

# Health-related quality of life outcomes 4 years after treatment with valoctocogene roxaparvovec

**Bella Madan**<sup>1</sup>, Margareth Ozelo<sup>2</sup>, Gili Kenet<sup>3</sup>, Sheng-Chieh Chou<sup>4</sup>, Steven Pipe<sup>5</sup>, Andrew Leavitt<sup>6</sup>, Francisco P Careta<sup>7</sup>, Patrick James Lynch<sup>8</sup>, Simon Fletcher<sup>9</sup>, Dor Goshen<sup>10</sup>, Andres Ruiz<sup>11</sup>, Ebony Dashiell-Aje<sup>12</sup>, Christine Rivat<sup>13</sup>, Johnny Mahlangu<sup>14</sup>

International Society on Thrombosis and Haemostasis 2024

**B:OMARIN**<sup>®</sup>

<sup>1</sup>Guy's and St Thomas' NHS Foundation Trust, London, UK; <sup>2</sup>Hemocentro UNICAMP, Department of Internal Medicine, School of Medical Sciences, University of Campinas, Campinas, SP, Brazil; <sup>3</sup>The National Hemophilia Center and Amalia Biron Research Institute of Thrombosis and Hemostasis, Sheba Medical Center, Tel Hashomer, Tel Aviv University, Tel Aviv, Israel; <sup>4</sup>Division of Hematology, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan; <sup>5</sup>Departments of Pediatrics and Pathology, University of Michigan, Ann Arbor, MI, USA; <sup>6</sup>Adult Hemophilia Treatment Center, University of California San Francisco, San Francisco, CA, USA; <sup>7</sup>Universidade Federal do Espírito Santo, Alegre, Brazil; <sup>8</sup>Believe Ltd, Hawthorne, CA, USA; <sup>9</sup>Oxford University Hospitals NHS Trust, Oxford, UK; <sup>10</sup>Israeli Hemophilia Association, Ramat Gan, Israel; <sup>11</sup>National Bleeding Disorders Foundation, Oakland Park, FL, USA; <sup>12</sup>Patient Centered Outcomes Science, BioMarin Pharmaceutical Inc., Novato, CA, USA; <sup>13</sup>Late-Stage Clinical Development, BioMarin Pharmaceutical Inc., Novato, CA, USA; <sup>14</sup>Hemophilia Comprehensive Care Center, Charlotte Maxeke Johannesburg Academic Hospital, University of the Witwatersrand and NHLS, Johannesburg, South Africa

# Disclosures

- I have received speaker fees from BioMarin Pharmaceutical Inc.

# Hemophilia A



People with hemophilia A lack the blood clotting protein FVIII because **the gene is faulty**



Low factor VIII (FVIII) levels cause **excessive bleeding** or bleeding with no apparent cause

