

Perceptions, needs and expectations of patients with hemophilia toward gene therapy

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Free paper session: Gene Therapy

Wednesday 24 April, 15:16-15:30

Disclosures

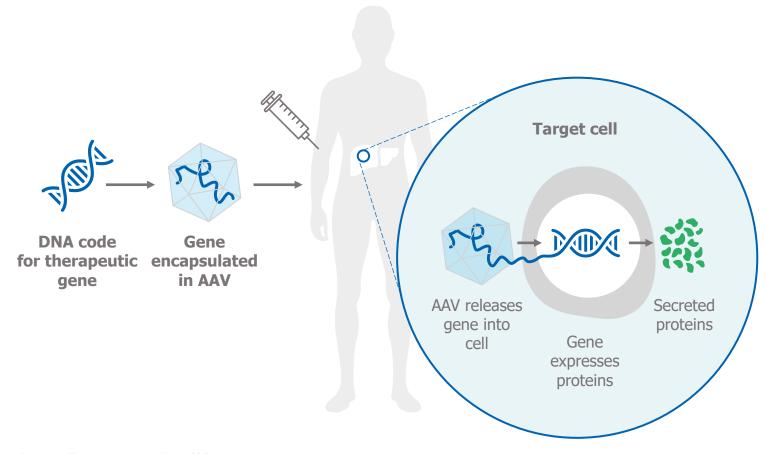
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• Consulting or advisory role: BioMarin, CSL Behring, Pfizer, Roche

Gene therapy for hemophilia

- GT has recently been approved for treatment of adults with severe hemophilia A and B^{1,2}
- GT for hemophilia uses an AAV vector to deliver a functional copy of F8 (hemophilia A) or F9 (hemophilia B) to hepatocytes, via a single infusion, to allow long-term expression of FVIII or FIX, respectively^{3,4}
- By removing the need for repeated and lifelong infusions, GT has the potential to improve QoL for adults living with severe hemophilia⁵
- Understanding the patient perspective of GT, a new treatment modality for hemophilia with a novel MoA, is crucial for identifying areas where additional education and support is required

Mechanism of gene therapy for hemophilia⁶



AAV, adeno-associated virus; FVIII, factor VIII; FIX, factor IX; GT, gene therapy; MoA, mechanism of action; QoL, quality of life

^{1.} https://www.biomarin.com/our-treatments/products/roctavian-valoctocogene-roxaparvovec-rvox/. Accessed February 2024; 2. https://www.hemgenix.com/. Accessed March 2024;

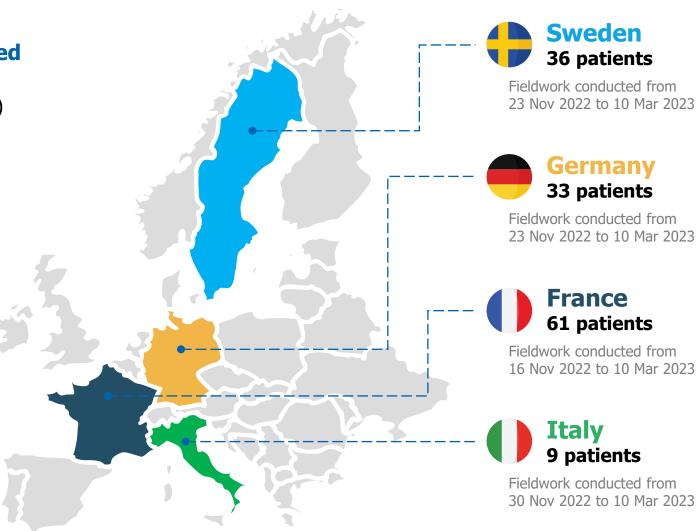
^{3.} Nathwani AC. Hematology Am Soc Hematol Educ Program 2022;2022:569-78; 4. Soroka AB et al. Int J Mol Sci 2023;24:10766; 5. Rasul E et al. J Patient Exp 2023;10:23743735231193573;

^{6.} Adapted from Gene therapy for haemophilia – Haemnet. Accessed March 2024

Methodology and sample composition

A quantitative online survey concerning hemophilia management and GT was conducted

- Participants (n=139) were males (aged ≥18 years) diagnosed with severe hemophilia
- The survey was distributed by patient advocacy groups in France, Germany, Italy and Sweden between 16 November 2022 and 10 March 2023
 - Questions were designed to determine the impact of hemophilia on daily life and knowledge and attitudes towards GT for hemophilia treatment
 - Length: 20 minutes to complete
- All results were analyzed descriptively



