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### P134 | Recombinant factor VIII Fc (rFVIII Fc) in real life: Clinical and economic outcomes

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**Introduction:** Recombinant factor VIII Fc fusion protein (rFVIII Fc) has been marketed in October 2016 in France that makes the analysis of switches in real life conditions study of concern two years later. The aim of this study is to analyse rFVIII Fc switches according to clinical and economic outcomes during a 12 months period

**Methods:** All patients treated with rFVIII Fc at Marseille Hemophilia centre for the considered period were eligible. None estimation on prescribed regimen have been realized. All data were related to patient's infusions (*i.e.* annual number of infusions, weekly dose/kg, and annual consumption) and bleeding reports. The statistical analysis was conducted using GraphPad Prism 6.0 software (*i.e.* average, medians noted med, percentages and inter quartile ranges noted IQR, Student *t*-test and Wilcoxon signed-rank test). Statistical significance was set at  $P < 0.005$ . Only clotting factor costs are taken into account. We neglected other costs (*e.g.* dispositive, nurse intervention...).

**Results:** 52 patients were concerned, 17 excluded for an insufficient period subsequent to the switch, 2 because of clinical trial inclusion. The median age was 18 years (IQR = 17). 94% of patients were previously on full time prophylaxis. The analysis reported a slight increase of clotting factor consumption consecutive to the switch (2%,  $P = \text{NS } 0.7220$ ) with a total utilization of 6453500 IU (med = 176000, IQR = 155500) for rFVIII and 6553500 IU (med = 200000, IQR = 168000) for rFVIII Fc. It is important to note that 26% of patients were < 12 years of age and 28.5% of patients were related to adjustment of doses for weight evolution, clinical need or ease of use. These data were combined with a significant reduction of annual infusions number (-23%, med = 146, IQR = 67 for rFVIII; med = 105 IQR = 25 for rFVIII Fc,  $P < 0.0001$ ) and bleedings (-51%, med = 4.5, IQR = 7.25 for rFVIII; med = 1, IQR = 4 for rFVIII Fc,  $P = 0.0003$ ). Concerning the cost, we noted a non-significant decrease (-5%, med = 126720 €, IQR = 140760 for rFVIII; med = 138096€, IQR = 122670 for rFVIII Fc;  $P = \text{NS } 0.2690$ )

**Discussion/Conclusion:** All results suggest that rFVIII Fc may improve the treatment and this analysis seems to corroborate predictive studies already described if we consider each type of patients (age, regimen). This study is a real life evaluation of rFVIII Fc product switches, but should be completed since the switch impacted factor consumption and cost but also quality of life of these patients

**Disclosure of Interest:** None declared.

### P135 | Outcome measures in patients with hemophilia by orthopedists and physiatrists compared with by pediatricians and internists

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**Introduction:** Outcome measurement is one of the most important factors due to evaluate hemostatic control for persons with hemophilia (PwH). This study was conducted to reveal the Japanese status of comprehensive hemophilia care by means of the investigation of outcome measure implementation by internist group (pediatrician and internist) and orthopedist group (orthopedist and physiatrist).

**Methods:** Questionnaire sheet was send to sixteen institutes which are major hemophilia treatment institutes. The sheets was consisted three domains; respondent domain (specialty, majority of PwH, number of out- and in- PwH), outcome measure domain (symptom, examination, medical resource and life activity) and measurement tool domain (physical findings, imaging and participation and activity).

**Results:** 27 answered sheets were returned from sixteen institutes and 17 were from internist group (pediatrician and internist) and 10 from orthopedist group (orthopedist and physiatrist). Number of out- and in- patients of orthopedist group were smaller than those of internist group. The interview ratio routinely (per every visit or a couple visit) about most items by internist group were similar or higher than those by orthopedist group. The ratio about physical and articular imaging examination by orthopedist group were higher than those by internists group and orthopedist group know and understand physical and articular imaging examination tool better than internist group. However the ratio about participation and activity by both groups were almost zero and understood not well.

**Discussion/Conclusion:** In Japan, there are no authorized hemophilia treatment center (HTC) but we have several so-called HTCs. We thought that orthopedists and physiatrists in most of these HTC lack the knowledge and experience about hemophilia and have poor relationship with internist and pediatrician. However our study results showed the improvement in awareness of orthopedist group physicians and better relationship among them. This study results showed evaluation of participation and activity are minor concern