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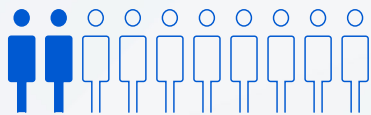
Treatment Burden  
and Venous Health  
Complications  
in People with  
Hemophilia B  
without Inhibitors



# The Burden of IV Prophylactic Treatment Storage, Preparation and Administration

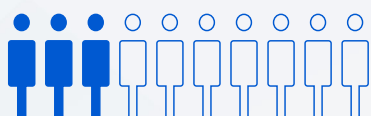
People with hemophilia B without inhibitors request treatments that are **longer-acting, easier to administer** (e.g., subcutaneous), **more manageable** (e.g., less volume to inject)<sup>1</sup> (n=166)

## 2 in 10 people



with severe hemophilia B without inhibitors on **SHL treatments** report being inconvenienced by medication storage, preparation, and administration<sup>2</sup> (n=9)

## >3 in 10 people



with severe hemophilia B without inhibitors on **EHL treatments** report being inconvenienced by medication preparation, and administration<sup>2</sup> (n=36)



Storing medication and supplies is a major burden for patients and caregiver

**24%**

of people with severe hemophilia B without inhibitors on **EHL treatments** are concerned about storing medication<sup>2</sup> (n=36)

**12%**

of people with hemophilia B without inhibitors are inconvenienced by storing medication<sup>3</sup> (n=112)

**15%**

of people with hemophilia B without inhibitors are inconvenienced by carrying medication and supplies while outside the house<sup>3</sup> (n=112)



Preparing and administering IV prophylactic treatment is a time-consuming and complex process

### DID YOU KNOW?

A patient must complete

**30 STEPS**

to **prepare and self-administer** IV prophylactic therapy according to Hemophilia of Georgia<sup>4</sup>

Among people with hemophilia B without inhibitors<sup>2</sup>:

**20%** on **SHL IV prophylactic treatment** (n=9)

**14%** on **EHL IV prophylactic treatment** (n=36)

are troubled by the number of steps required to prepare and administer IV prophylactic treatment (n=46)

**18%**

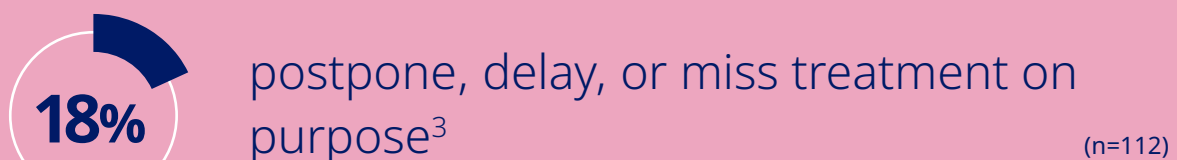
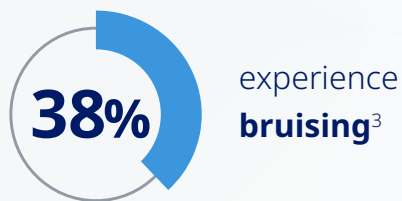
have trouble finding time to self-inject<sup>3</sup> (n=112)

# The Acute Physical Burden of Intravenous Prophylactic Treatment

IV prophylactic therapy disrupts patients' lives due to the physical toll of frequent injections, impacting **treatment adherence, clinical outcomes, and physical activities** for people with hemophilia B without inhibitors.



Among people with hemophilia B without inhibitors,<sup>3</sup>

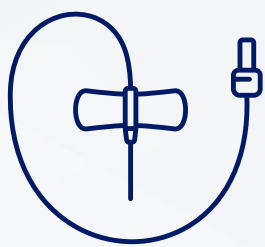


# Frequent IV prophylactic injections impair long-term venous health for patients with hemophilia without inhibitors

Children and adults experience significant long-term venous health complications due to **scarring, infections, deep-vein thrombosis, and more.**

**Easy and safe treatment** in children is hindered by the **scarcity of suitable veins** and further challenged by complications due to **CVAD implantation**<sup>6</sup>

Patients requiring CVADs are at risk of infection:



**13–48%**

of implanted catheters may lead to potentially life-threatening conditions,<sup>6-11</sup> including bacterial endocarditis<sup>12</sup>

**32–53%**

of patients experienced CVAD-related deep vein thrombosis after 1 year<sup>13,14</sup> with the risk of loss of potential access sites in arms<sup>6</sup>

People with hemophilia B without inhibitors experience major complications to venous health<sup>3</sup>:

(n=112)



experience **scarring**<sup>3</sup>



experience **blown or ruptured veins**<sup>3</sup>

Major long-term treatment complications can arise, including<sup>15</sup>:

- **Blood loss**
- **Blood clots**
- **Bruising**
- **Swelling**
- **Permanent artery or vein weakness**
- **Increased risk of injury**

## Abbreviations

CVAD, central venous access device; EHL, extended half-life; IV, intravenous; SHL, standard half-life

## References

1. Zhang H, *et al.* Poster presented at the WFH 2022 World Congress; 8–11 May 2022. PP--22. 2. Jiménez-Yuste V, *et al.* Poster presented at 66th ASH 2024 Annual Meeting and Exposition; 7–10 December 2024. 5077. 3. Novo Nordisk Data on File. 2025. 4. Hemophilia of Georgia [online]. Steps to prepare and infuse factor. Available at: <https://www.hog.org/handbook/article/3/35/steps-to-prepare-and-infuse-factor>. Last accessed May 2025. 5. Thakkar S, *et al.* Poster presented at 65th ASH Annual Meeting and Exposition; 9–12 December 2023. P2616. 6. Castaman G and Linari S. *Expert Rev Hematol.* 2018;11:7:567-576. 7. Liesner R, *et al. Br J Haematol.* 1995; 91:1:203-207. 8. Blanchette V, *et al. Blood Coagul Fibrinolysis* 1997;8 Suppl 1:S11-S14. 9. Santagostino E, *et al. Br J Haematol.* 1998;102:5:1224-1228. 10. Langley A, *et al. Haemophilia* 2015;21:4:469-476. 11. Khair K, *et al. Haemophilia* 2017;23:4:e276-e281. 12. Hothi D, *et al. Haemophilia* 2001;7:5:507-510. 13. Journeycake J, *et al. Blood* 2001;98:6:1727-1731. 14. Ettingshausen C, *et al. Blood* 2002;99(4):1499-1500. 15. UPMC [online] October 1, 2024. Available at: <https://www.upmc.com/services/heart-vascular/conditions/vascular-trauma>. Last accessed: May 2025.