Study objectives



To understand the **perceptions and expectations** of patients with severe hemophilia towards GT



To analyze **patient reactions** to gene therapy and understand **triggers and barriers to use**

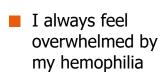


To determine the **necessary support** required for **shared decision making** on GT treatment

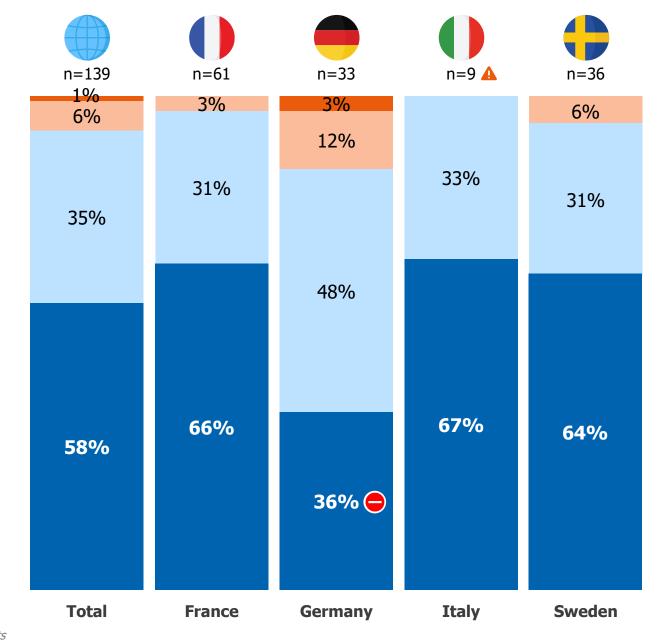
Participant demographics

Variable		N=139
Age, n (%)	18–35 years 36–65 years ≥66 years	49 (35) 83 (60) 8 (6)
Country, n (%)	France Germany Italy Sweden	61 (45) 33 (24) 9 (7) 36 (27)
Living environment, n (%)	Urban area Suburban area Small town area Rural area	67 (48) 14 (10) 26 (19) 32 (23)
Distance from treatment center, n (%)	<10 km 10–29 km 30–49 km 50–100 km 100–200 km >200 km	32 (23) 17 (12) 18 (13) 24 (17) 19 (14) 29 (21)
Hemophilia type, n (%)	Hemophilia A (severe) Hemophilia B (severe)	118 (85) 21 (15)
Developed active inhibitors, n (%)	Yes	24 (17)
Comorbidities (≥5%), n (%)	Hypertension Hepatitis HIV Eczema Sleep apnea Psoriasis	35 (25) 29 (21) 24 (17) 8 (6) 8 (6) 7 (5)

Almost all patients managed well or very well with their hemophilia daily



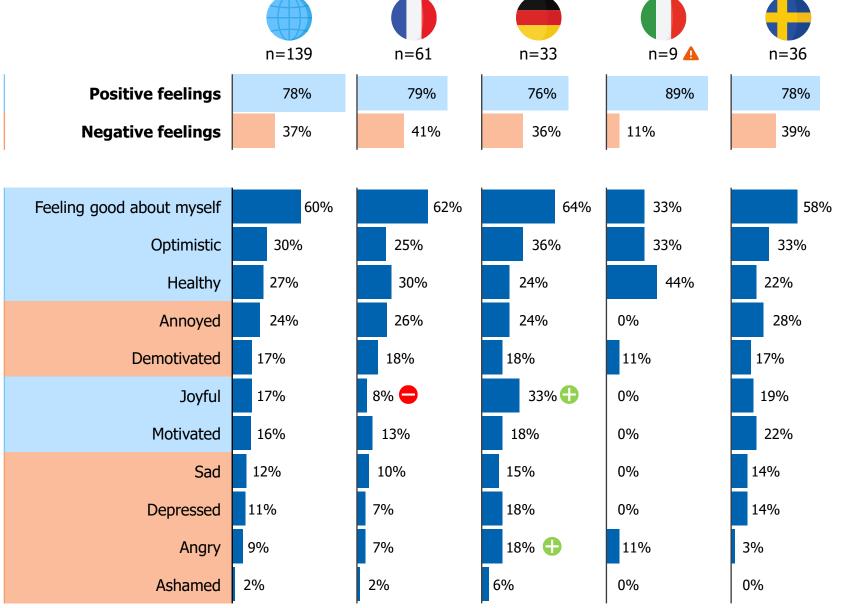
- I often feel overwhelmed by my hemophilia
- I manage my hemophilia well but sometimes I feel overwhelmed
- I manage my hemophilia very well



