

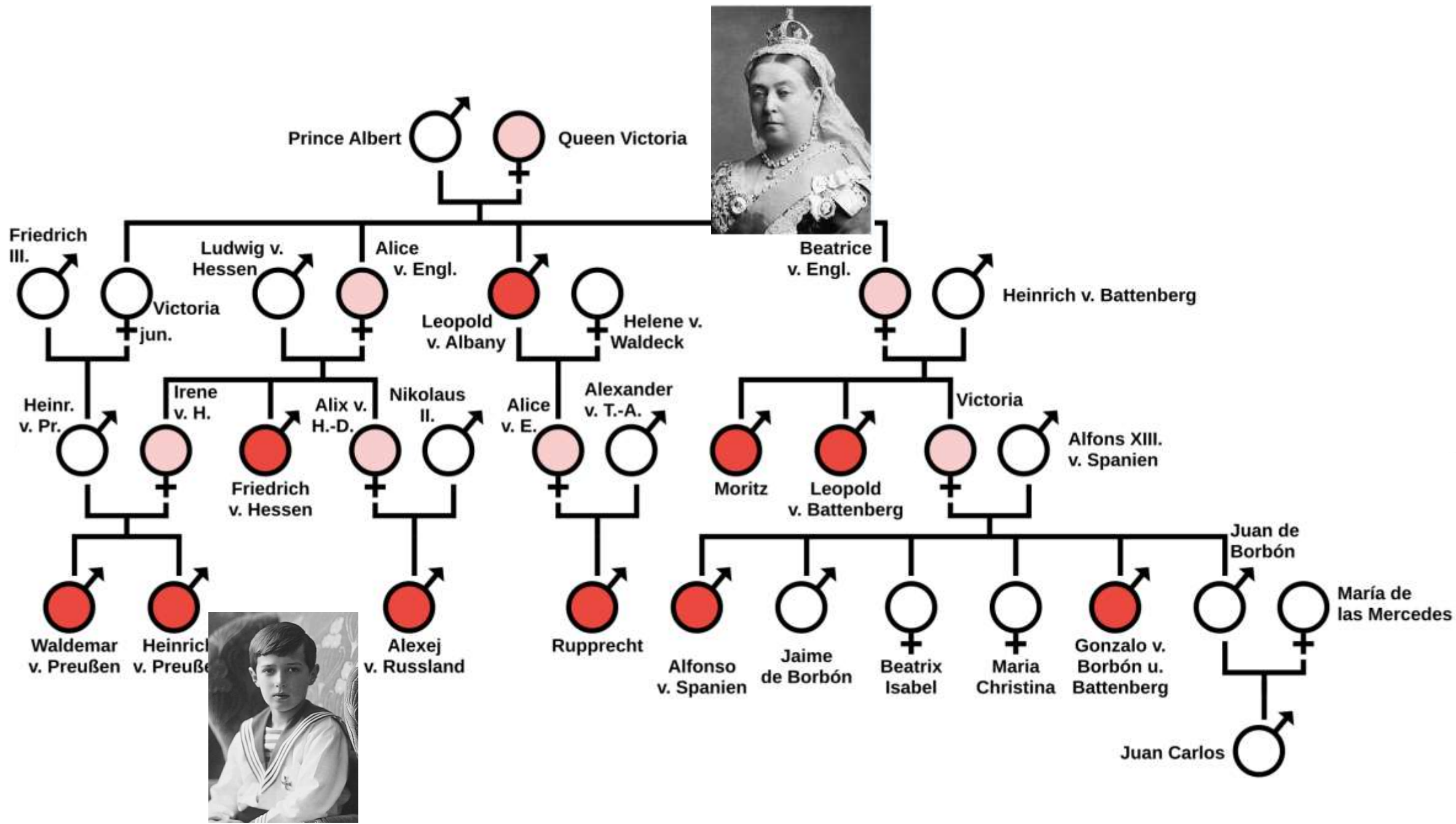
Behandeling van hemofilie

Quentin Van Thillo

Les Klinische Biologie

04.11.2025





Haemophilia is chronic, debilitating disease



Haemarthrosis

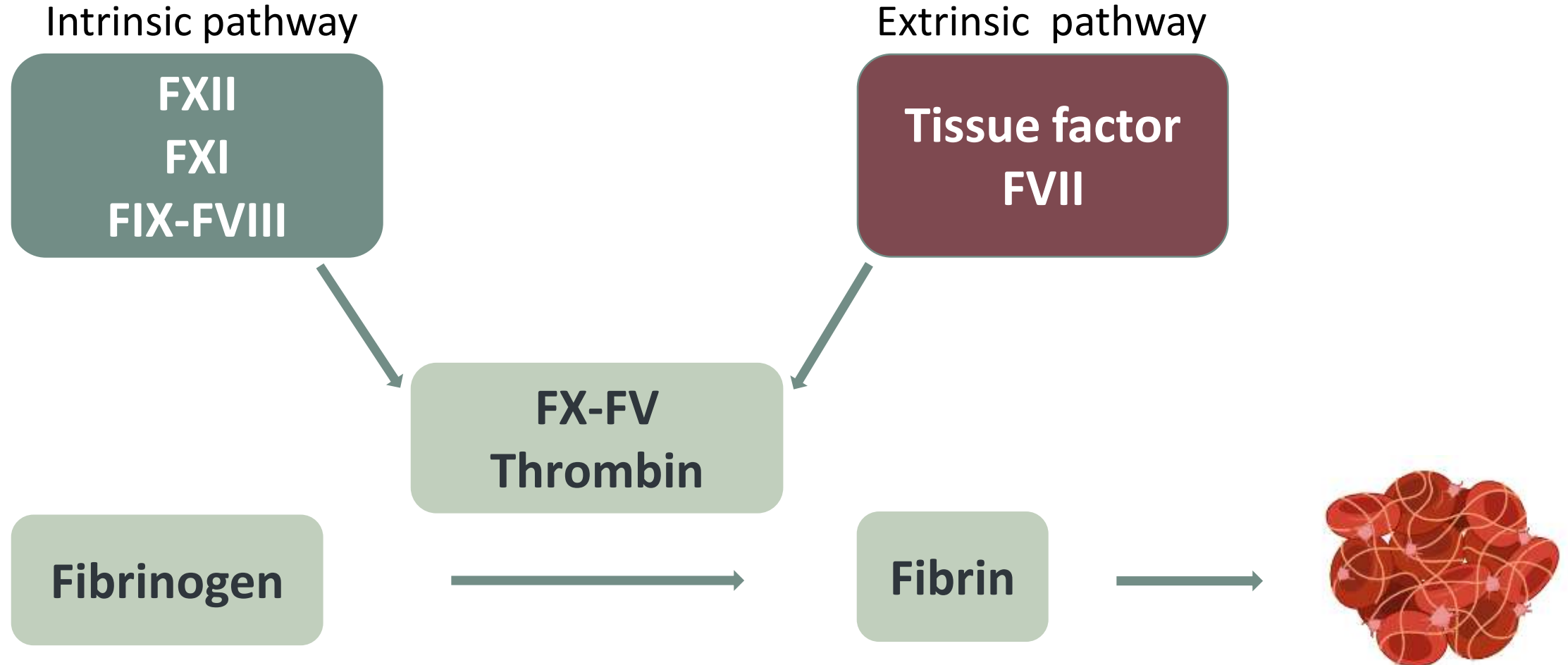


Severe bleeding

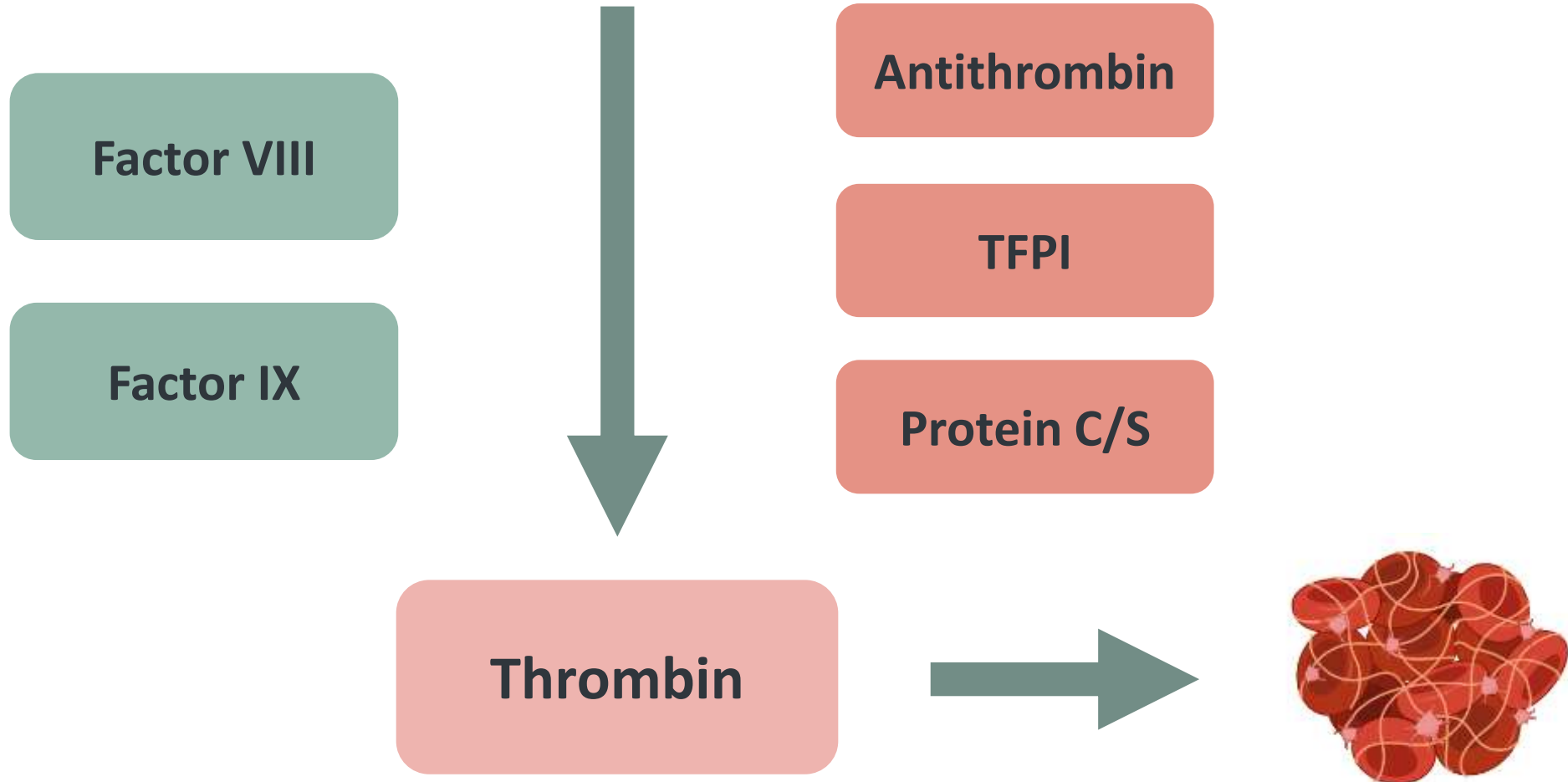


Chronic pain

FVIII or FIX deficiency reduces clot formation



Thrombin is the key player in coagulation



The severity of haemophilia depends on the factor level

Factor level (%)

100

40

5

1

Normal range

Mild haemophilia

Moderate haemophilia

Severe haemophilia

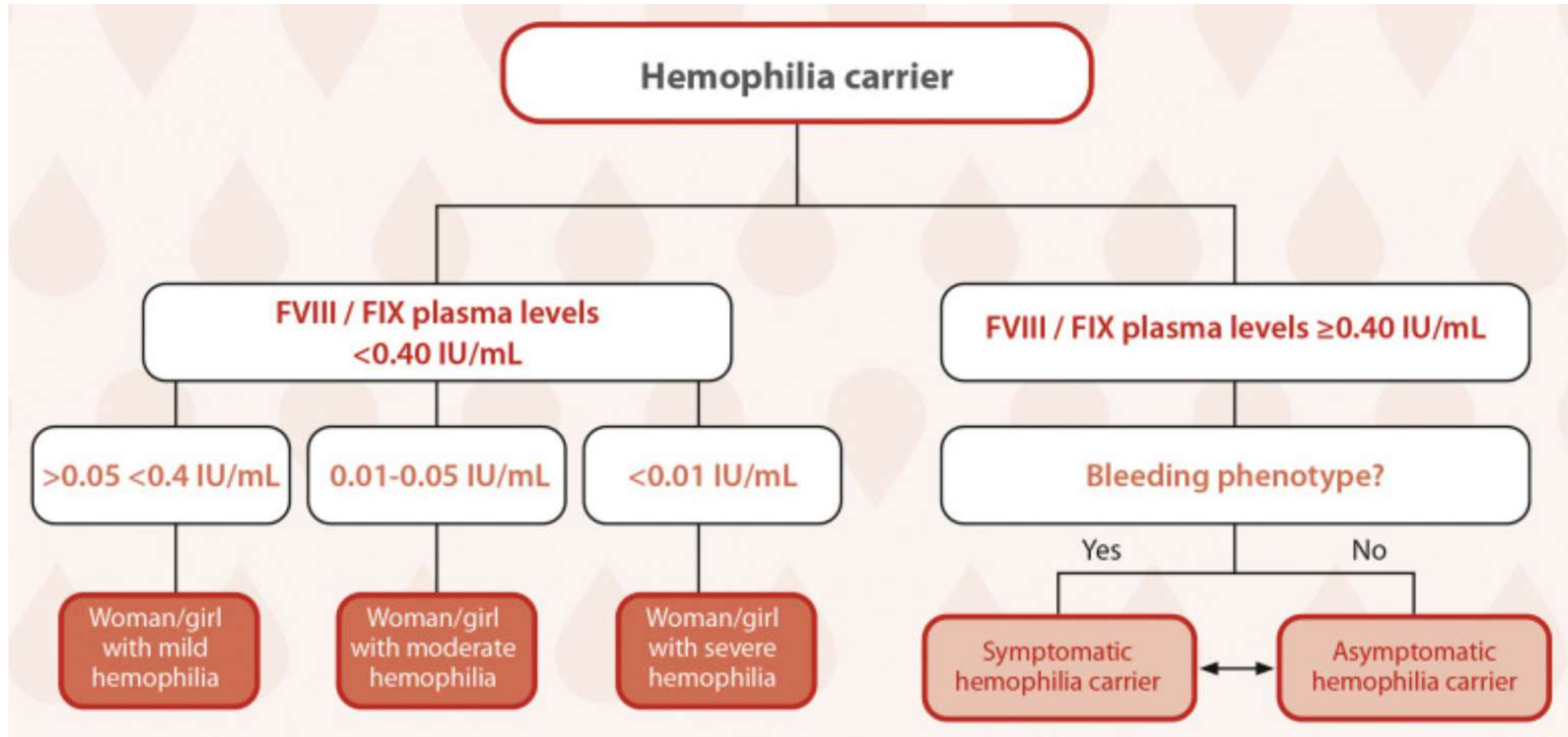


Haemophilia is typically diagnosed
in the first year of life





Women are also affected by haemophilia



Haemophilia is not always congenital

75-year old man, history of Afib (apixaban 2x 2.5 mg)

gastro-intestinal bleed and shock – duodenitis

Haemophilia is not always congenital

75-year old man, history of Afib (apixaban 2x 2.5 mg)

gastro-intestinal bleed and shock – duodenitis

secondary NSTEMI → clopidogrel

The patient continues to bleed

haematuria after self-removal urinary catheter

→ stop clopidogrel and apixaban, switch to prophylactic LMWH

The patient continues to bleed

haematuria after self-removal urinary catheter

→ stop clopidogrel and apixaban, switch to prophylactic LMWH

bleeding after removal arterial line

haematoma after fall

bruises +++

What about the coagulation?