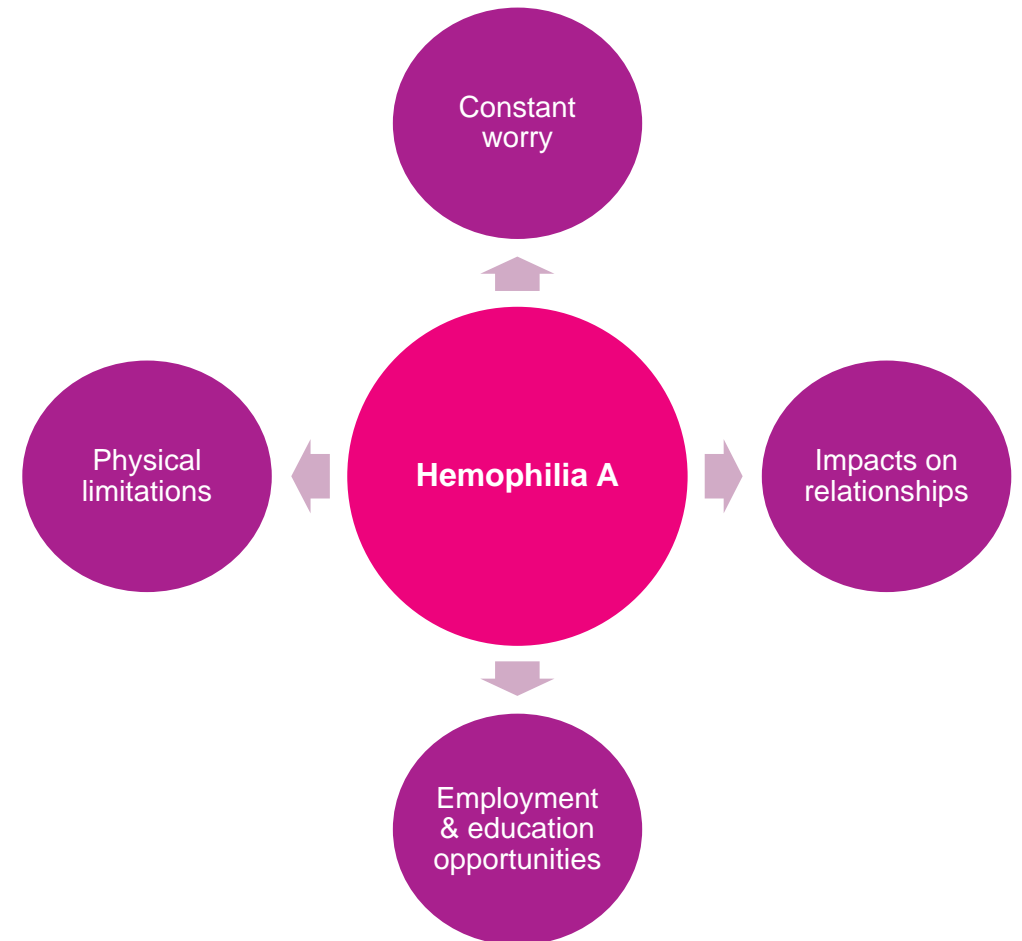


Current treatments are regular injections with clotting FVIII concentrate or non-factor therapies (emicizumab)



Hemophilia A can **negatively affect mental health, relationships, employment, and overall well-being**<sup>1,2</sup>

## Hemophilia A negatively affects health-related quality of life (HRQOL)



# Valoctocogene roxaparvovec and HRQOL outcomes

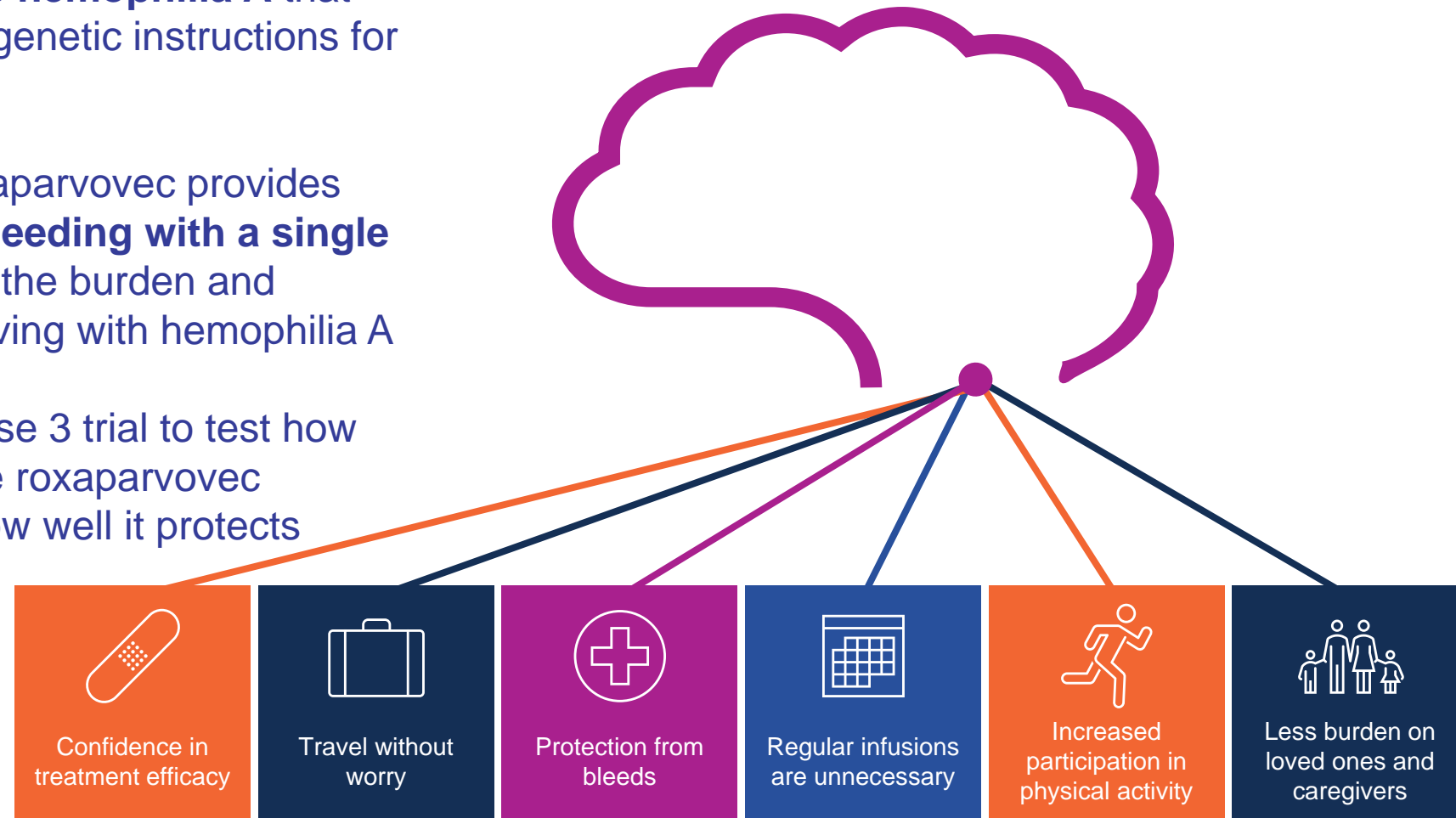


Valoctocogene roxaparvovec is a **gene therapy for severe hemophilia A** that delivers functional genetic instructions for producing FVIII

Valoctocogene roxaparvovec provides **protection from bleeding with a single infusion**, reducing the burden and consequences of living with hemophilia A

GENEr8-1 is a phase 3 trial to test how safe valoctocogene roxaparvovec treatment is and how well it protects against bleeding<sup>1-3</sup>

Reduced disease burden of hemophilia A<sup>4</sup>



1. Ozelo M, et al. *N Engl J Med.* 2022;386(11):1013-25. 2. Mahlangu J, et al. *N Engl J Med.* 2023;388:694-705. 3. Madan B, et al. *J Thromb Haemost.* 2024; in press.