[•] represents a statistically significant lower difference vs other countries

[▲] indicates a low sample size

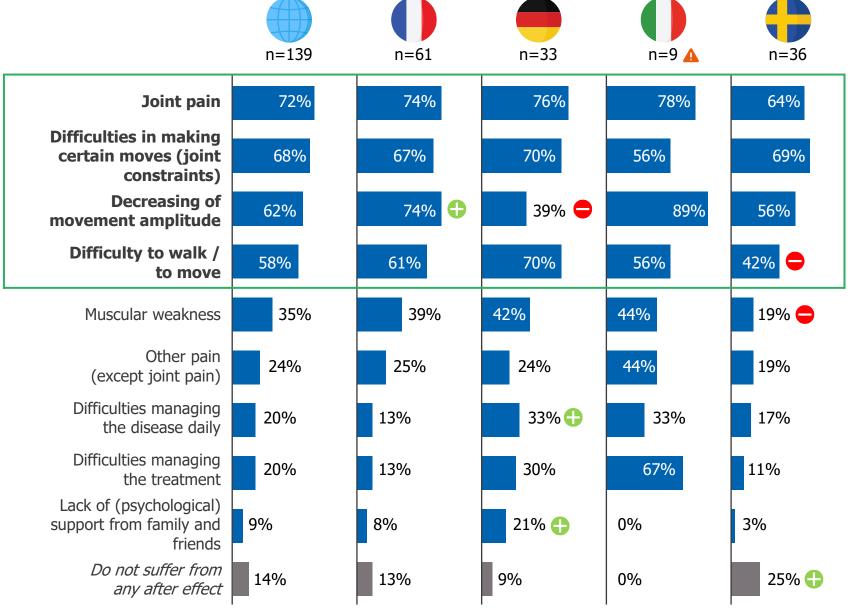
Over the fortnight prior to survey completion, most patients felt positive about their condition



^{• / •} represents a statistically significant higher/lower difference vs other countries indicates a low sample size

Q3. In the past two weeks, how have you been feeling about your disease?

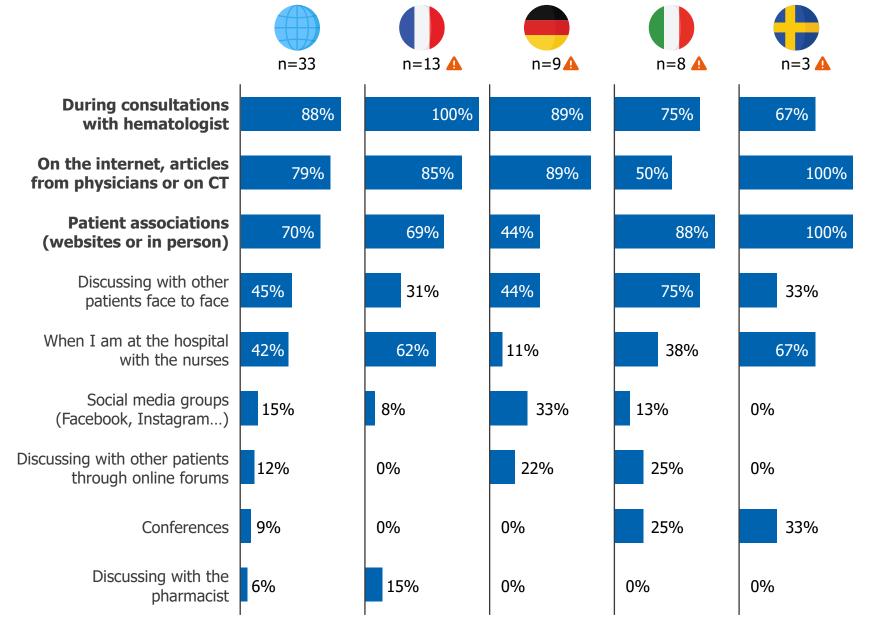
Joint pain, joint constraints, decreasing movement and mobility difficulties had the greatest burden on daily life



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Q4. Do you suffer from any of the following problems and how do they impact your daily life?

Hematologists, online medical articles and patient associations were the preferred sources of information about hemophilia and its treatments



Q11. Which of the following sources do you use the most to get information on hemophilia and/or its treatments?

Base: respondents who regularly search for information about hemophilia and/or its treatments / % respondents indicates a low sample size

Approximately 40% of patients would have accepted a new treatment based on their hematologist's recommendation

Q13. Which of the following best describes your reaction to a

new treatment?