06-06-2025 10:43 - bloed

Protrombinetijd (PT)	15.8	s	11.7 - 15.3
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Protrombinetijd (PT)	76	%	70 - 150
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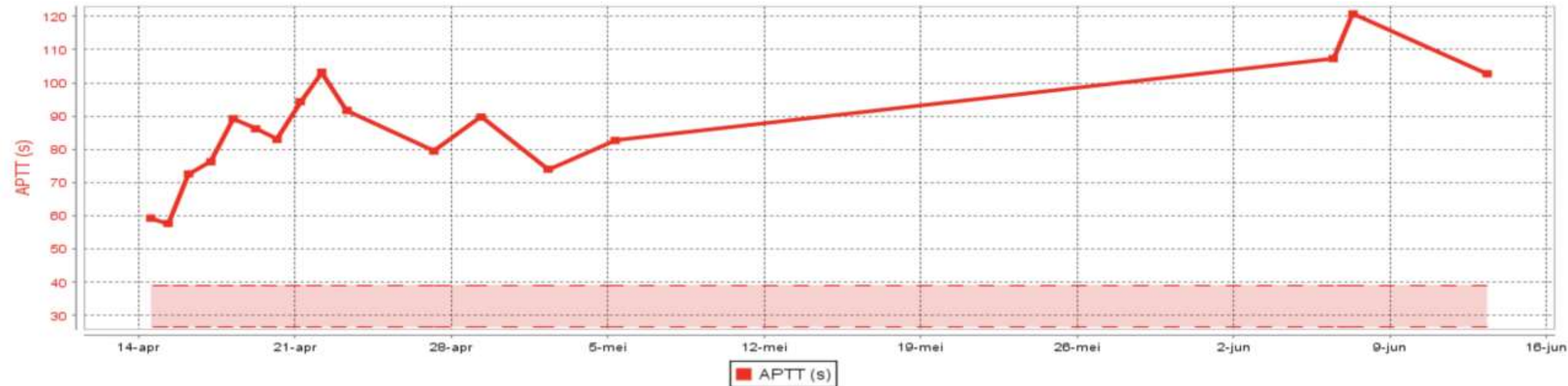
Protrombinetijd (PT)	1.20	INR	
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↳ Resultaat voor patiënten behandeld met vitamine-K-antagonisten: therapeutische antistolling bij INR = 2 - 3.

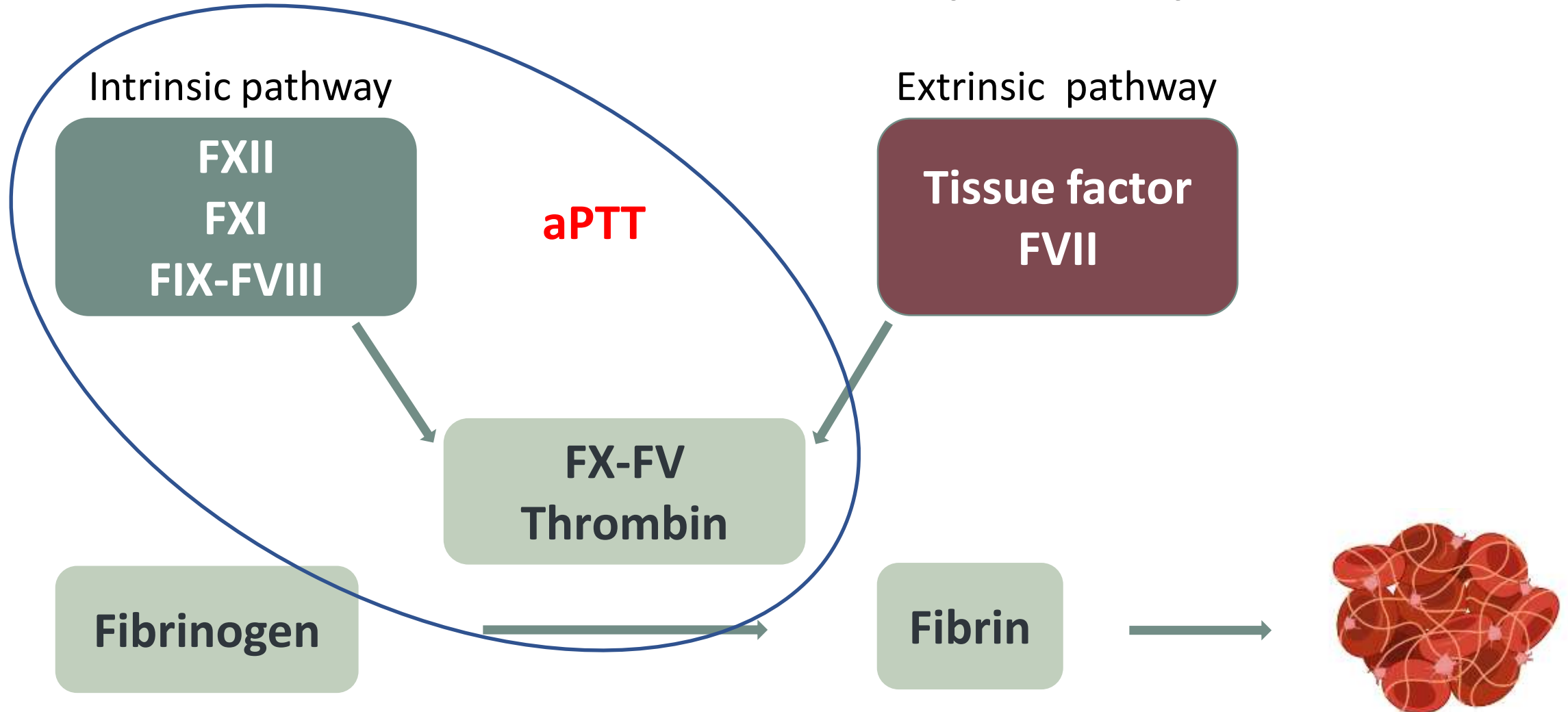
Enkel bij mechanische hartkleppen en bij sommige patiënten met het antifosfolipidensyndroom wordt intenser geanticoaguleerd: INR = 2,5 - 3,5.

APTT	107.3	s	26.6 - 39.2
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aPTT has already been prolonged for 2 months!



The aPTT evaluates the intrinsic pathway



07-06-2025 08:00 - bloed

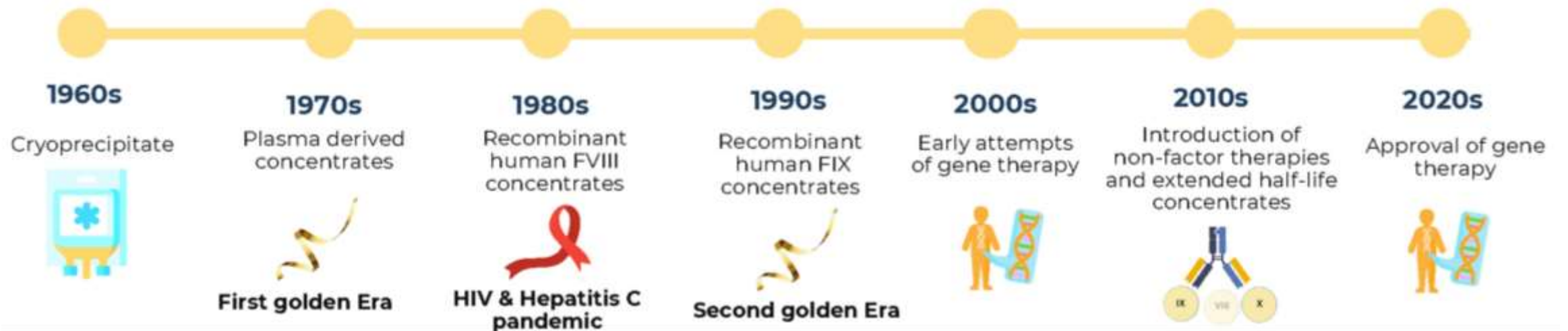
APTT	120.7	s	26.6 - 39.2
Resultaat werd telefonisch doorgegeven op 07-06-2025 10:08 op tel. nr. 013354263 (dokterskamer hospitalisatie 2220)			
Trombinetijd	18.1	s	18.0 - 26.0
Factor VIII coagulans	0.6	%	50.0 - 150.0
Factor VIII coagulans inhib. screening	Aanwezig		
Factor VIII coagulans inhibitor	46.0	BU	≤ 0.3
Factor IX coagulans	71.8	%	70.0 - 130.0
Factor XI	62.8	%	70.0 - 130.0
Factor XII	52.9	%	70.0 - 130.0
Lupus anticoagulans	De analyse laat niet toe om de aanwezigheid van een licht lupus anticoagulans uit te sluiten. De		

07-06-2025 08:00 - bloed

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Acquired haemophilia A

A 60-year old patient has seen many changes to his treatment



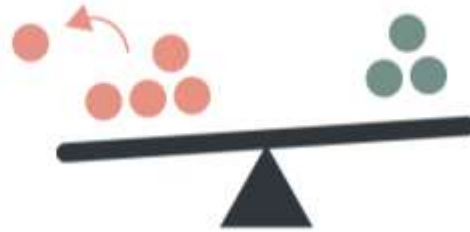
Many good options will be available in the near future



Emicizumab



Factor VIII



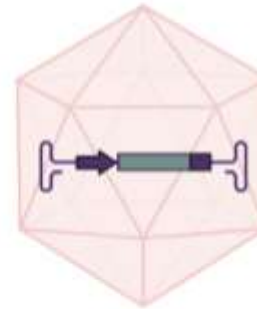
Rebalancing agents



Factor concentrate



Factor IX



Gene therapy

current treatments

upcoming treatments

rebalancing agents

current treatments

factor concentrate

emicizumab

upcoming treatments

rebalancing agents

Current therapies either supplement the missing factor or mimic its activity



Factor concentrate

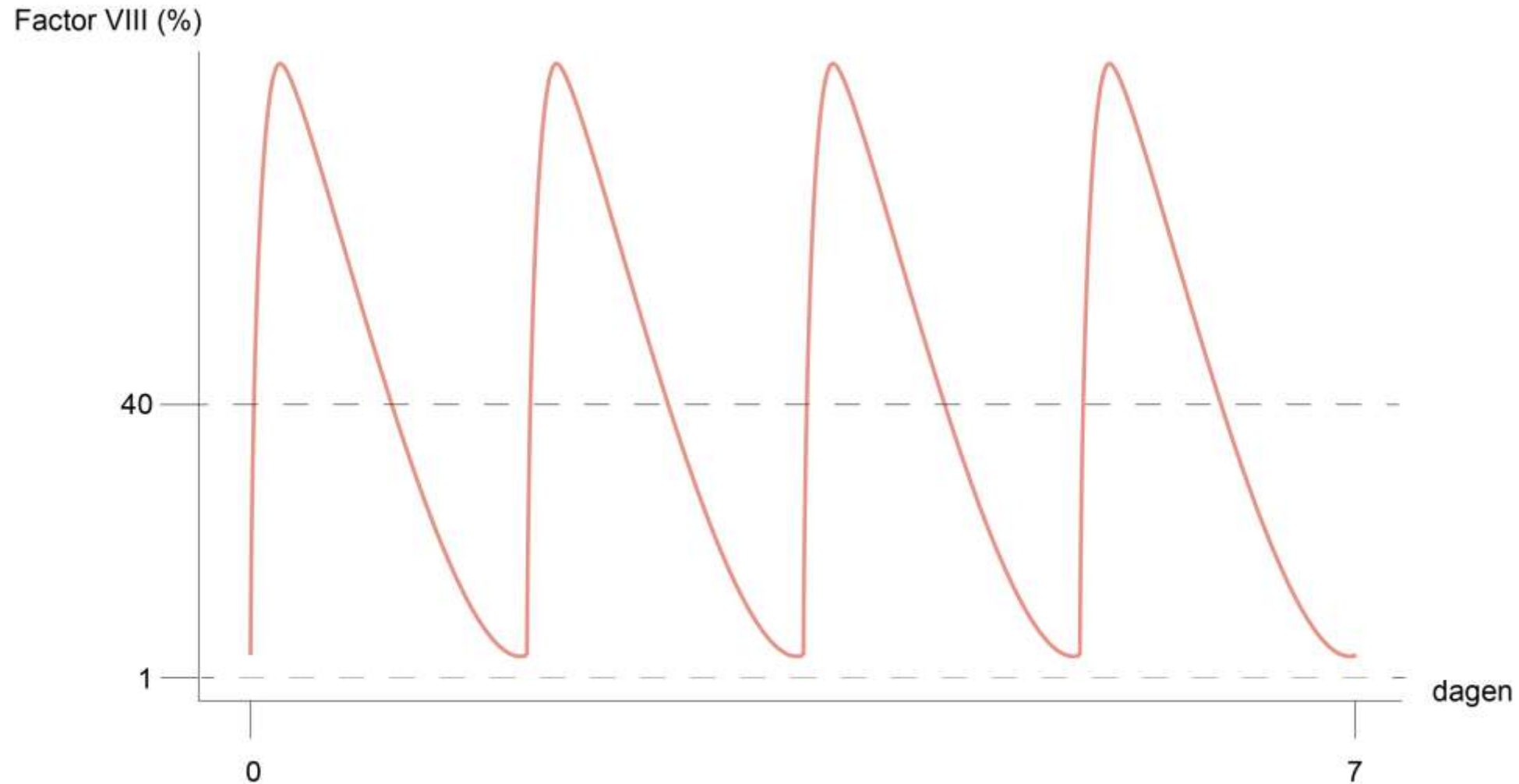
Factor VIII

Factor IX



Emicizumab
(Hemlibra)