4. Krumb E, et al. *Res Pract Thromb Haemost.* 2021;5:e12567.

# GENEr8-1 study design



## Eligibility:

- Adult men with severe hemophilia A (FVIII  $\leq 1$  IU/dL)
- Previously receiving FVIII prophylaxis
- No history of FVIII inhibitors or antibodies against the capsid
- No significant liver dysfunction



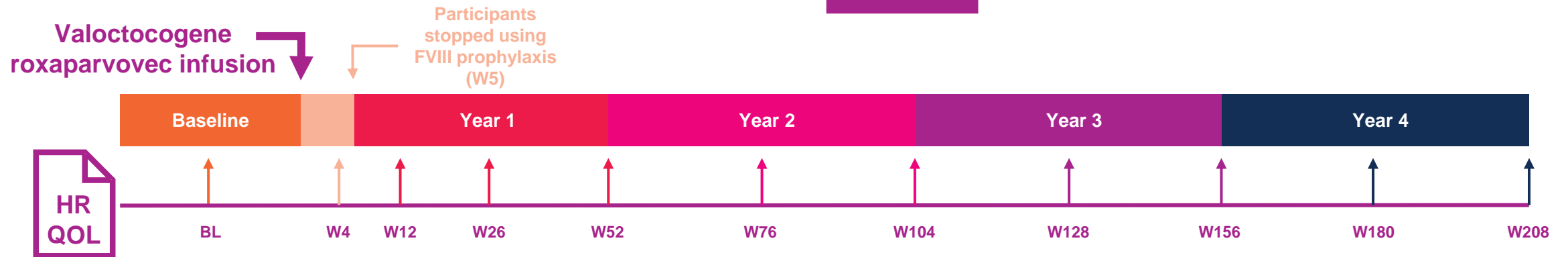
134 participants enrolled and received an infusion of valoctocogene roxaparvovec

The modified intention-to-treat (mITT) population included the **132 participants** who were HIV-negative