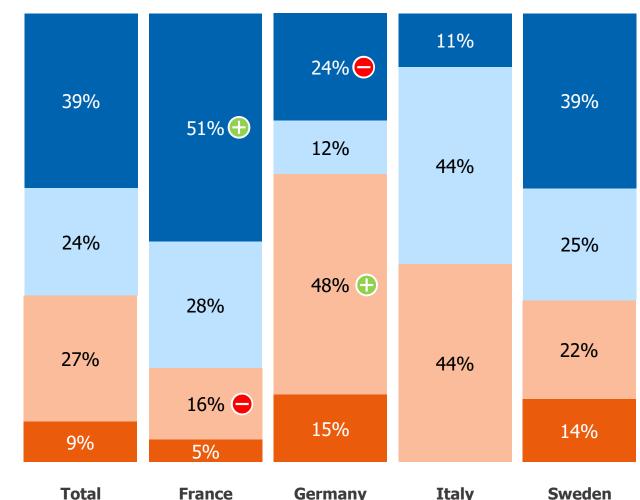








- I always accept when my hematologist recommends it
- I prefer to do some research first or talk about it with relatives
- I actively seek information on new treatments and then discuss with my hematologist
- I rather keep a treatment I know than accept a new one



Base: all respondents / % respondents, mean score /10

^{• /} represents a statistically significant higher/lower difference vs other countries indicates a low sample size

Despite a high level of GT awareness, a significant unmet need for patient education was identified

- Q15. Have you ever heard of gene therapy for hemophilia
- Q17. Overall, which of the following statements best describes your knowledge of gene therapy for hemophilia?

GT, gene therapy

treatment?



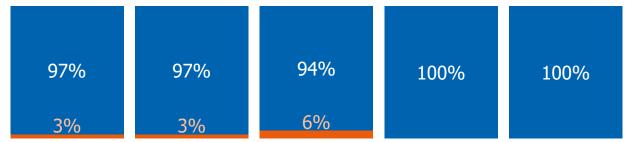






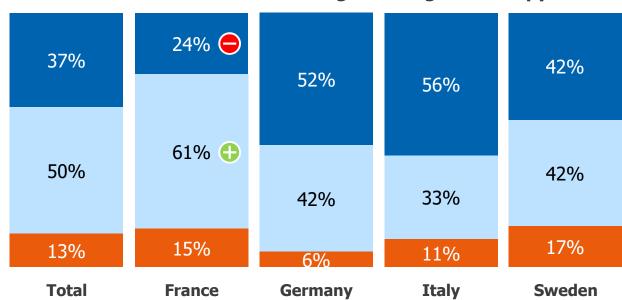


Awareness of gene therapy



- Yes
- No
- I know enough about gene therapy to feel comfortable to talk about it with other patients, friends and family
- I've learned about gene therapy, but still don't think that I could really talk about it with someone else
- I do not have a clear understanding of what gene therapy is

Self-evaluation of knowledge about gene therapy

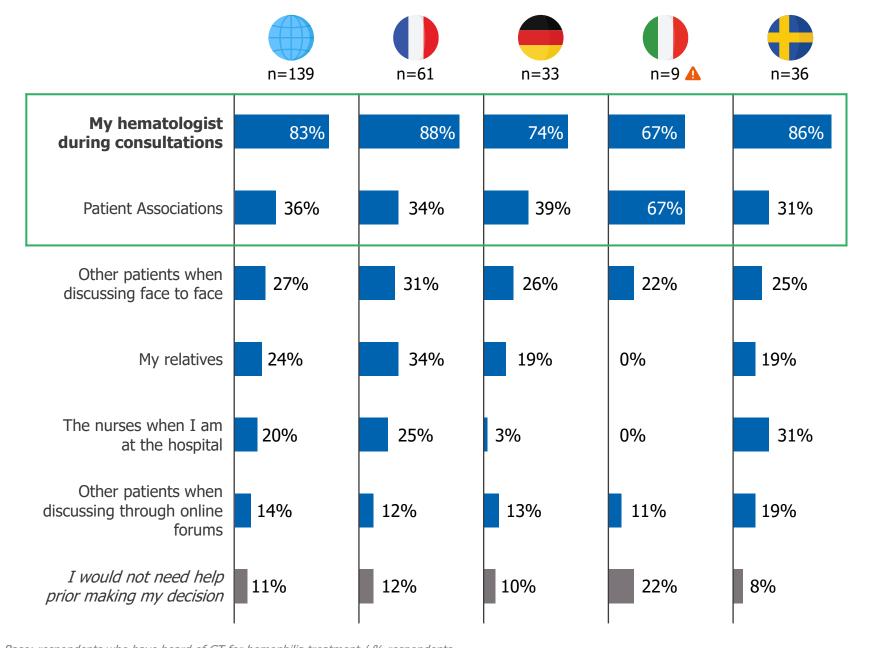


Q15 base: all respondents / % respondents; Q17 base: respondents who heard of GT for hemophilia treatment / % respondents

⊕ / ⊕ represents a statistically significant higher/lower difference vs other countries

1 indicates a low sample size

Hematologists were the main source of support to aid treatment decision-making



Q26. What would be your preferred source of information and support about gene therapy?