Factor infusion results in peaks and troughs



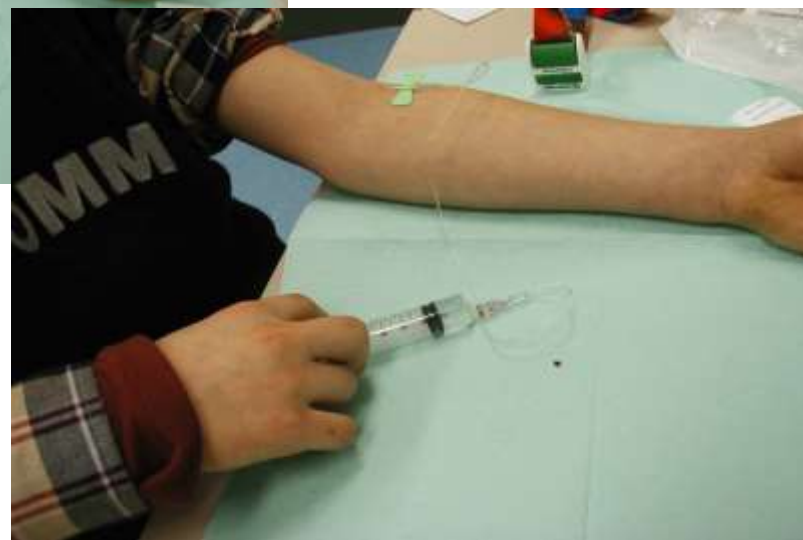
Factor infusion is very burdensome for patients



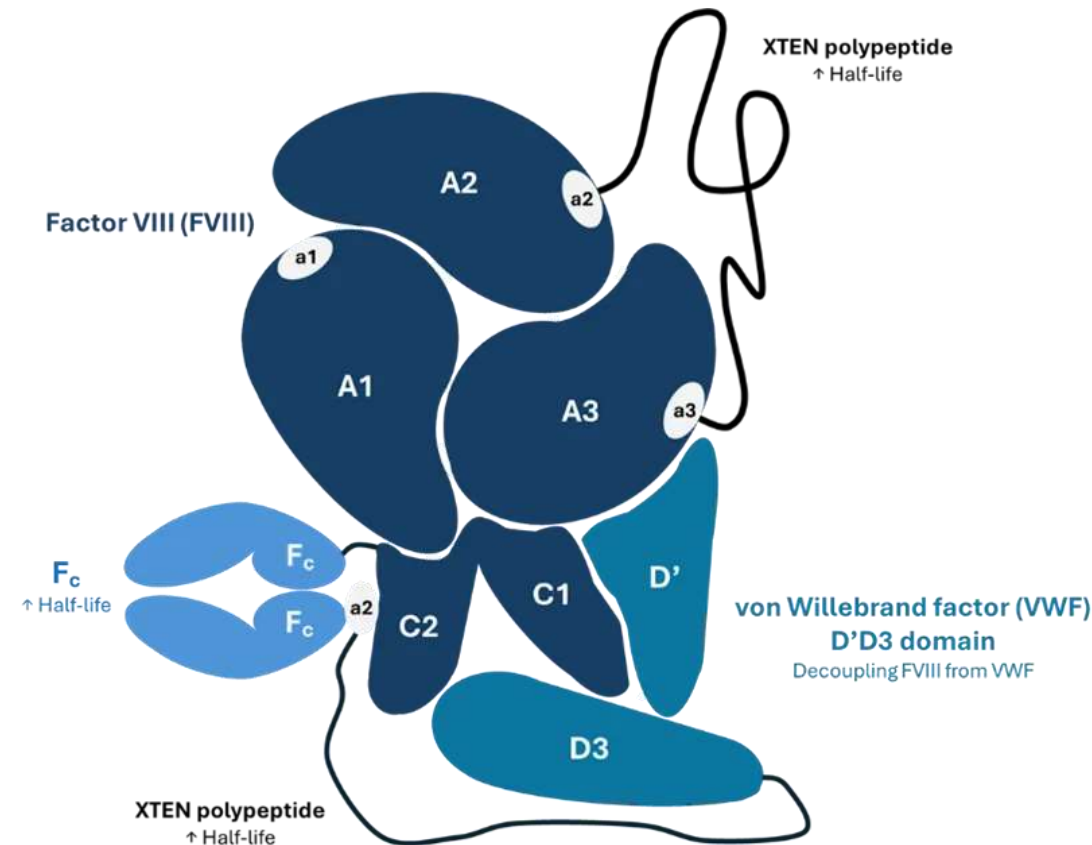
Factor concentrate

Intravenous

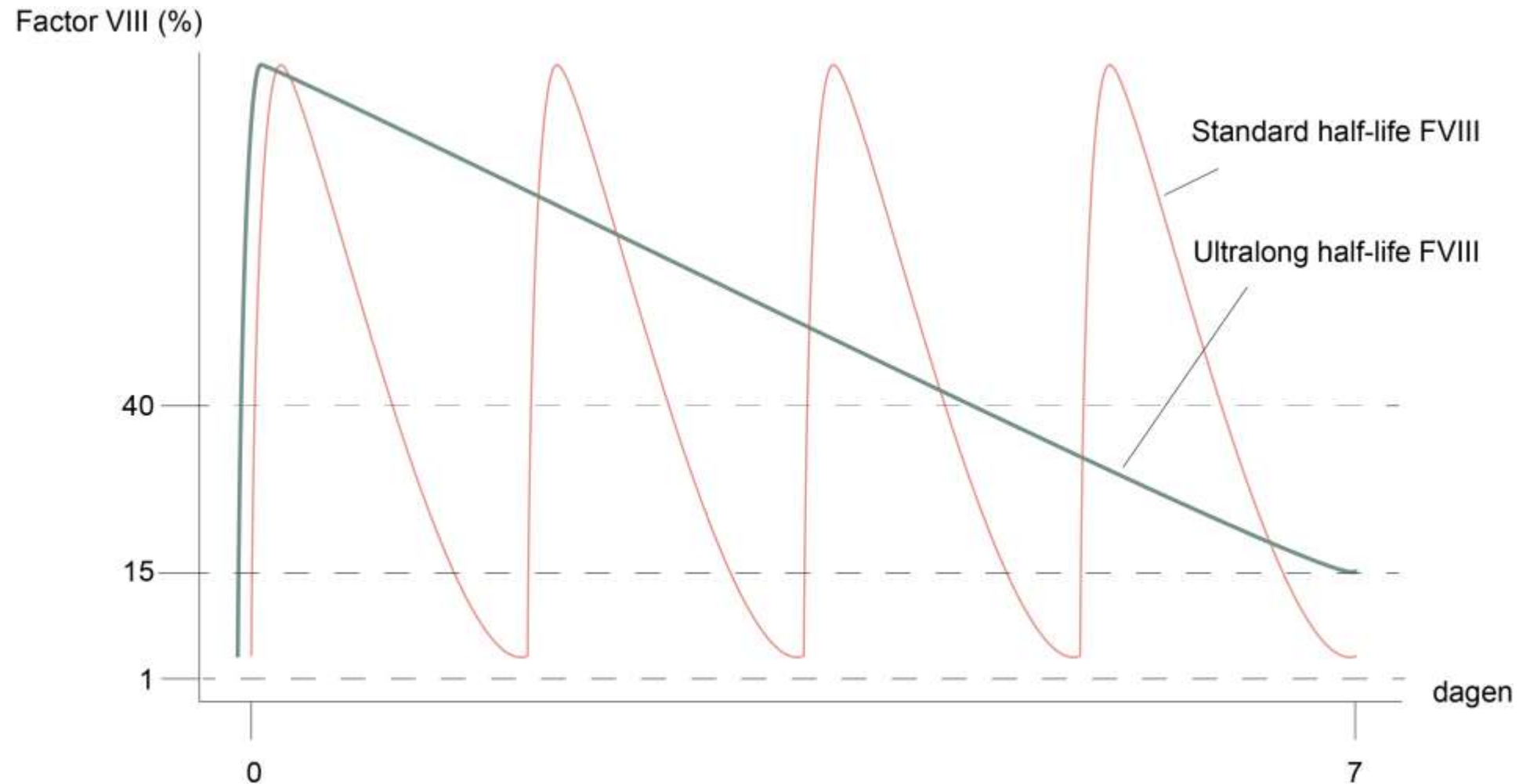
Not in case of inhibitors



Efanosoctocog alpha (efa) overcomes the VWF-imposed half-life ceiling



Efa has an ultralong half-life



Adapted from von Drygalski et al. NEJM 2024

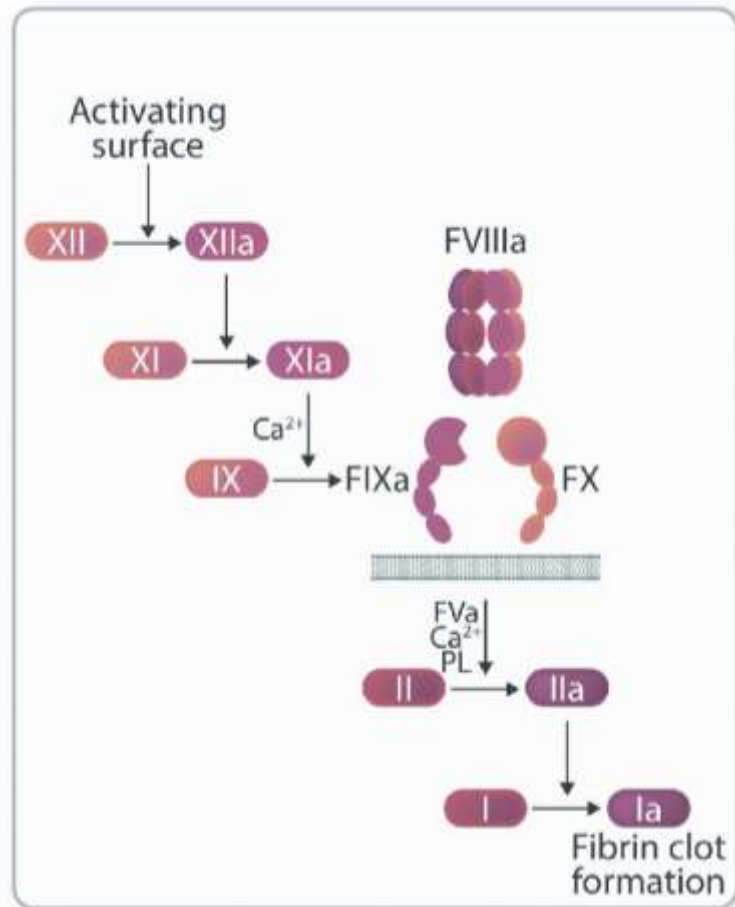
current treatments

factor concentrate
emicizumab

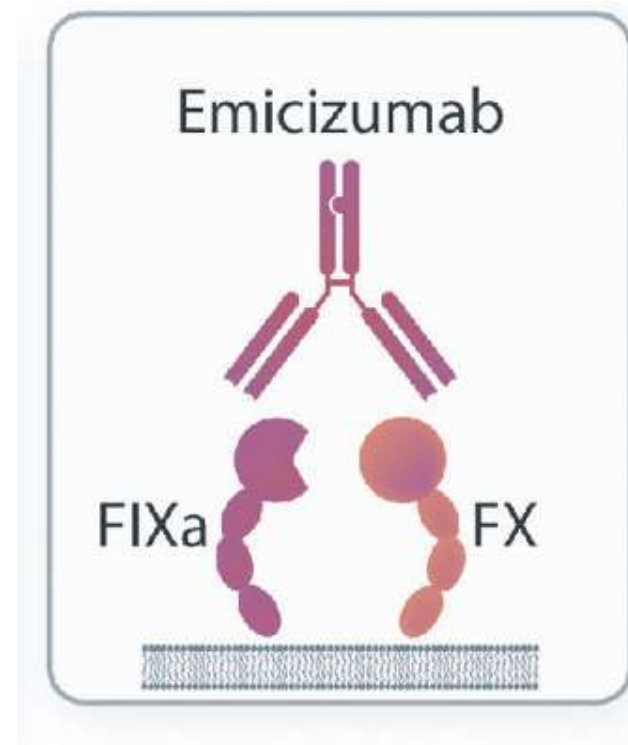
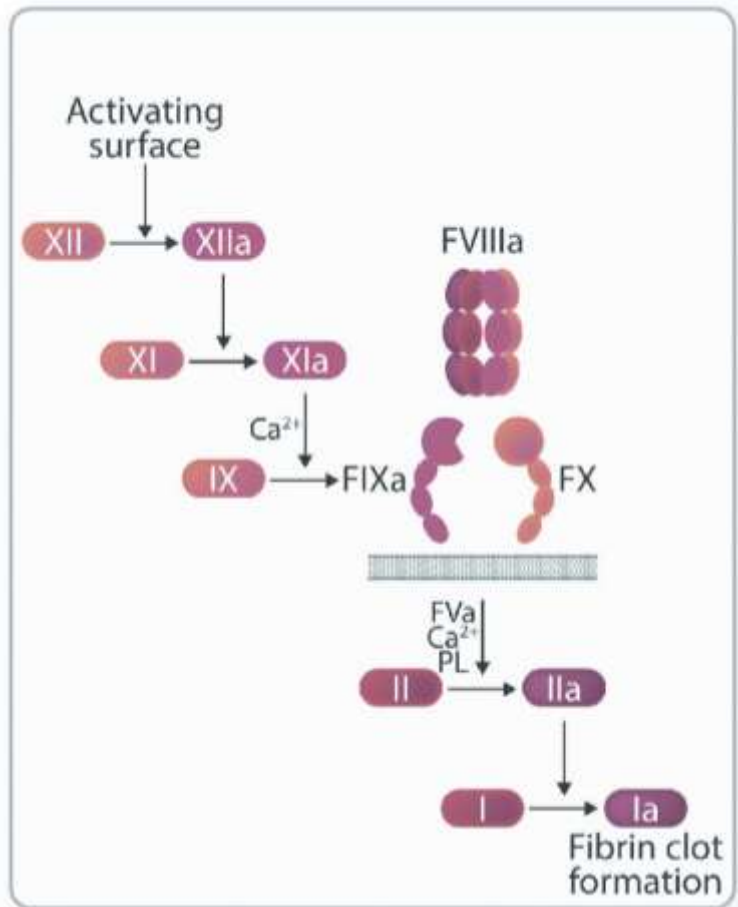
upcoming treatments