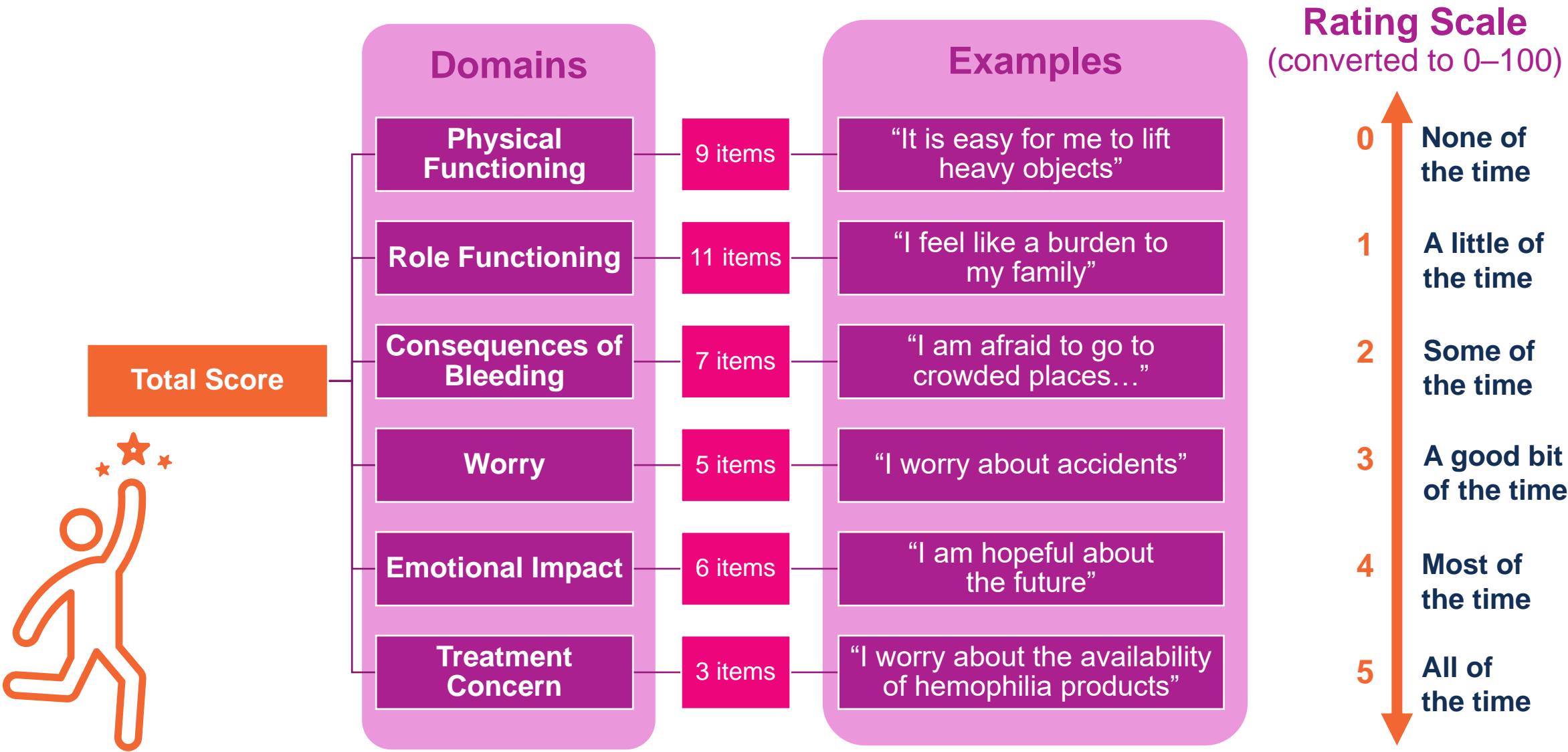


To ensure results are based only on the effects of valoctocogene roxaparvovec, **HRQOL data were analyzed by excluding data after participants restarted prophylaxis** with FVIII or emicizumab

- Results with those data included were similar



# Haemo-QOL-A measures HRQOL in people with hemophilia

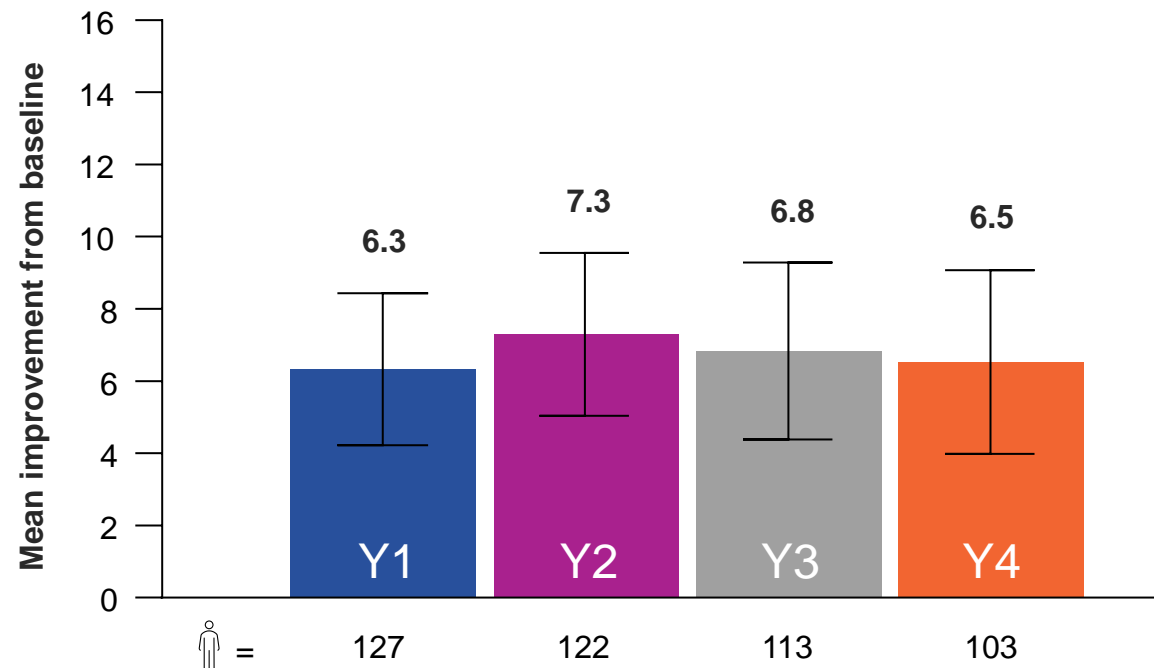


# Valoctocogene roxaparvovec improved Haemo-QOL-A Total Score across 4 years

mITT population



The improvements at the end of each year were deemed clinically meaningful<sup>1</sup>