Base: respondents who have heard of GT for hemophilia treatment / % respondents indicates a low sample size

Most patients would use GT for hemophilia, even if frequent hospital follow-ups were required

Intention to use gene therapy for hemophilia treatment

Q18b. Would you be willing to use gene therapy for the treatment of your hemophilia?

Q25. Potential gene therapy might require frequent visits to the hospital for follow-up with the medical team. Based on this information, how likely are you to use a potential gene therapy for hemophilia treatment?

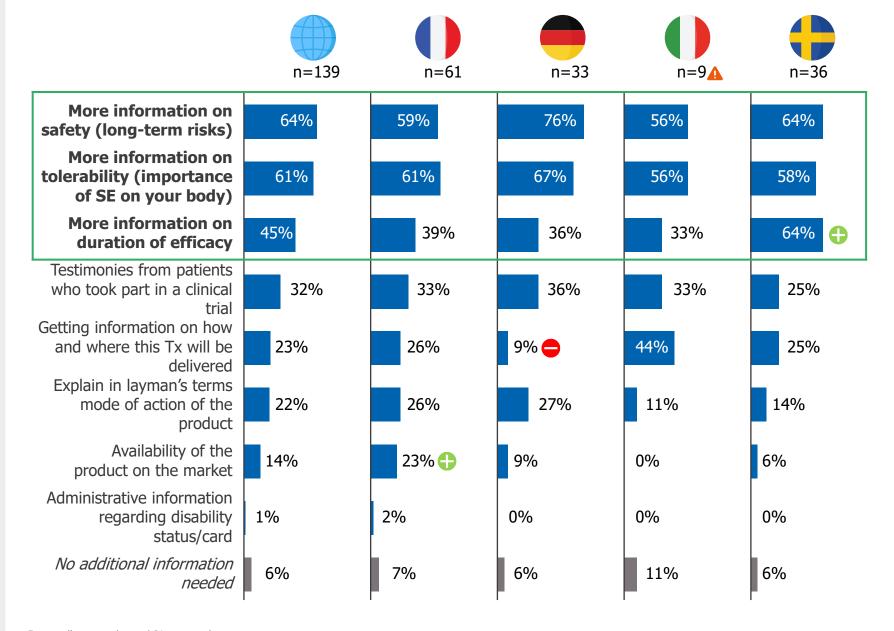
GT, gene therapy

Likelihood to use gene therapy considering it might require frequent hospital follow-up

			Certainly would not use (<10% chances)	Probably would not use (10–30% chances)	Not sure whether would use (31–50% chances)	Probably would use (51–80% chances)	Certainly would use (>80% chances)
	n=	135	20	15 🛕	26	42	32
		Total	15%	11%	19%	31%	24%
I would definitely use it	27	20%	1%	0%	0%	4%	15%
I would probably use it	66	49%	0%	1%	13%	27%	8%
I would probably not use it	25	19%	4%	7%	7%	1%	0%
I would definitely not use it	17 <u>A</u>	13%	10%	2%	0%	0%	1%

Base: respondents who have heard of GT for hemophilia treatment / % respondents indicates a low sample size

Information on safety and tolerability were top priorities for patients considering GT for hemophilia



Q27. And what additional information would you need in order to consider a potential gene therapy for hemophilia treatment?

GT, gene therapy; pts, patients; SE, side effects; Tx, treatment

^{• / •} represents a statistically significant higher/lower difference vs other countries

Conclusions



This study provides valuable insights into the **perspectives** and **expectations** of adults with severe hemophilia regarding GT



While most were open-minded to GT, an **unmet need** for additional information on this innovative therapy was identified

Information on safety, tolerability and duration of efficacy were the top priorities for patients considering GT for hemophilia

Hematologists were identified as the main source of information about hemophilia and its treatments, and support to aid treatment decision-making



Most patients believed the benefits of GT for hemophilia outweigh the inconvenience of frequent hospital follow-ups

Acknowledgements

• The authors would like to thank the individuals who participated in the study









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