rebalancing agents

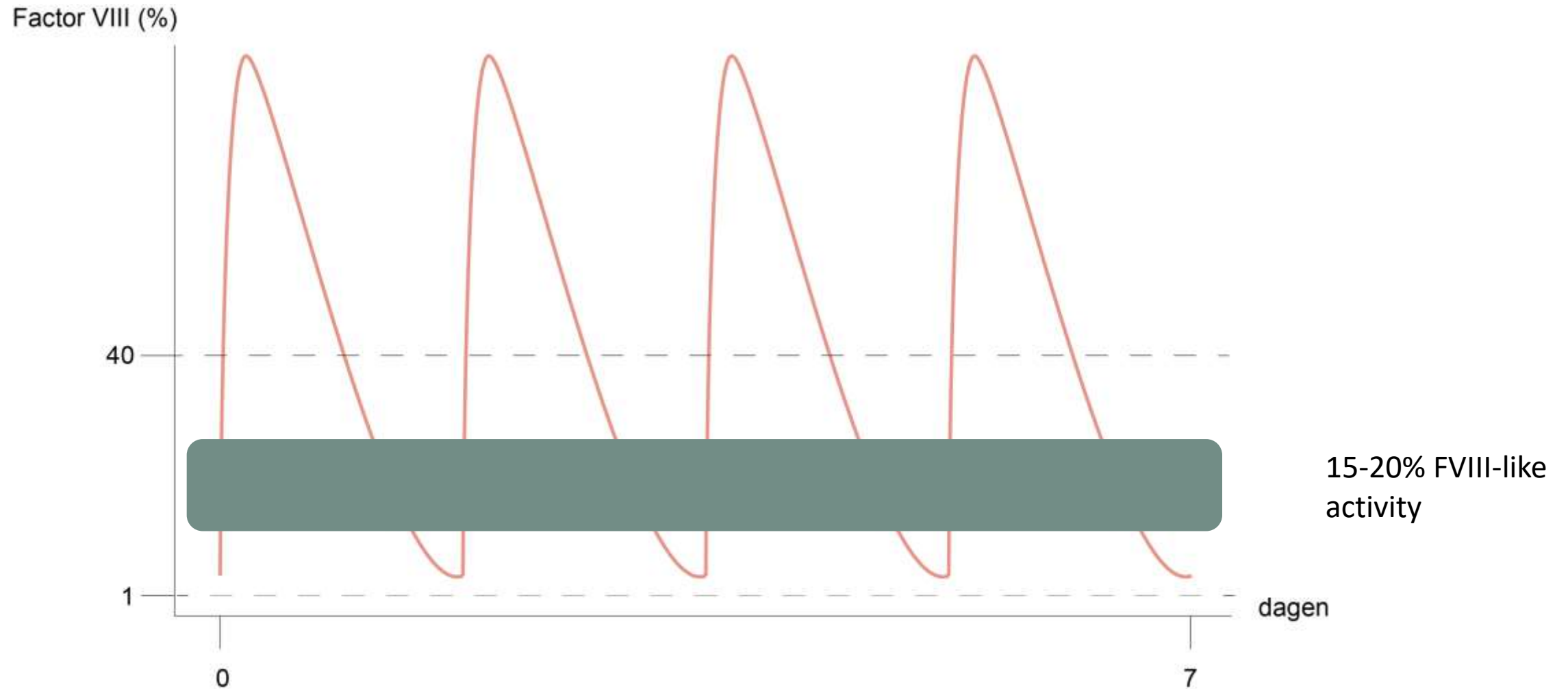
Emi mimics the function of FVIII



Emi mimics the function of FVIII



Emi results in a constant FVIII-like activity



Emi provides excellent protection



Emicizumab

Few bleeds

Subcutaneous

But emi does not protect against
traumatic and surgery-related bleeds



Emicizumab

Only for hemophilia A

Insufficient protection
for some activities

Emi is the backbone of the management of acquired haemophilia

quick step-up dosing of emicizumab

rFVIIa in case of acute bleeds

only start immunosuppression after initial stabilisation

Emi is the backbone of the management of acquired haemophilia



After 1 week of emicizumab



current treatments

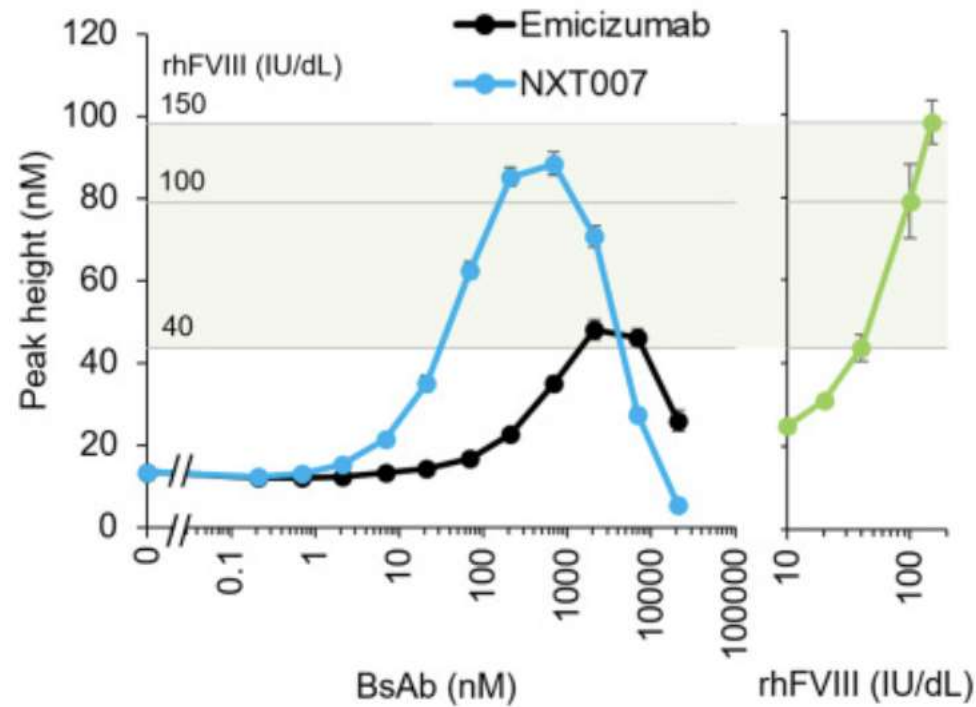
upcoming treatments

2nd generation mimetics

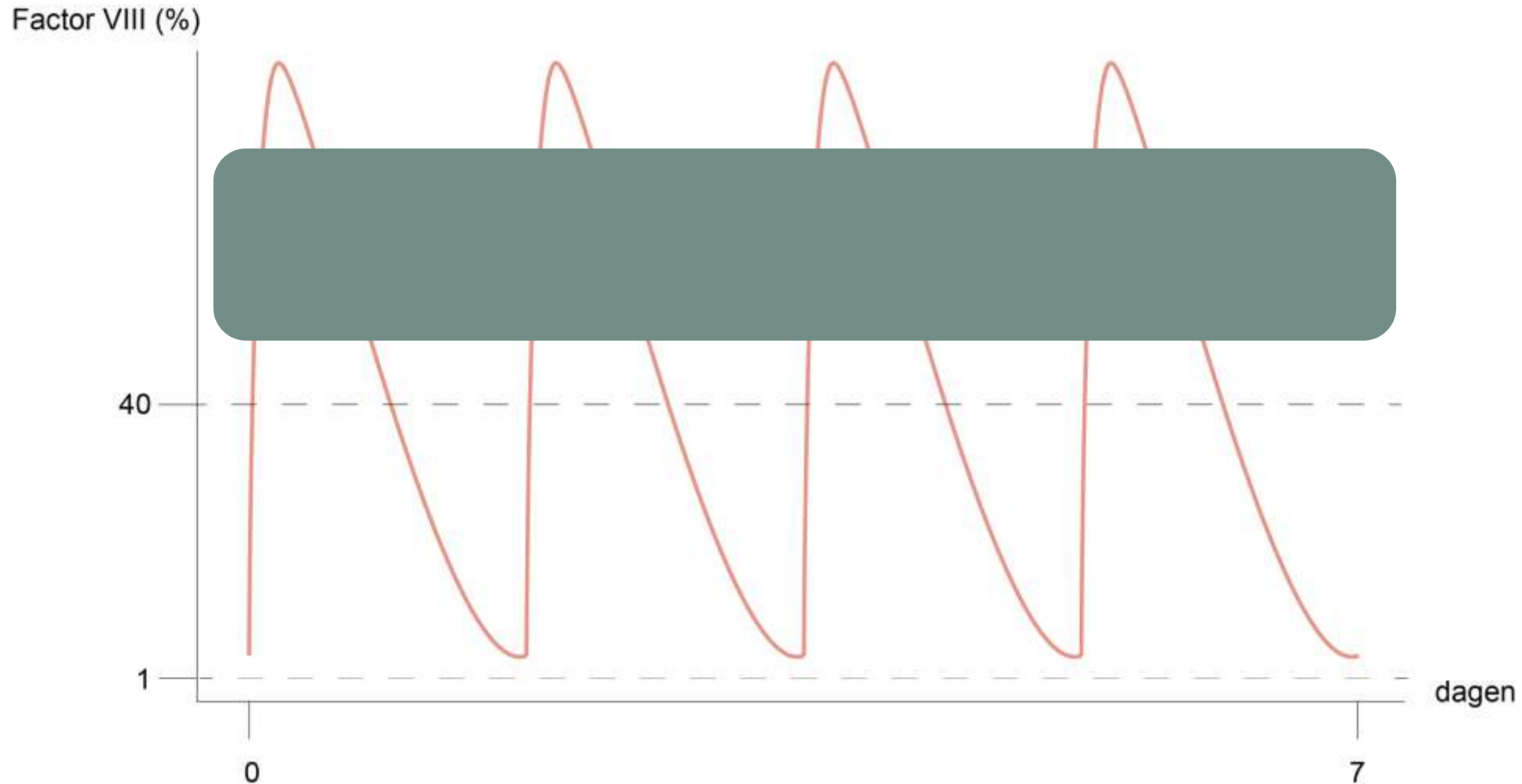
gene therapy

rebalancing agents

NXT007 induces a high peak of thrombin in FVIII-deficient plasma



NXT007 and mim8 will result in
a non-hemophilia range of FVIII activity



Inno8 is an ultrapotent oral FVIII mimetic

nanobody technology

daily oral treatment

in vitro +/- 100x more powerful than emi

5x more powerful than mim8

current treatments

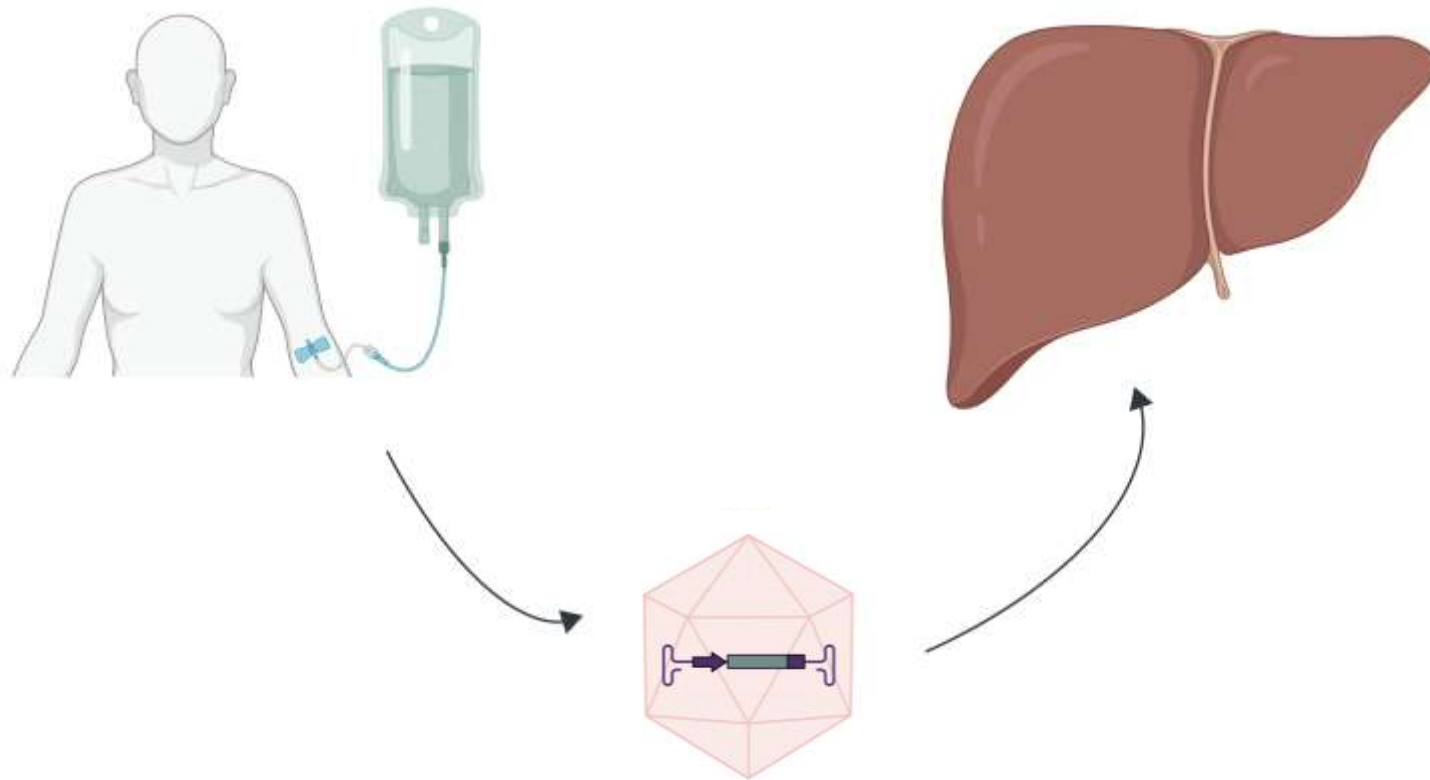
upcoming treatments

2nd generation mimetics

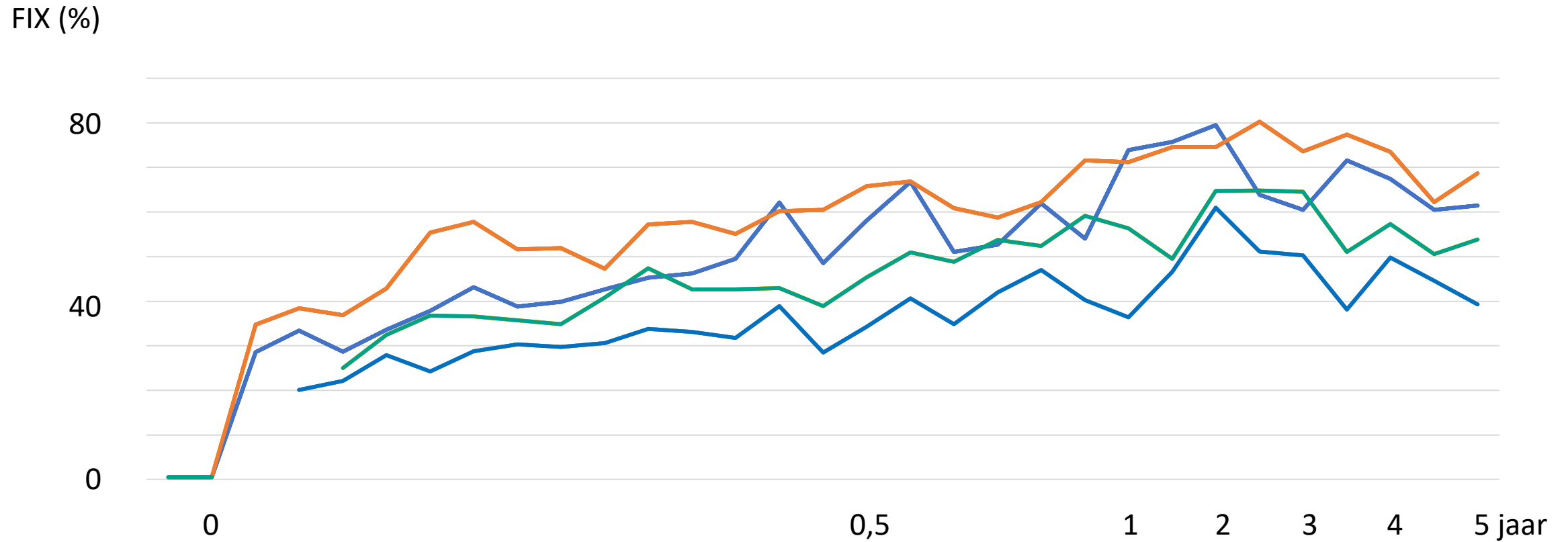
gene therapy

rebalancing agents

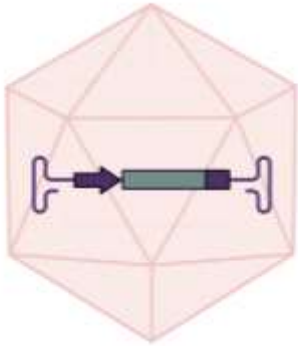
Using an AAV vector, the gene product is directed towards the hepatocytes



In Leuven 4 people with haemophilia B were successfully treated with gene therapy



Gene therapy aims to replace the missing factor in a permanent way

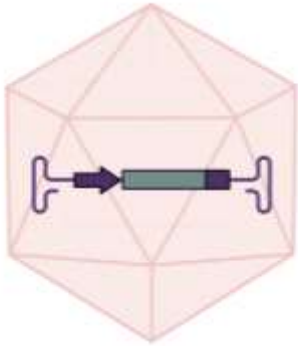


Gene therapy

One infusion

Majority remains free from
prophylaxis

Gene therapy aims to replace the missing factor in a permanent way



Gene therapy

Durability in hemophilia A?

Frequent need for steroids

Not in case of inhibitors

Only in adults

Partly porcine ET3 FVIII induces stable activity after transplantation with CD34+ cells

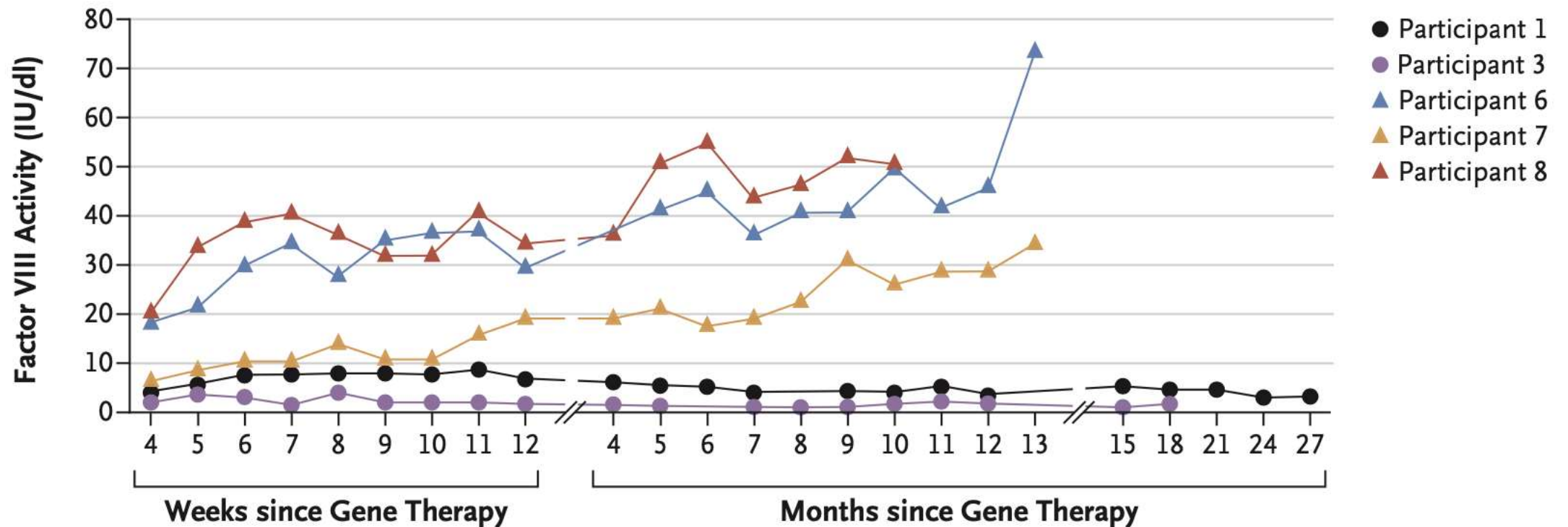
5 patients undergoing autologous stem cell transplantation

CD68-LV-ET3 (partly porcine)

requires myeloablative conditioning

Partly porcine ET3 FVIII induces stable activity after transplantation with CD34+ cells