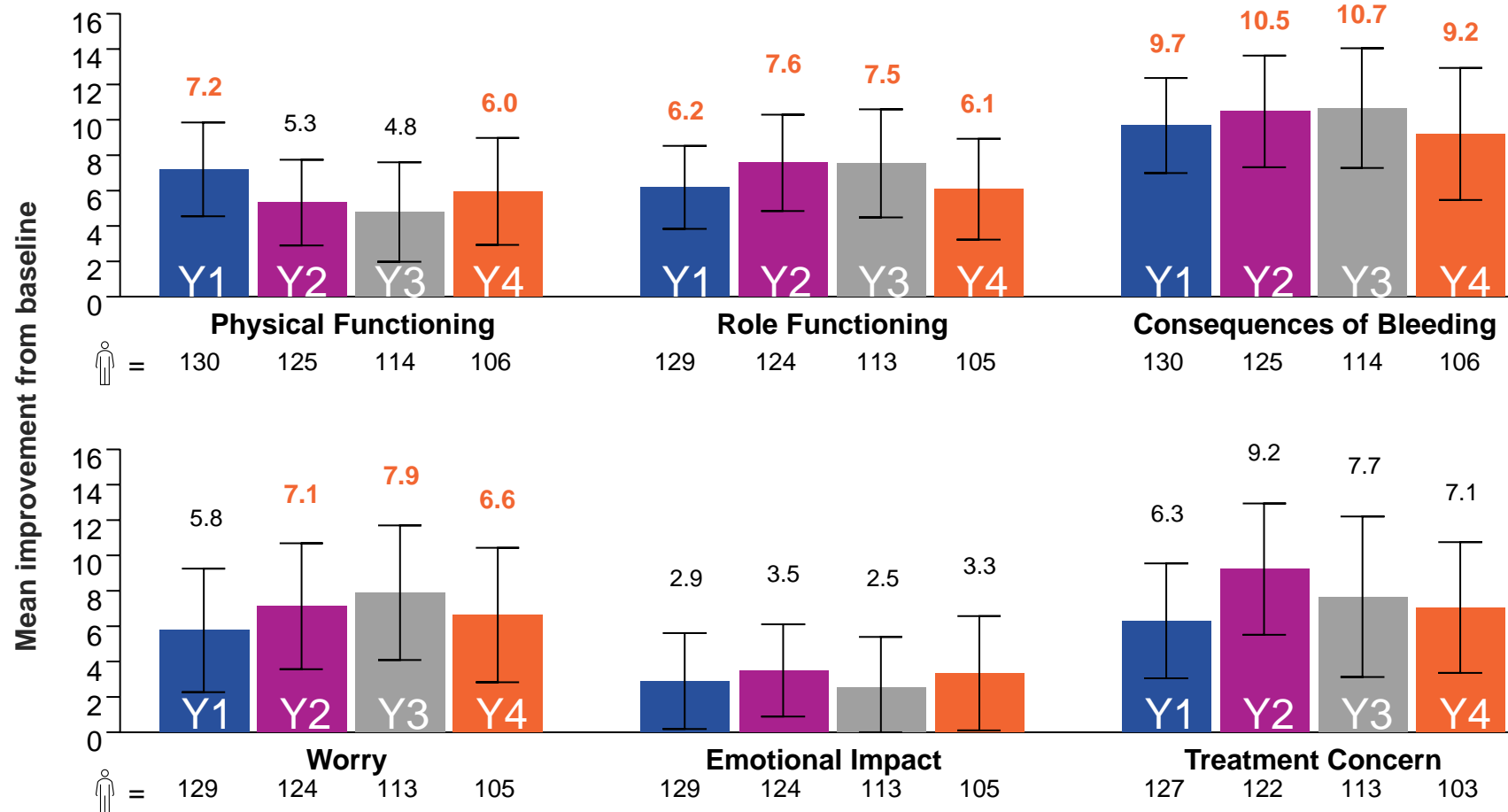


1. Quinn J, et al. *Patient Relat Outcome Meas.* 2022;13:169-80.

Change from baseline results are based on available data at each time point. Error bars represent 95% confidence intervals. Data after participants resumed prophylaxis were not included.

# Consistent improvements for Haemo-QOL-A domain scores

mITT population



Improvements  $\geq 6.0$  points are considered **clinically meaningful**<sup>1</sup>

1. Quinn J, et al. *Patient Relat Outcome Meas.* 2022;13:169-80.

A CID for the Treatment Concern domain has not yet been estimated. Change from baseline results are based on available data at each time point. Error bars represent 95% confidence intervals. Data after participants resumed prophylaxis were not included.

8 CID, clinically important difference; Haemo-QOL-A, Haemophilia-Specific Quality of Life Questionnaire for Adults; mITT, modified intention-to-treat; Y, year.

