PO203

Patient Experience with Efanesoctocog Alfa: Results from the XTEND-1 Phase 3 Clinical Study Exit Interviews in Patients with Severe Haemophilia A

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INTRODUCTION

- Recurrent joint bleeds in people with haemophilia A lead to progressive joint deterioration, chronic pain, impaired physical functioning including limited range of motion, deformity, functional disability, and reduced quality of life.[1,2]
- Qualitative exit interviews complement clinical study data and can validate quantitative patient reported outcomes and provide further insight into the patient's treatment experience.[3]
- Results from the Phase 3 XTEND-1 study demonstrated that once-weekly efanesoctocog alfa prophylaxis provided superior bleed protection in patients with haemophilia A that switched from pre-study standard of care FVIII prophylaxis.[4]
  - Clinically meaningful improvements were also observed in pain and physical functioning as assessed using Patient-Reported Outcomes Measurement Information System (PROMIS) Pain Intensity 3a and Haemophilia Quality of Life Questionnaire for Adults Physical Health (Haem-A-QoL PH) subscale, respectively.[5]

OBJECTIVE

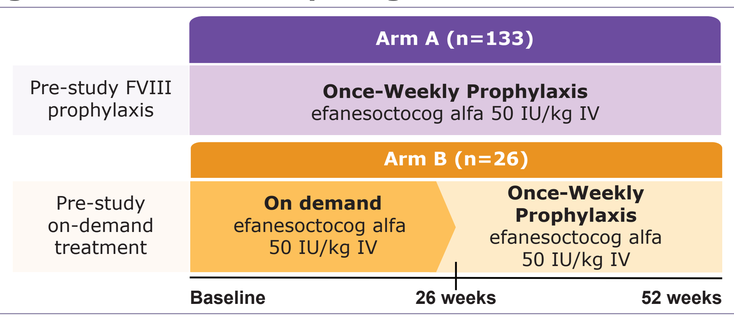
- The aim of the qualitative exit interviews was to:
  - Understand participants' pre-study and on-study experiences with respect to pain and physical functioning in adults and adolescents (≥12 years of age) with severe haemophilia A.
  - Evaluate participants' experience with efanesoctocog alfa treatment.

METHODS

Study design

- XTEND-1 (NCT04161495) was a phase 3, open-label, multicentre study evaluating efanesoctocog alfa in previously treated patients with severe haemophilia A.
  - Participants received once-weekly prophylactic efanesoctocog alfa, 50 IU/kg for 52 weeks (Arm A) or received on-demand efanesoctocog alfa, 50 IU/kg for 26 weeks followed by 26 weeks once-weekly prophylaxis (50 IU/kg; Arm B) (**Figure 1**).

Figure 1: XTEND-1 study design



FVIII, factor VIII.

- A subset of XTEND-1 study participants who had completed their end-of-treatment (EOT; 52-week) or end-of-study (EOS) visit were included from clinical sites in Argentina, the United States, South Korea, France, the United Kingdom, and Italy.
- The countries were selected based on feasibility, time to obtain appropriate institutional review board/ethics committee reviews, and participants' consent.
- Interviews were required to be conducted for up to 6 months after participants EOT (52-week) visit, but before EOS was declared.
- The intended sample size was 20-30 participants to allow for concept saturation in qualitative research.

Interview methods

- Qualitative telephone interviews (~60 minutes) were conducted using a semi-structured interview guide that included targeted open-ended questions related to:
  - Participants' pre-study experiences with haemophilia A, pain intensity, physical functioning, and the impact of prior treatments.
  - Participants' on-study experiences with efanesoctocog alfa treatment on pain intensity and physical functioning.
  - Meaningful changes, if any, that participants' reported with efanesoctocog alfa treatment.
- The interviews were audio recorded, translated into English if needed, and de-identified.

Statistical analysis

- Analysis of the qualitative interview data was performed using de-identified interview transcripts and ATLAS.ti 9 software.

RESULTS

Demographic characteristics

- Exit interviews were conducted for 29 out of the total 159 patients enrolled in XTEND-1 trial (27 adults and 2 adolescents).
- All but one participant (n=28) were males, with a mean, standard deviation (SD) age of 40 (14.2) years (**Table 1**).

Table 1: Demographic characteristics of exit interview participants

Characteristic	Total (n=29)
Age, years	
Mean (SD)	40 (14.2)
Range	16–73
Males, n (%)	28 (96.6)
Arm A, n	17
Arm B, n	12
Country, n (%)	
Argentina	12 (43.4)
United States	9 (31.0)
South Korea	4 (13.8)
France	2 (6.9)
United Kingdom	1 (3.4)
Italy	1 (3.4)

SD, standard deviation

Pre-study treatment experience

- Among the 17 participants (58.6%; 17/29) enrolled from Arm A, 13 (76.5%) had reported "wearing off" feeling with prior prophylactic treatment, including more pain, stiffness, feeling unprotected, breakthrough bleeds, and limited physical activities (**Figure 2**).