Serial Factor VIII Activity (One-Stage Assay) after Gene Therapy



current treatments

upcoming treatments

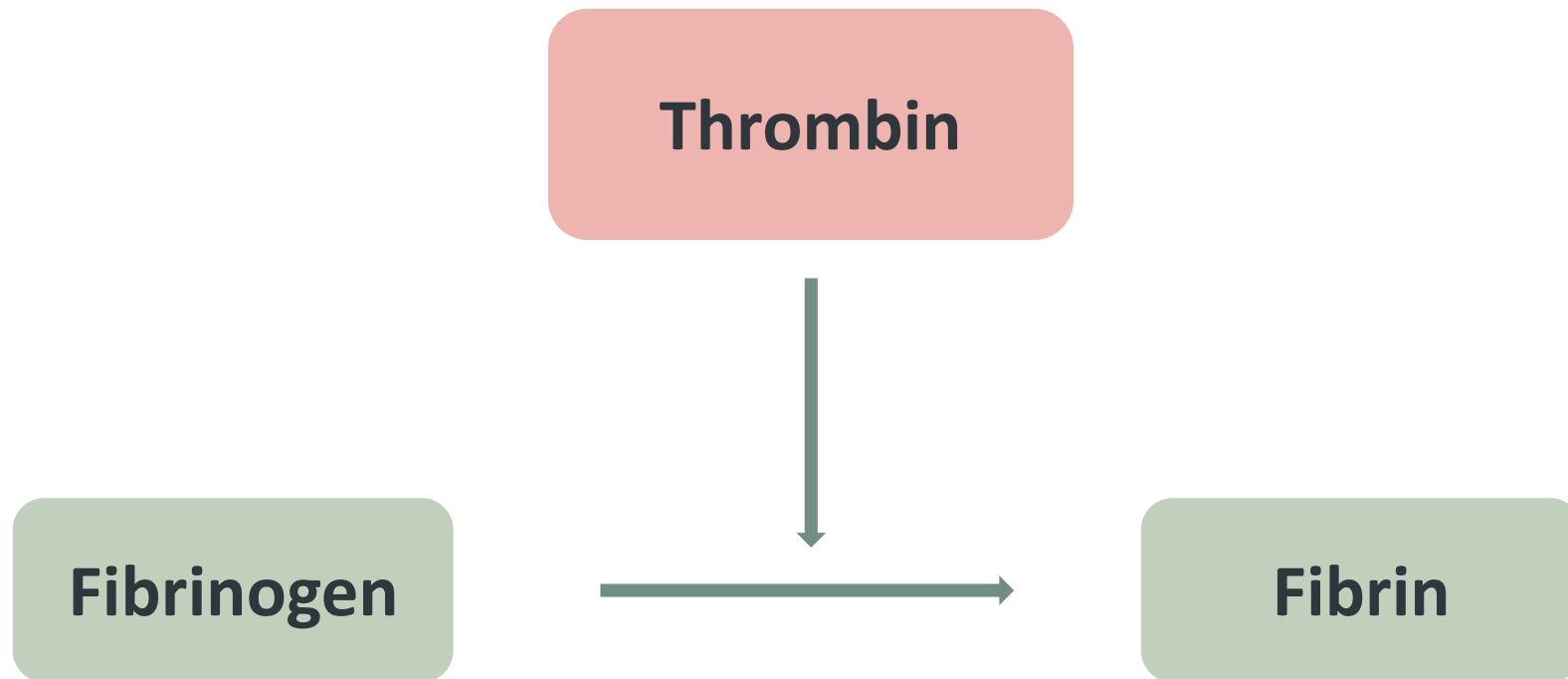
ultralong FVIII

2nd generation mimetics

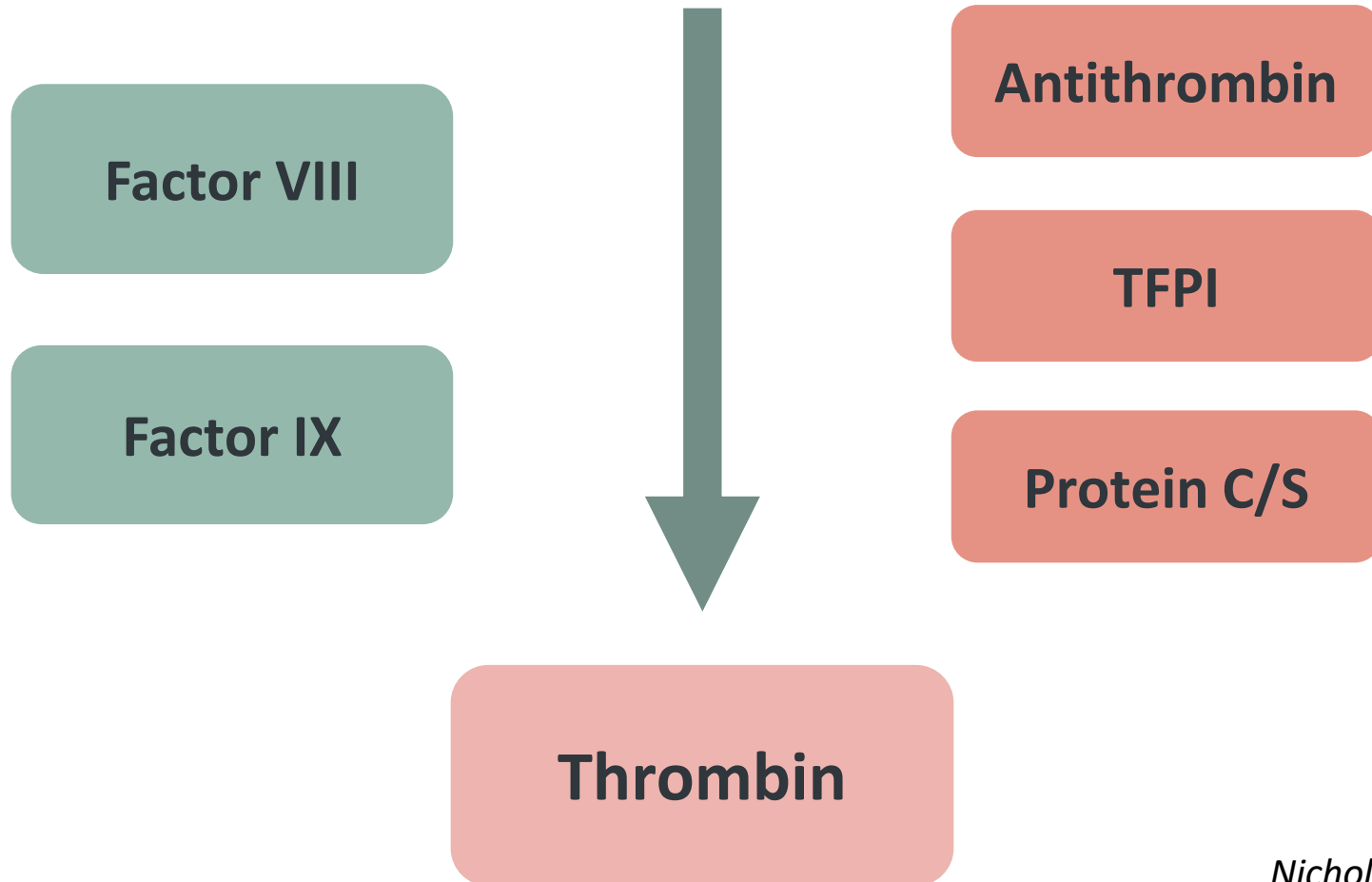
gene therapy

rebalancing agents

Haemophilia is a disease of thrombin generation



Thrombophilia can attenuate the bleeding phenotype in haemophilia

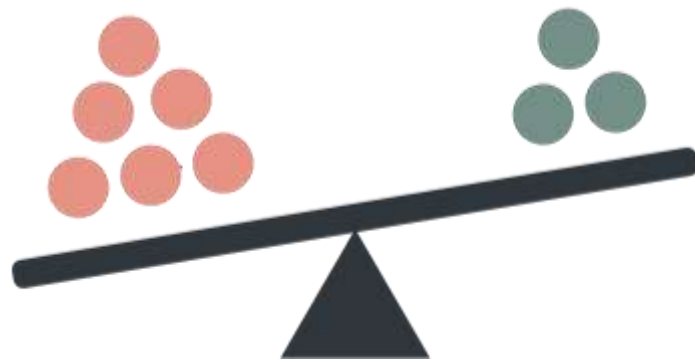


Nichols et al. Blood 1996

van Dijk et al. Thromb Haemost 2004

Franchini et al. Semin Thromb Hemost 2009

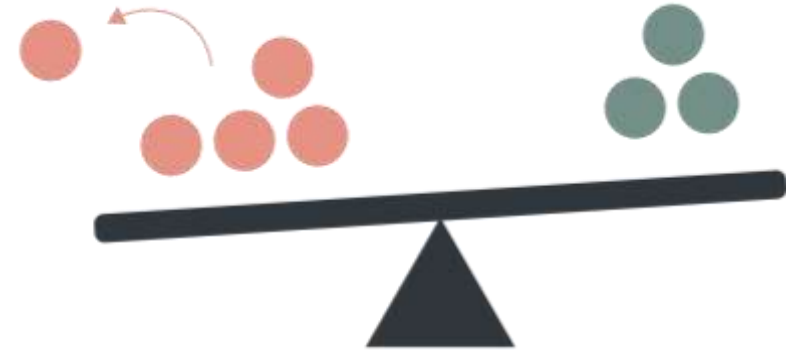
Haemostasis can be rebalanced in haemophilia