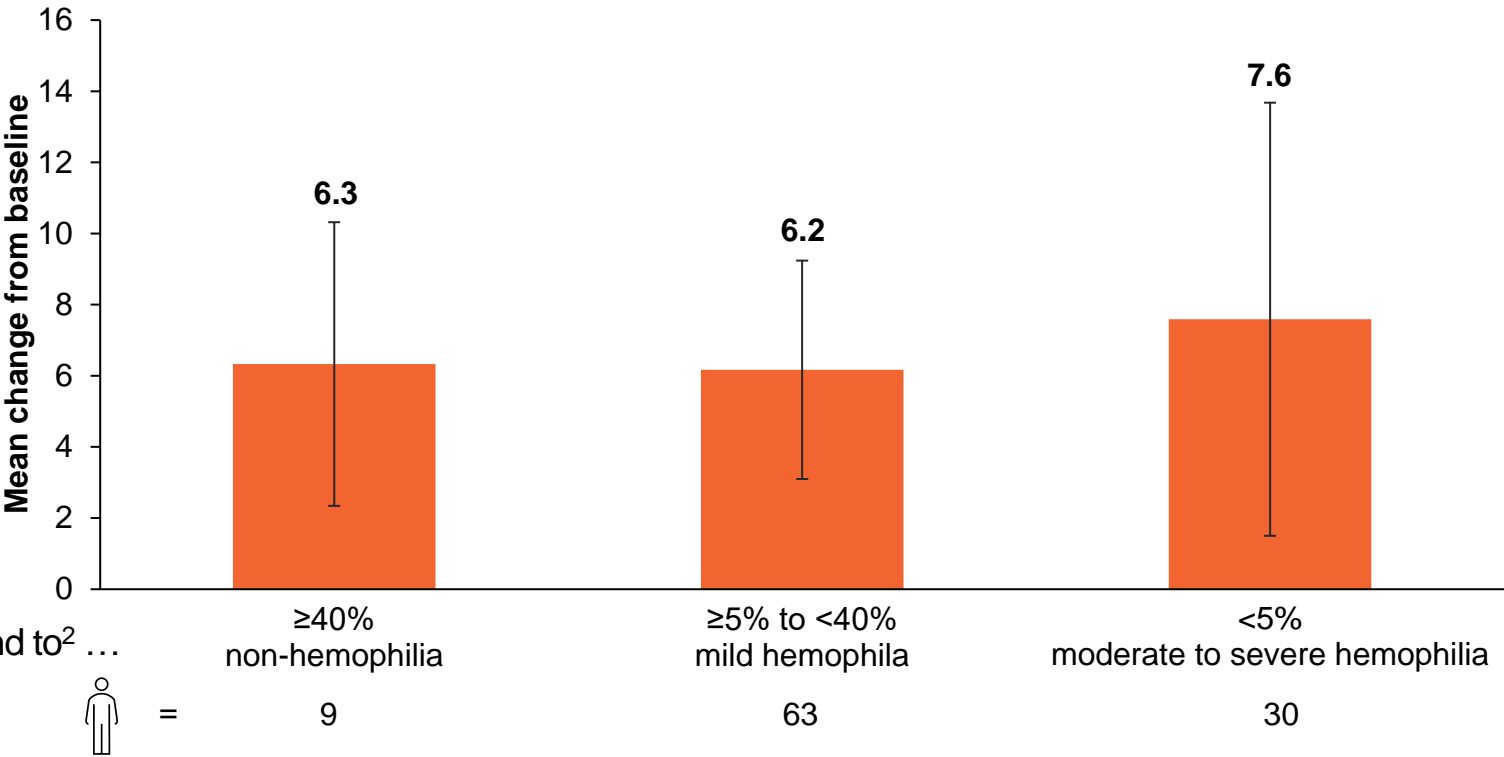


# HRQOL improvements were partly independent of FVIII activity

mITT population



Improvement in Haemo-QOL-A Total Score at the end of year 4 was deemed clinically meaningful for participants with FVIII levels below 5%<sup>1</sup>



FVIII levels correspond to<sup>2</sup> ...



