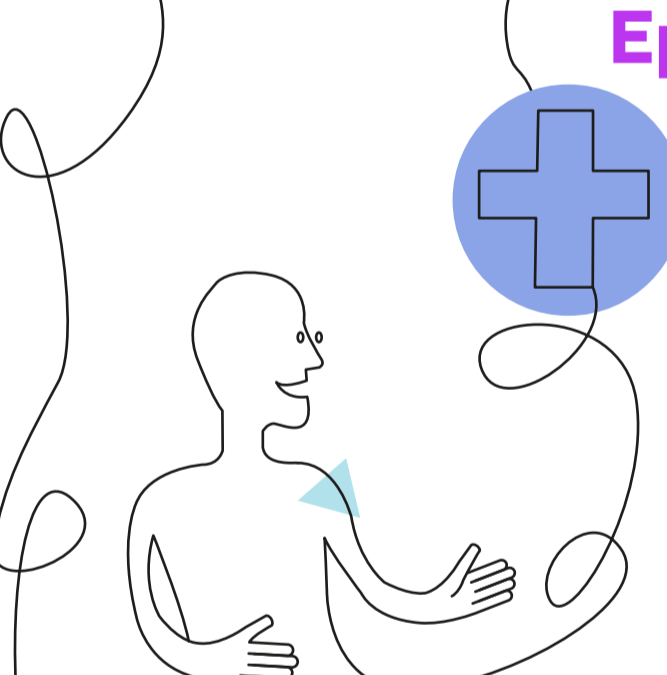


Prophylaxis

Prophylaxis is a preventative, regular treatment involving either factor VIII replacement therapies or non-factor therapies, with the goal to **prevent bleeds** and allow people with haemophilia to **lead active lives and achieve quality of life** comparable to non-haemophilic individuals.² It is the **standard of care** for people with severe haemophilia A and some people with moderate haemophilia.²

Prophylaxis treatment can be administered intravenously or subcutaneously.² Treatment with non-factor therapies can be administered at home as **infrequently as once every two or four weeks**. This makes it easier for people with haemophilia to stick to their treatment, and to live relatively normal lives.²

Episodic factor VIII replacement



Episodic factor VIII replacement therapy can be **taken on-demand** (as needed, to treat bleeds) when prophylaxis is not feasible.

It needs to be administered intravenously² by the patient or a caregiver.

Finding a vein for medicine infusion during intravenous administration can be difficult for some, especially children.⁹

Treating inhibitors: ITI and bypassing agents

Around one in four...

25-30%

people with severe haemophilia A

and one in 20...

5-10%

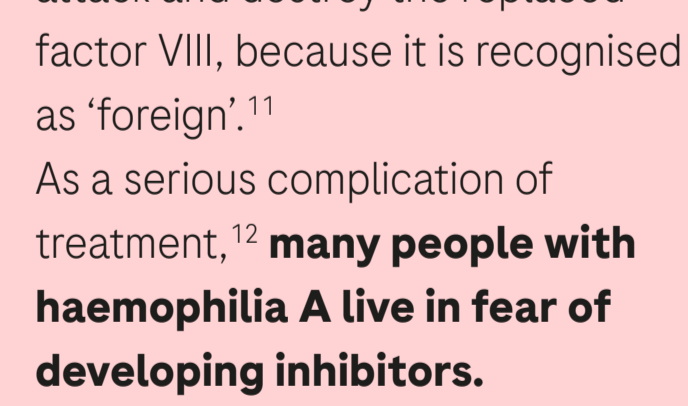
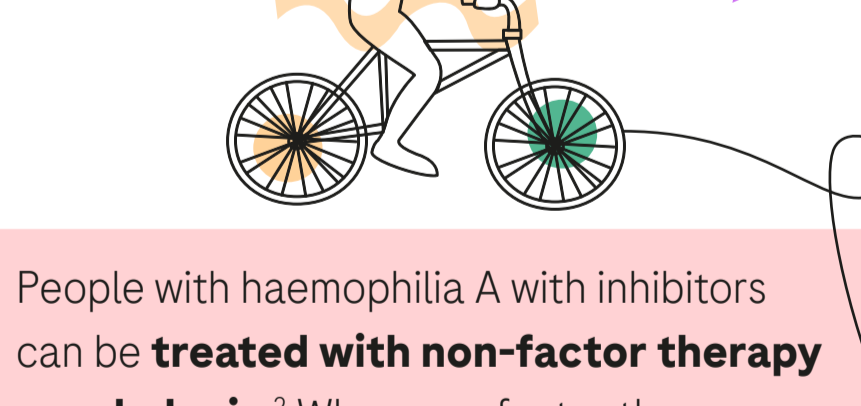
people with mild to moderate haemophilia A

... develop inhibitors to factor VIII replacement therapies, respectively.¹⁰



People with haemophilia A with inhibitors can be **treated with non-factor therapy prophylaxis**.² When non-factor therapy prophylaxis is not available, or for breakthrough bleeds, **treatment infusions of factor VIII replacement** may be needed, as well as a trial of **'immune tolerance induction' (ITI)**, where the patient is given very high doses of factor VIII over a long period of time.²

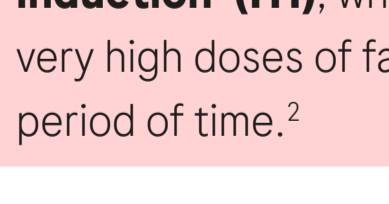
Inhibitors are antibodies that attack and destroy the replaced factor VIII, because it is recognised as 'foreign'.¹¹ As a serious complication of treatment,¹² **many people with haemophilia A live in fear of developing inhibitors**.



ITI can take many years, is very costly and is ineffective in

~30% of people.^{13,14}

'Bypassing agents' are another treatment option for people with inhibitors, often used after ITI fails. However, these are short-acting, need to be taken often, and give variable bleeding control.¹⁵



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