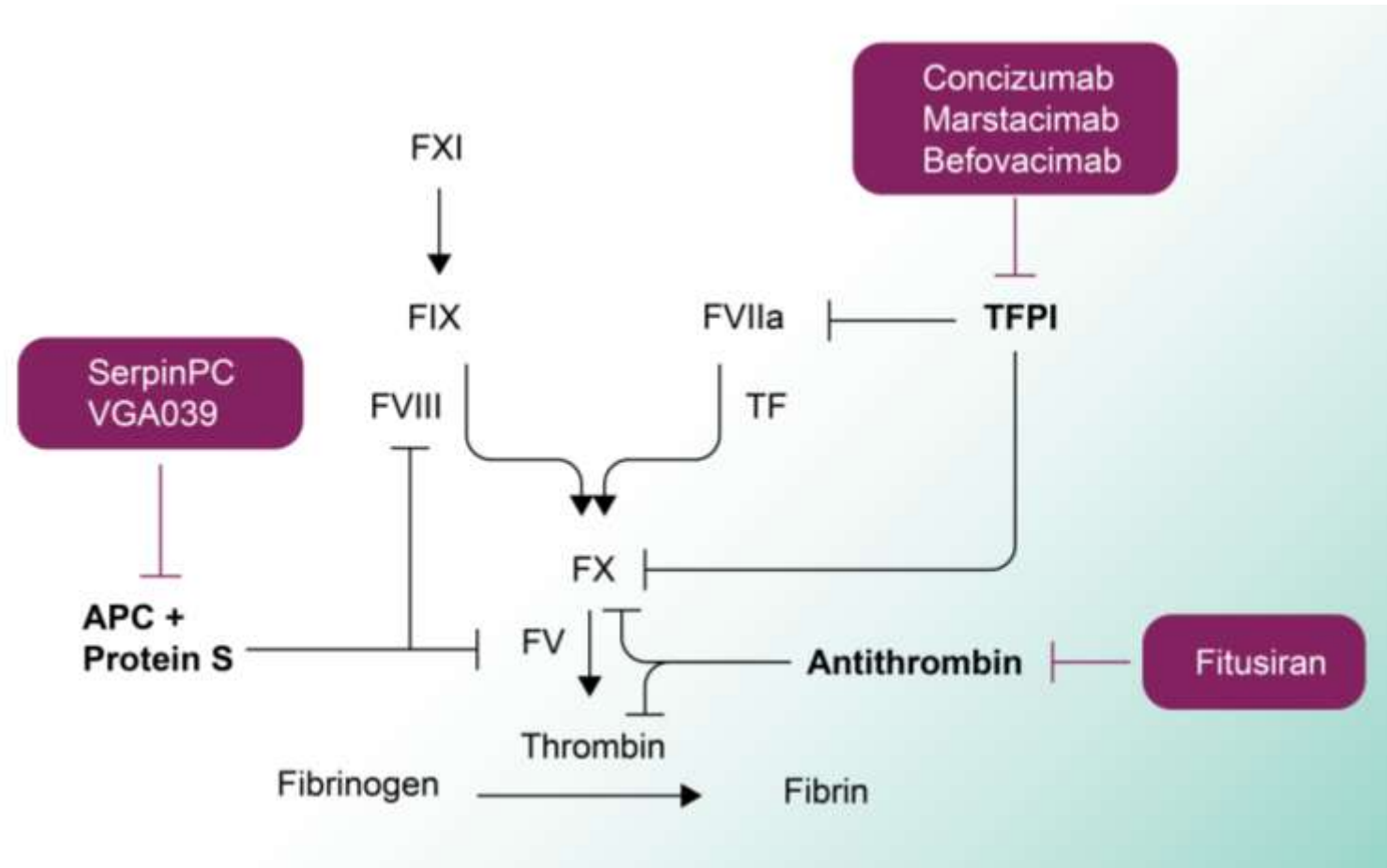
Haemophilia



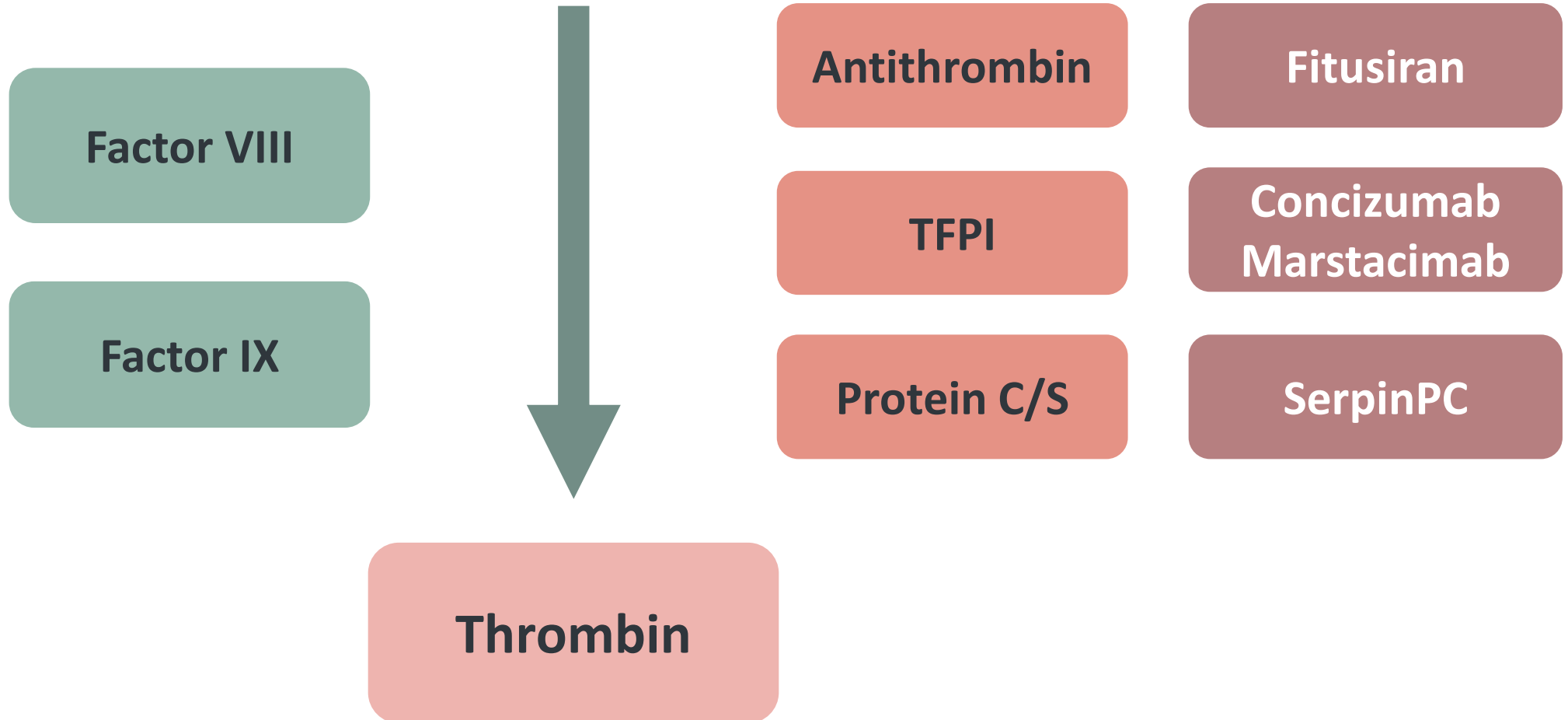
Rebalancing agent

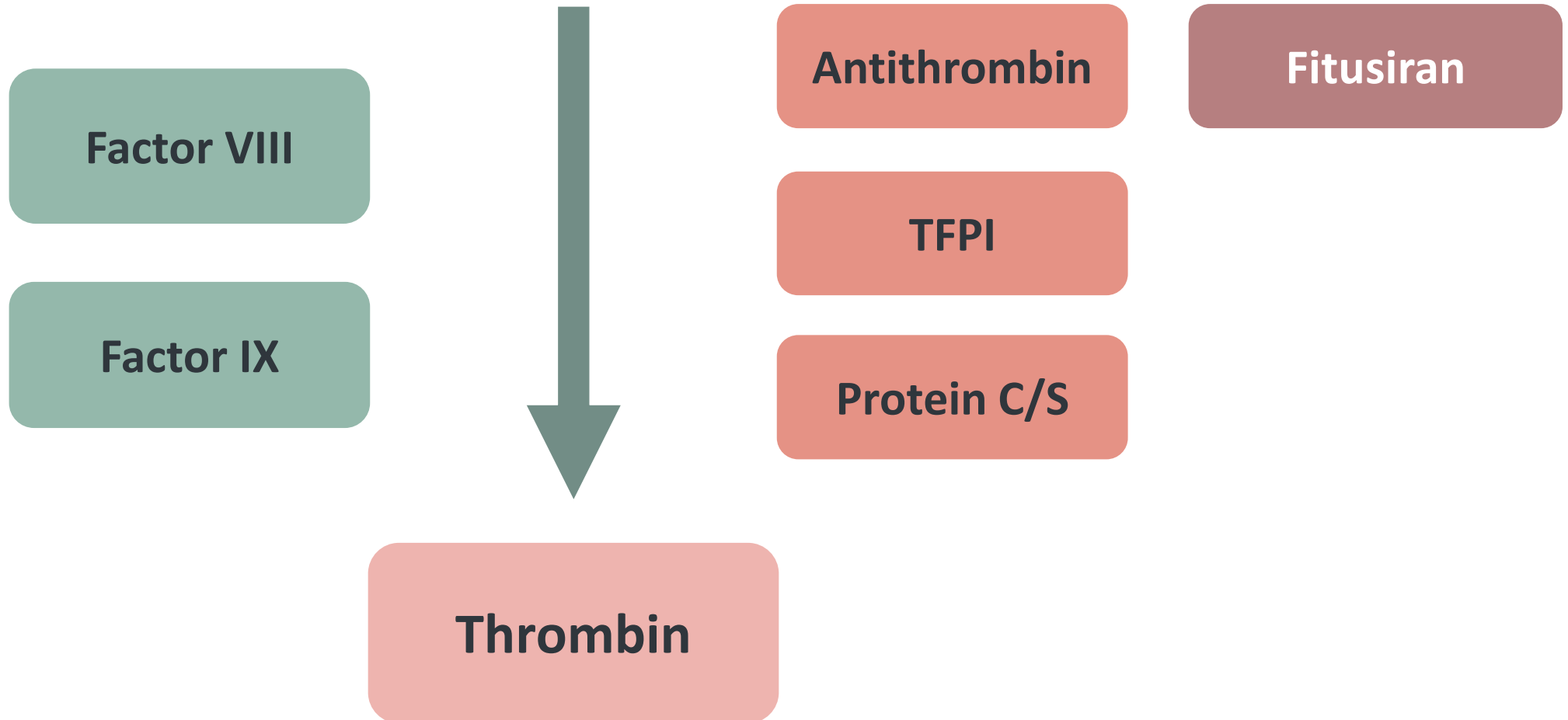


Rebalancing provides new options for treatment



Haemostasis can be rebalanced in haemophilia





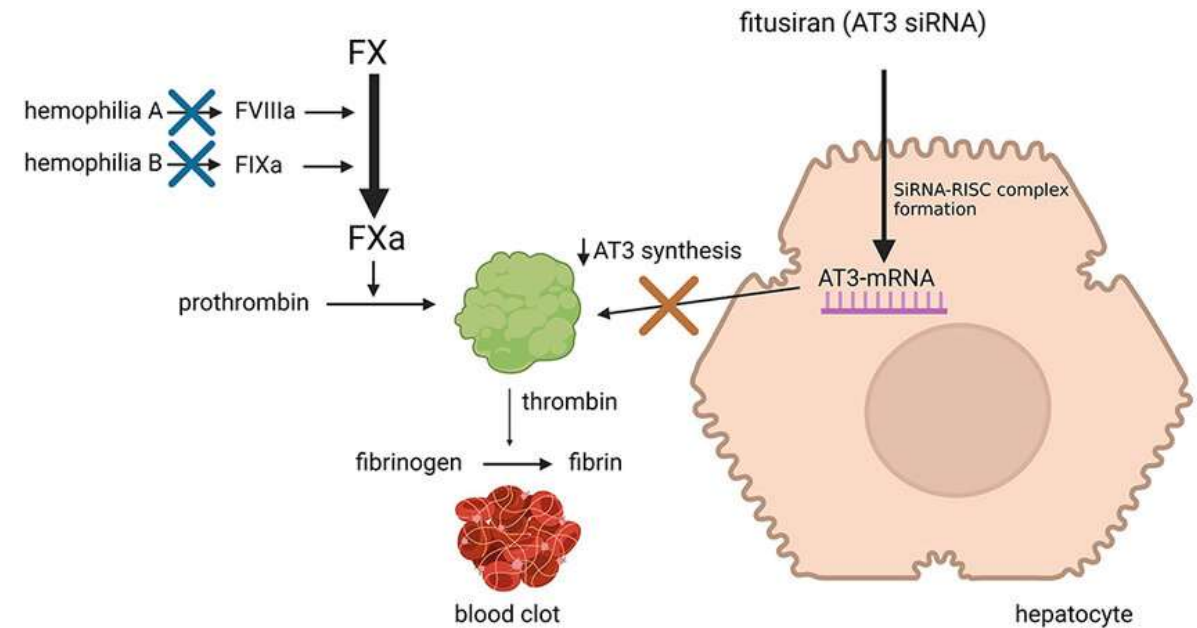
Fitusiran downregulates antithrombin

siRNA against antithrombin

directed at hepatocytes
(N-acetylgalactosamine)

AT levels 15-35 ~

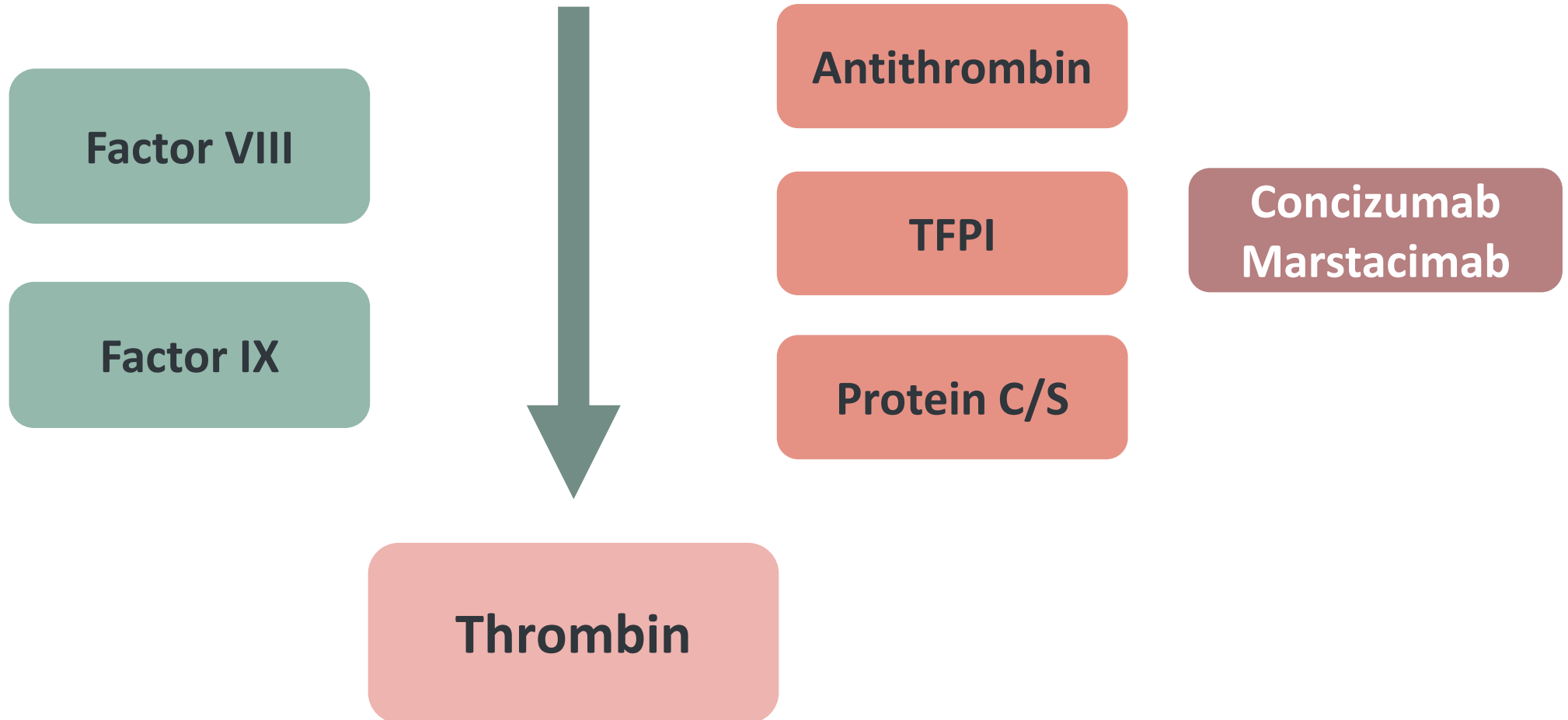
FVIII activity of 20-40%



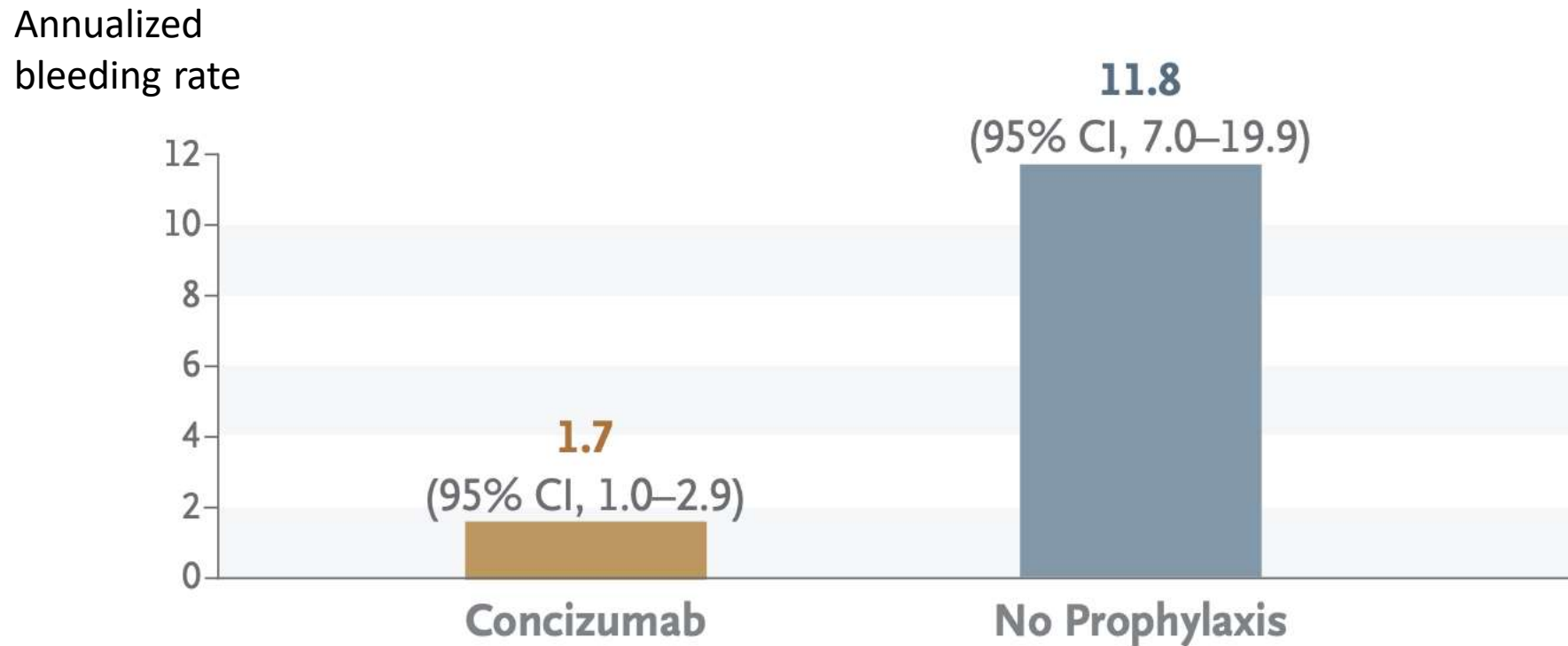
Seghal et al. Nat Med 2015

Kaddi et al. Blood 2022

Boyce and Rangarajan J Blood Med 2023



Concizumab reduces bleeding in patients with and without inhibitors




Marstacimab is approved for patients without inhibitors

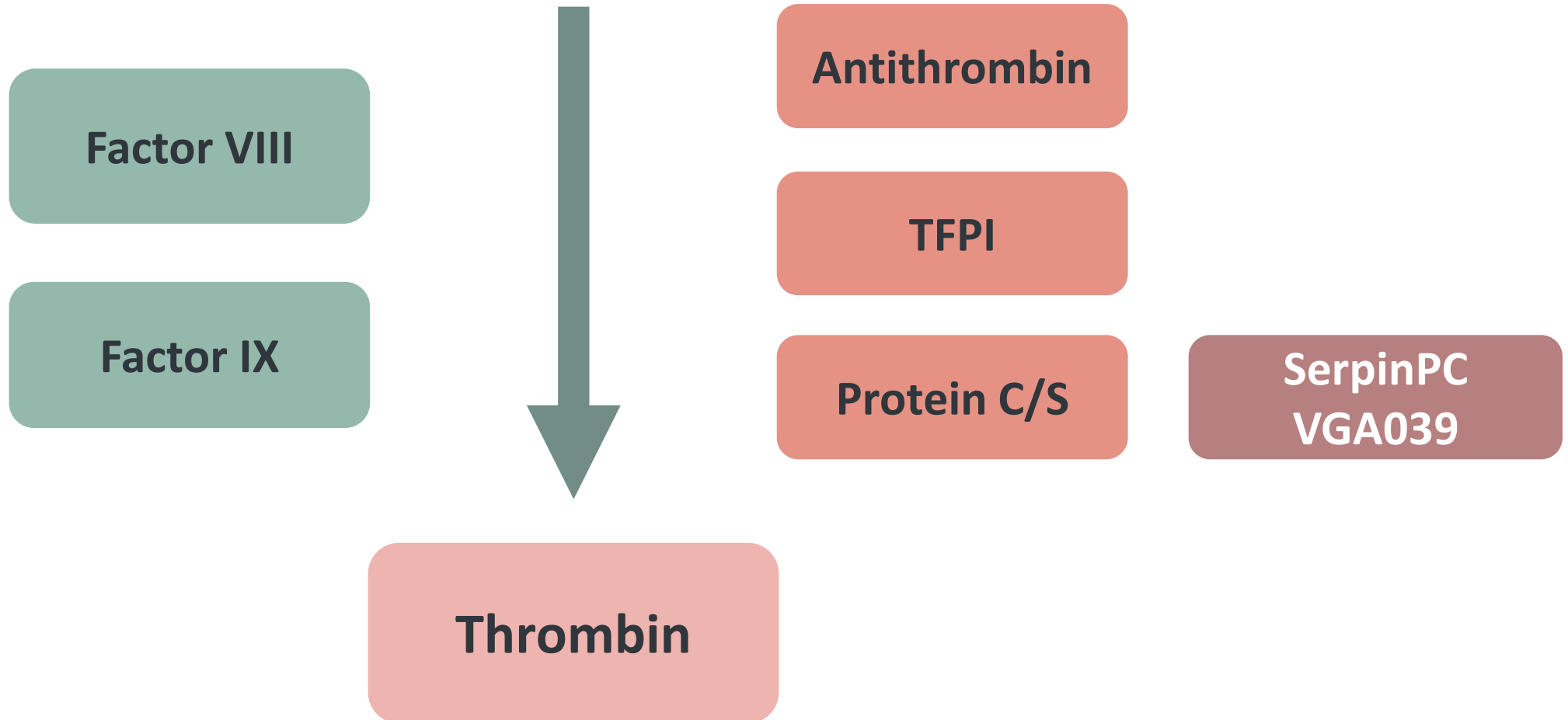
RESEARCH ARTICLE | JULY 3, 2025

Marstacimab Prophylaxis in Hemophilia A/B Without Inhibitors: Results from the Phase 3 BASIS Trial

 Clinical Trials & Observations

Davide Matino, Andrew Palladino , Carrie Turich Taylor, Eunhee Hwang, Sangeeta Rajee, Satyaprakash Nayak, Regina McDonald, Suchitra Acharya, Johnny Mahlangu, Victor Jiménez-Yuste, Nirmalkumar G Choraria, Dr., Renchi Yang, Chi-kong Li, Murtadha Al-Khabori, Yasser Ahmed Mohamed Soliman Wali, Javier De Jesus Morales-Adrian, Young-Shil Park, Osman Bülent Zülfikar, John Teeter

Matino et al. Blood 2025



SerpinPC inhibits activated protein C

Centessa discontinues development of SerpinPC for hemophilia

Treatment was found to be safe, well tolerated in Phase 2 PRESent-2 study



by Andrea Lobo, PhD | November 15, 2024



VGA039

monoclonal Ab against protein S

increases thrombin generation
in vWD, FVII-, FVIII-, FIX-, FXI-, and FXIII-deficient plasma

phase 1 trial running (NCT05776069)

Several questions remain unanswered

Thrombotic risk

Sport

No intensification

Surgery? Trauma?