=

9

63

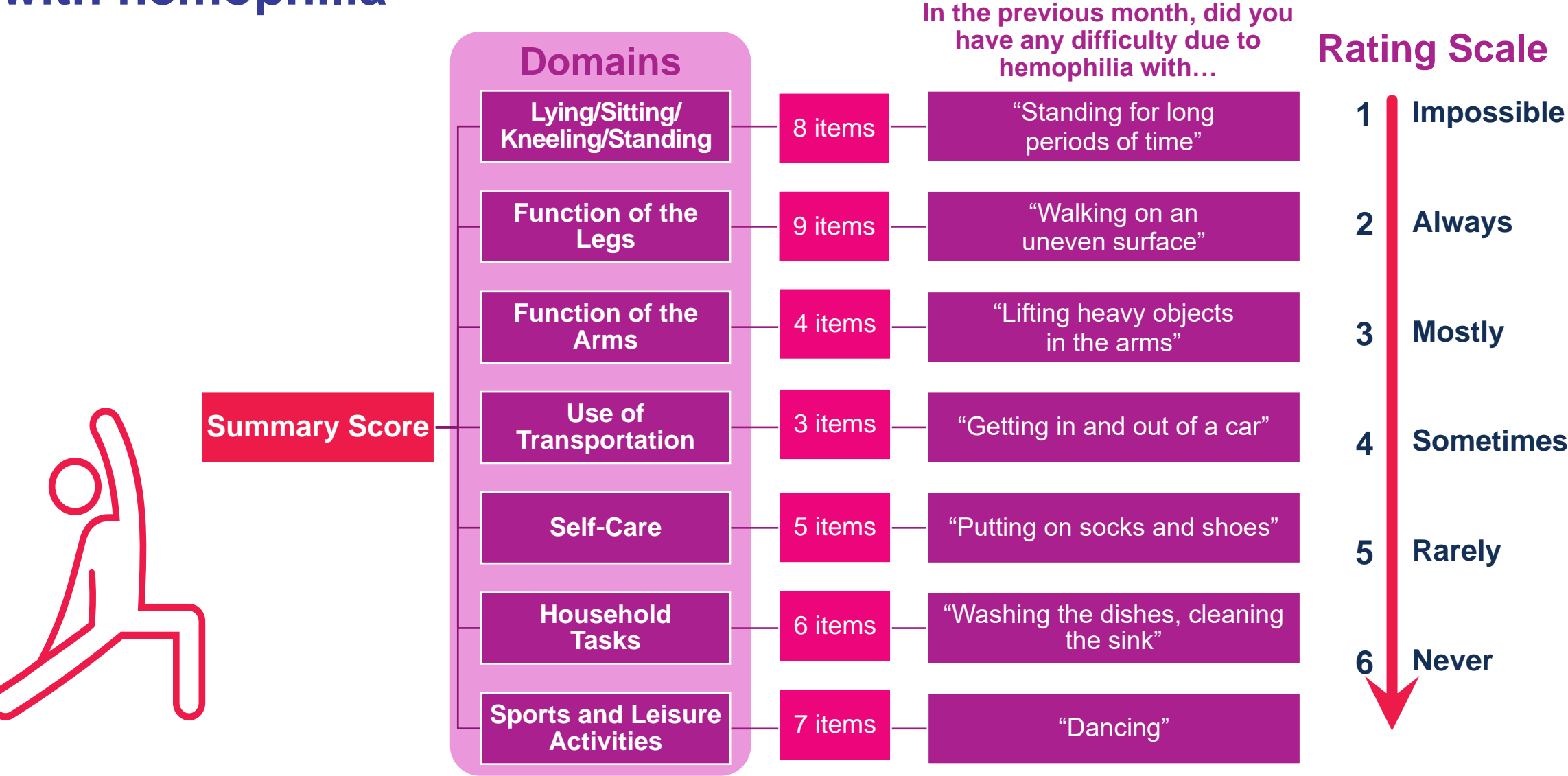
30

1. Quinn J, et al. *Patient Relat Outcome Meas.* 2022;13:169-80. 2. Srivastava A, et al. *Haemophilia.* 2020;26:1-158.

Results are based on available data at each time point. Error bars represent 95% confidence intervals. Participants who resumed prophylaxis were excluded.

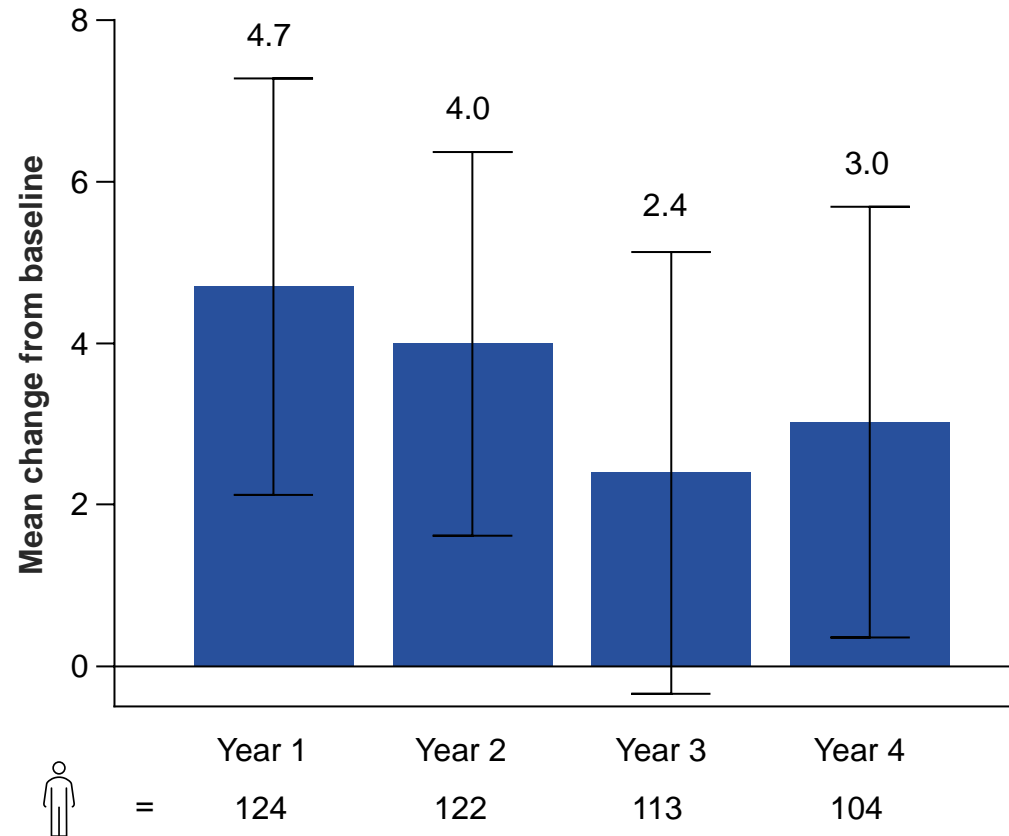
FVIII, factor VIII; Haemo-QOL-A, Haemophilia-Specific Quality of Life Questionnaire for Adults; mITT, modified intention-to-treat.

# HAL measures self-reported functional ability for people with hemophilia



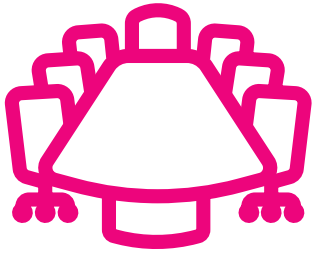
# HAL Summary Score improved over 4 years

mITT population



Results are based on available data at each time point. Error bars represent 95% confidence intervals. Data after participants resumed prophylaxis were not included.  
HAL, Haemophilia Activities List; mITT, modified intention-to-treat.