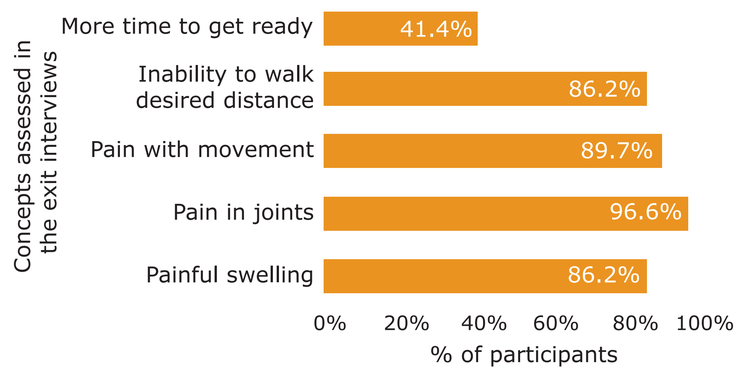
Figure 2: Pre-study treatment experiences of exit interview participants with prior prophylactic treatment

It's almost like you can feel that you need an injection… I don't know how to describe it. I was aware…I felt different immediately after you know, the hours after an injection, compared to say, 4 days later before I did an injection. I was aware that I needed to [infuse].

Pre-study experiences of participants with haemophilia-related pain and physical functioning

- Pain was the most reported pre-study symptom.
- Nearly all participants (28/29; 96.6%) reported at least "moderate intensity" of haemophilia-related pain before the study.
  - Most participants (26/28; 92.9%) experienced varying degrees of pain intensity in more than one joint (e.g., knees, joints, ankles, elbows).
- Participants also reported that haemophilia-related pain and other symptoms adversely affected their day-to-day activities particularly their physical functioning.
- Majority of the concepts assessed in the exit interviews were experienced by at least 25 participants (86.2%) before the study (**Figure 3**).

Figure 3: Pre-study experiences with haemophilia A



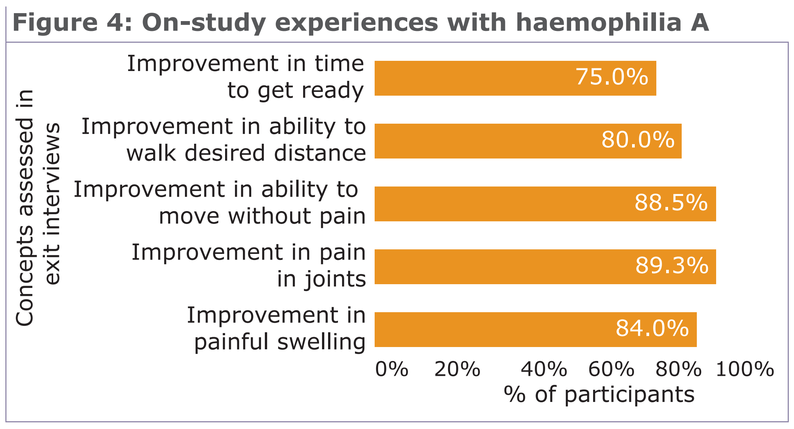
CONCLUSION

- The XTEND-1 study exit interviews provided valuable and positive insights about participants' experiences with haemophilia and its treatment.
- All participants showed meaningful improvements in pain and physical functioning after switching to efanesoctocog alfa treatment.
- This study demonstrated that participants with even mild impairments pre-study reported substantial improvements in overall functioning and quality of life.
- These qualitative findings are consistent with the quantitative improvements observed in the PROMIS Pain Intensity 3a and Haem-A-QoL PH subscale results in the XTEND-1 study.[5]
- The exit interviews also highlighted benefits such as less fatigue, greater confidence, and improved quality of life.

On-study experiences of participants with pain and physical functioning

- Among the 28 participants who had pre-study haemophilia-related pain,
  - Specifically, 25 participants (89.3%) reported meaningful improvements in joint pain after switching to efanesoctocog alfa (**Figure 4**).
  - The remaining three participants who reported no change in joint pain intensity with efanesoctocog alfa noted that the improvements were not likely as they had sustained extensive cumulative joint damage over the years from repeated joint bleeds.

Figure 4: On-study experiences with haemophilia A



- Participants with even mild impairments before the study indicated that the level of improvement after the study was substantial in terms of overall functioning and quality of life.
- Despite differences in the magnitude of changes, all participants stated that the improvements they experienced during the study were meaningful to them (**Figure 5**).

Figure 5: On-study experiences after treatment with efanesoctocog alfa

1. I noticed a lot of improvements…The most important thing is that pain gets better instead of worsening…I have also noticed an improvement in the movement of my elbows: they are freer in the movement.
2. There is much less pain, and my range of activity has expanded, so it is significant to have more things that I am able to do.

- All 29 participants identified efanesoctocog alfa as their preferred haemophilia A treatment over their pre-study treatment.
- Participants reported improvements beyond pain and physical functioning with efanesoctocog alfa, including greater confidence in level of protection, less fatigue, and improved quality of life (**Figure 6**).

Figure 6: On-study experiences beyond pain and physical functioning after treatment with efanesoctocog afa

1. Yes, clearly [improvements are important]. It's better on a daily basis… Well, I can do a lot more things, I am less tired in the evening and at the end of the week, I can move about more…. For example, when I go for walks with my dog in the woods, I stay for a longer period of time… It also makes me feel a bit more confident to go on longer walks without having to wonder whether my knees will hurt, or my ankles will hurt…
2. I feel more at ease because…you can't stay with the pain… with the elbow swollen and the ankle…you know? That's not a life.

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