Effect of
inhibitors

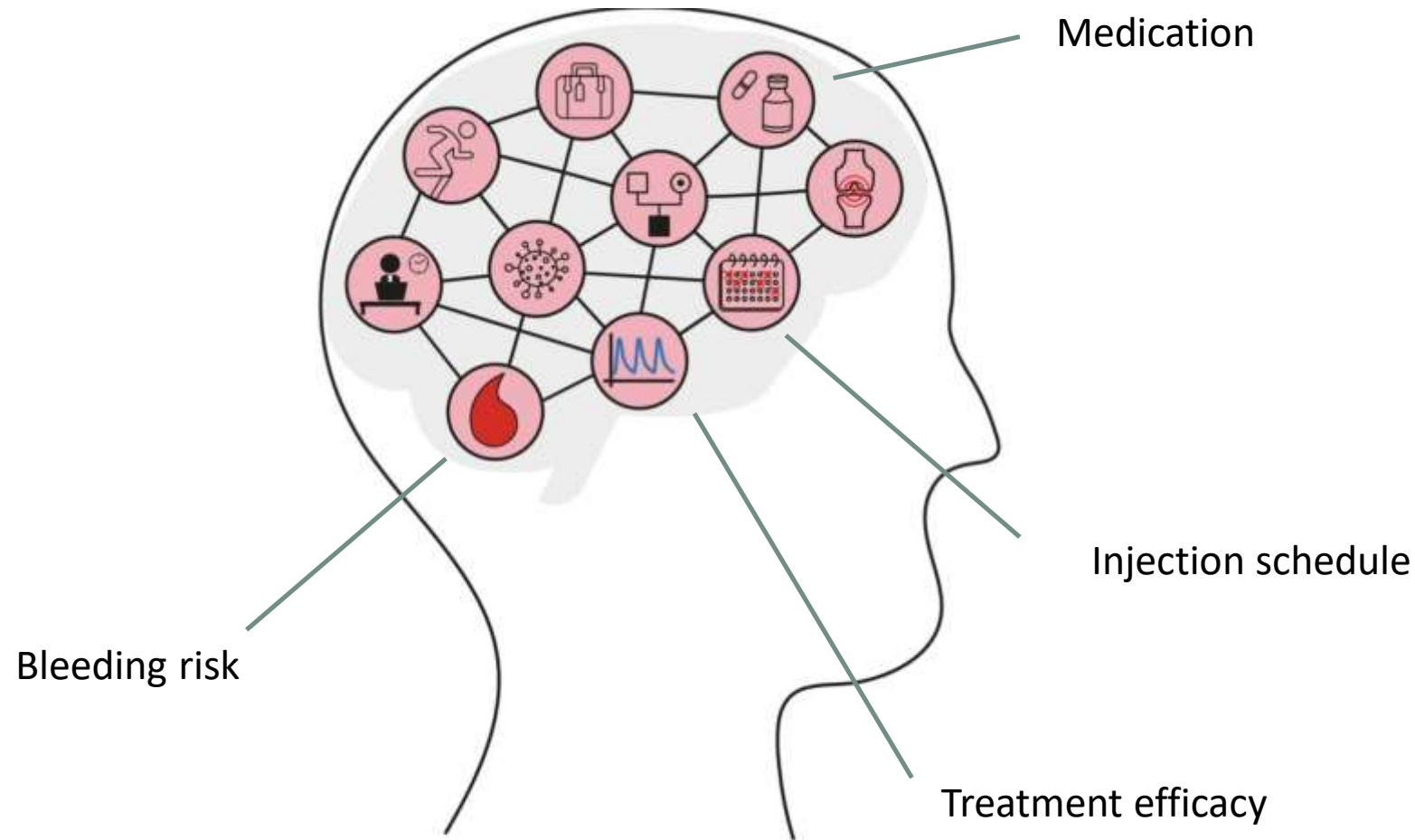
Response
prediction

Hemostatic effect

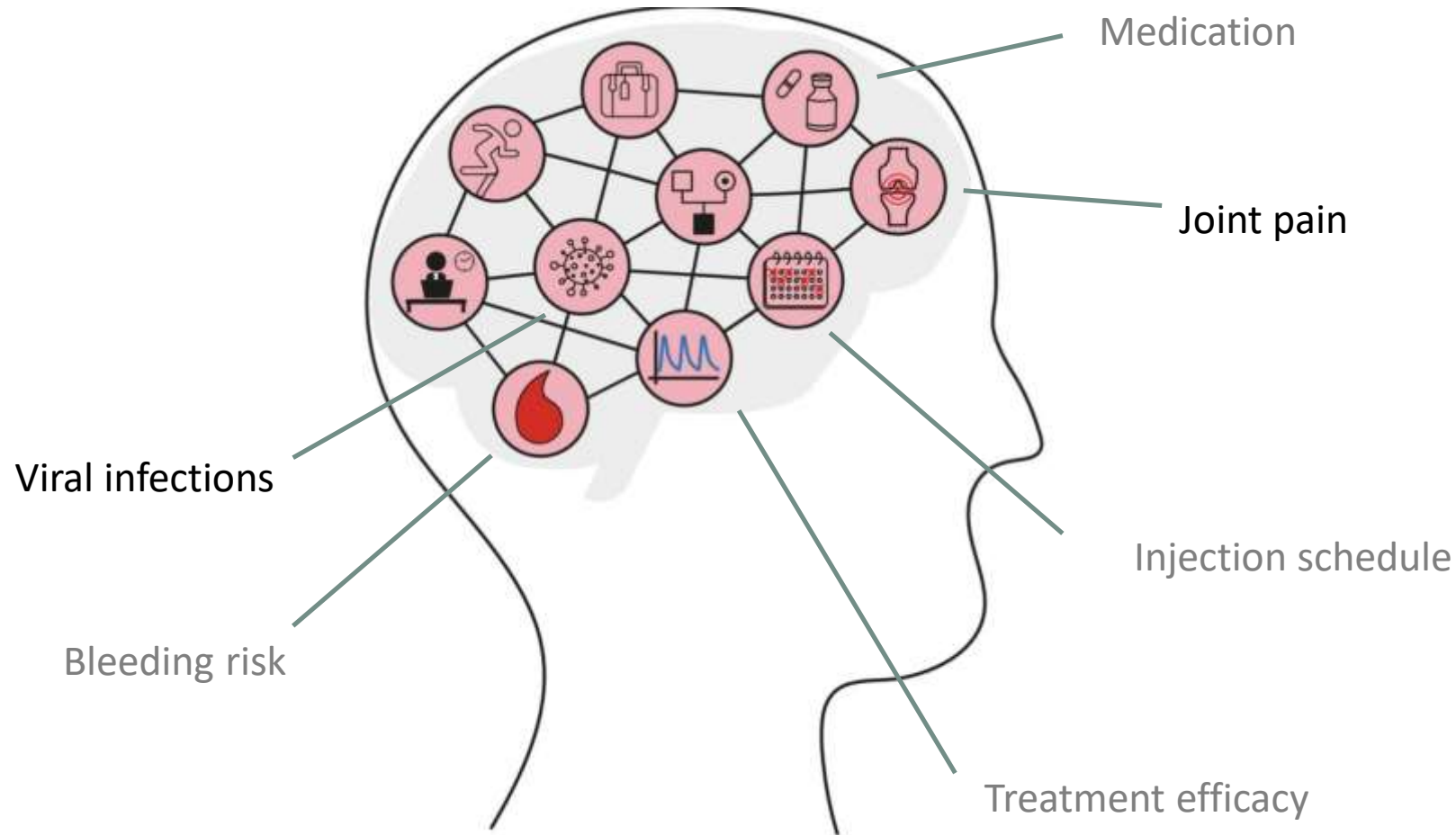
Non-hemostatic
functions

No easy
monitoring

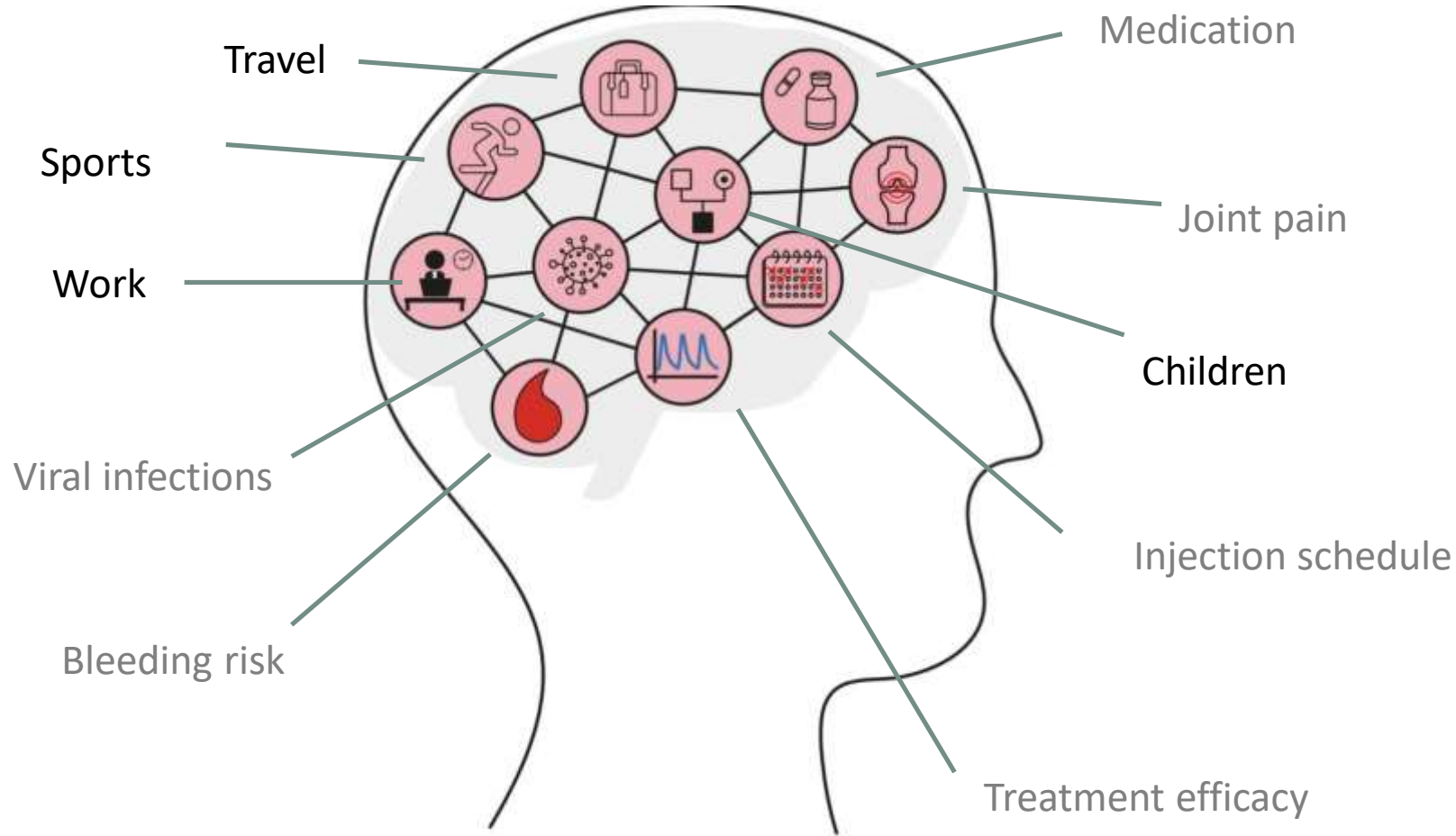
Patients are not only concerned about their factor level



Patients are not only concerned about their factor level



Patients are not only concerned about their factor level



Treatments in the future should be tailored to and discussed with the patient



The choice of treatment depends on
age, activity, comorbidities, patient preference



The choice of treatment depends on
age, activity, comorbidities, patient preference



Cardiovascular comorbidities!

current treatments

upcoming treatments

rebalancing agents

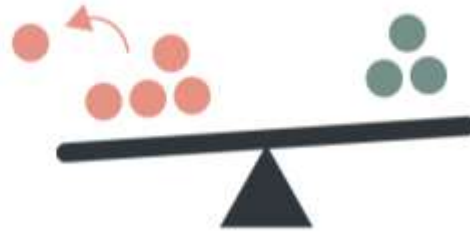
Many good options will be available in the near future



Emicizumab



Factor VIII



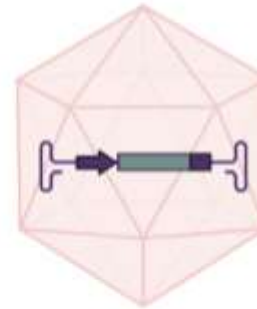
Rebalancing agents



Factor concentrate



Factor IX



Gene therapy





quentin.vanthillo@uzleuven.be

Bloedings- en Vaatziekten

Peter Verhamme, Thomas Vanassche

Veerle Labarque, Chris Van Geet

Johan De Bent, Sharony Vrijssen

Kristine Vanheule, Katrien Cludts, Barbara Debaveye

Hélène Devroy en Joke Moens