# The WPAI+CIQ:HS measures impairment at **work** and **school** due to hemophilia



“In general, how many hours per week do you usually **work/attend classes**?”

“During the past seven days, how many hours did you miss from **work/class or school** because of problems associated with your hemophilia?”

“During the past seven days, how much did hemophilia affect your productivity **while you were working/while at school or attending classes in an academic setting**?”

“During the past seven days, how much did your hemophilia affect your ability to perform your normal daily activities, other than **your job or attending classes**?”

0

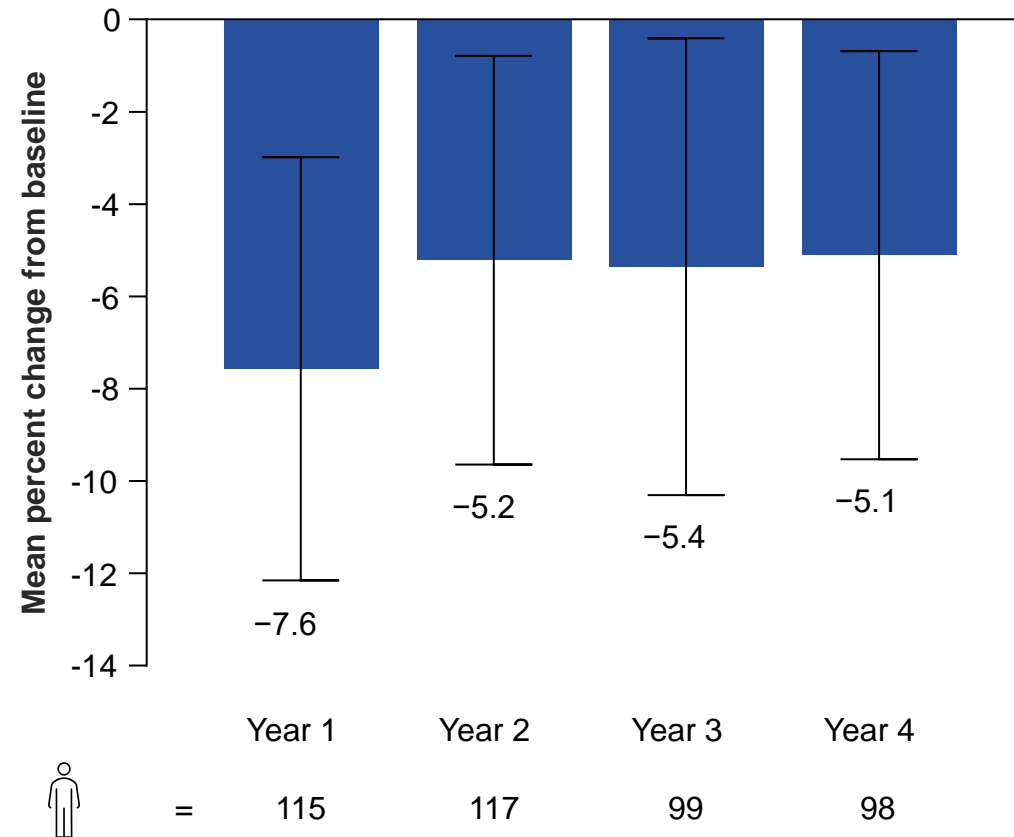
Hemophilia had no effect on my **work/classwork**

10

Hemophilia completely prevented me from **working/doing my classwork**

# WPAI+CIQ:HS activity impairment was reduced over 4 years

mlTT population



Results are based on available data at each time point. Error bars represent 95% confidence intervals. Data after participants resumed prophylaxis were not included.  
mlTT, modified intention-to-treat; WPAI+CIQ:HS, Work Productivity and Impairment plus Classroom Impairment Questions: Hemophilia Specific.

# Conclusions

## Haemo-QOL-A



- Valoctocogene roxaparvovec provides **clinically meaningful HRQOL improvements** over 4 years
- The meaningful improvements also apply to **participants with FVIII activity below 5% at year 4**

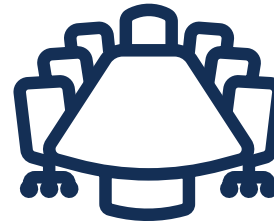


## HAL

- Participants reported **improved ability to perform daily activities** over 4 years

## WPAI+CIQ:HS

- Work and school **activity impairment scores were reduced** over 4 years



- In general, HRQOL questionnaires try to capture the **highly individual experiences of each person** — as with any study, average values do not necessarily reflect the results of all participants

# Acknowledgments

- **Thank you to all trial participants, their families, study site personnel, and investigators**
- Funding for this study was provided by BioMarin Pharmaceutical Inc.
- Medical writing support was provided by Amin Ghane, PhD, of AlphaBioCom, a Red Nucleus company, and funded by BioMarin Pharmaceutical Inc.



**Scan for a digital copy  
of this presentation**