

Use of immunosuppressives in patients with hemophilia receiving gene therapy: Evidence generation using a mixed-methods approach

Wolfgang Miesbach¹, David Lillicrap², Vanessa Newman³, Micheala Jones³, Claire E. Parker⁴, Martin Ladouceur⁴, Graham Foster⁵, Steven Pipe⁶

¹Department of Haemostaseology and Hemophilia Center, Medicine, University Hospital Frankfurt, Germany. ²Department of Pathology and Molecular Medicine, Richardson Laboratory, Queen's University, Kingston, ON, Canada. ³BioMarin Inc., Novato, CA, USA. ⁴Alimentiv Inc., Novato, Novato Hospital, London, UK. ⁶Departments of Pediatrics and Pathology, University of Michigan, Ann Arbor, MI, USA.

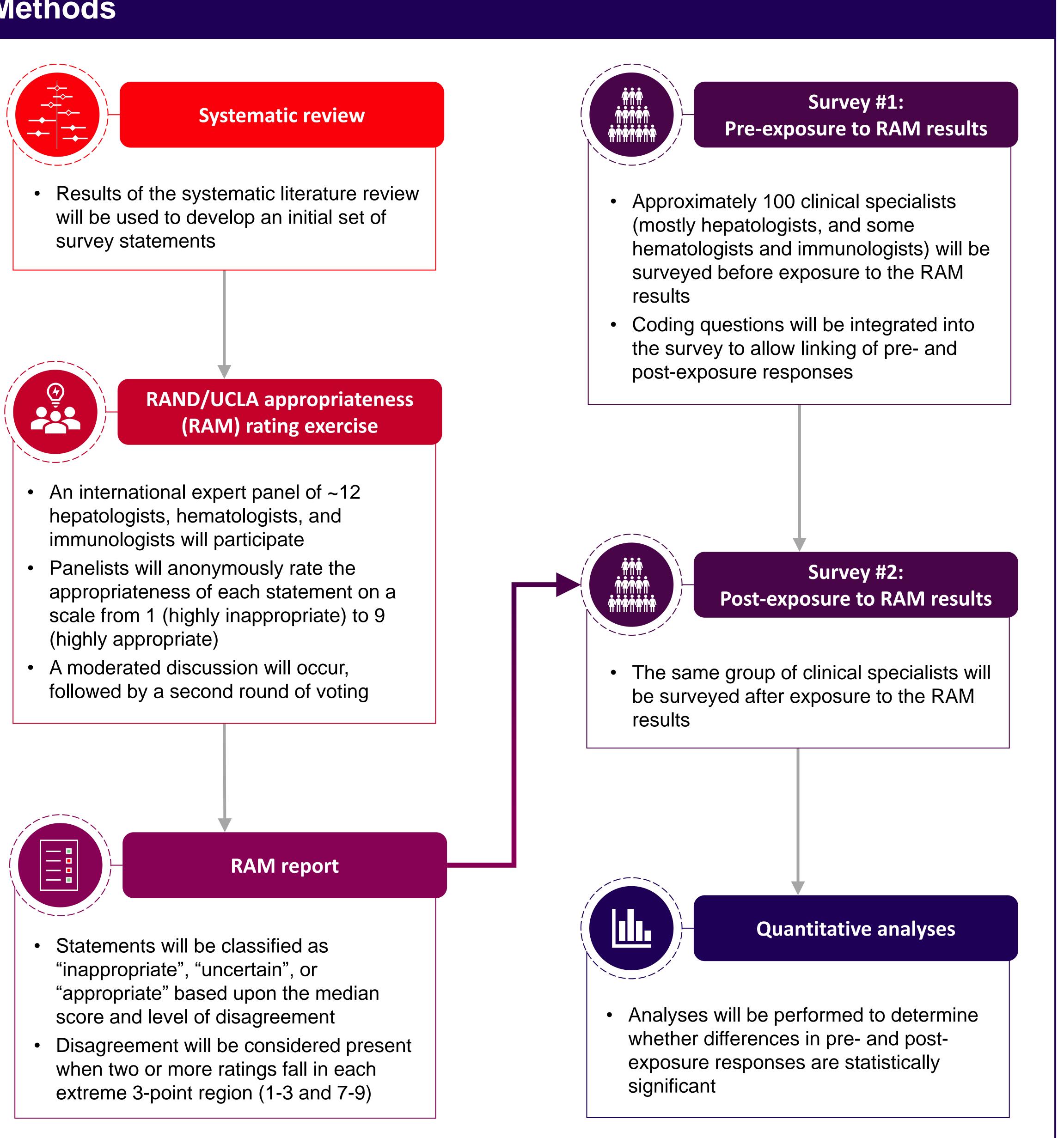
Background

- Gene therapies for the treatment of hemophilia A and B are poised to obtain regulatory approval and adeno-associated viral (AAV) vectors hold great potential for transgenic delivery¹
- The use of AAV vectors can activate an immune response that results in elevated alanine aminotransferase (ALT) levels and reduced transgenic expression of factor VIII and IX²⁻⁶
- Prophylactic or on-demand immunosuppressives are commonly administered to minimize immune response and maintain transgene expression
- Evidence-based guidelines regarding the optimal immunosuppressive regimen (e.g., drug of choice, dosage, and timing/duration of therapy) are lacking

Study Objectives

- 1. Summarize the existing literature on concomitant immunosuppressive therapy in patients receiving gene therapy
- 2. Gather expert opinion regarding the appropriateness of various immunosuppressive regimens for use in hemophilia patients receiving gene therapy
- 3. Determine clinicians' existing beliefs and attitudes regarding the use of immunosuppressive therapy in hemophilia patients receiving gene therapy
- 4. Assess whether exposure to expertgenerated recommendations can change clinicians' beliefs and attitudes

Methods



Results

The proposed study design presents a novel, mixed-methods approach to generating evidence and identifying research priorities

Conclusion

Concomitant use of immunosuppressives is prevalent in clinical trials of gene therapy for the treatment of hemophilia and requires further study

References

- 1. Batty P et al. *Hemasphere* 2021; 5: e540.
- 2. George LA et al. *N Engl J Med* 2017; 377: 2215-2227.
- 3. Manno CS et al. Nat Med 2006; 12: 342-7.
- 4. Nathwani AC et al. N Engl J Med 2014; 371: 1994-2004.
- 5. Nathwani AC et al. *N Engl J Med* 2011; 365: 2357-65.
- 6. Rangarajan S et al. *N Engl J Med* 2017; 377: 2519-2530.

Contact Information

Prof. Dr. Wolfgang Miesbach, MD, PhD E-mail: wolfgang.miesbach@kgu.de

Disclosures

WM has received fees from Bayer, Biomarin, Biotest, CSL Behring, Chugai, Freeline, LFB, Novo Nordisk, Octapharma, Pfizer, Roche, Sanofi, Sigilon, sobi, Takeda/Shire, and uniQure. **DL** has received research support from Bayer, BioMarin, and Sanofi. VN is an employee of BioMarin Pharmaceutical Inc. MJ is an employee of BioMarin Pharmaceutical Inc. CEP is an employee of Alimentiv Inc. **ML** is an employee of Alimentiv Inc. **GF** has received fees from Abbvie, Biomarin, Gilead, GSK, MSD, and UniQure. **SP** has received consultant fees from Apcintex, Bayer, Biomarin, Catalyst Biosciences, CSL Behring, HEMA Biologics, Freeline, Novo Nordisk, Pfizer, Roche/Genentech, Sangamo Therapeutics, Sanofi, Takeda, Spark Therapeutics, uniQure.

Funding

This study is funded by BioMarin Inc.