



*New Therapeutic Approaches to Hemophilia. The  
Role of the Laboratory*

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# Coagulation Laboratory & Hemophilia

## Current Challenges

- *Monitoring conventional bypassing agents (aPCC, rFVIIa)*
- *Monitoring long-acting FVIII/IX concentrates*
- *Monitoring innovative drugs, not based on replacement therapy*

# *Need for Bypassing Agents in Hemophilia*

- 20-30% of hemophilia patients develop inhibitors to FVIII
- Because of these inhibitors, treatment with FVIII or IX concentrates is ineffective
- Hence, agents bypassing FVIII are needed

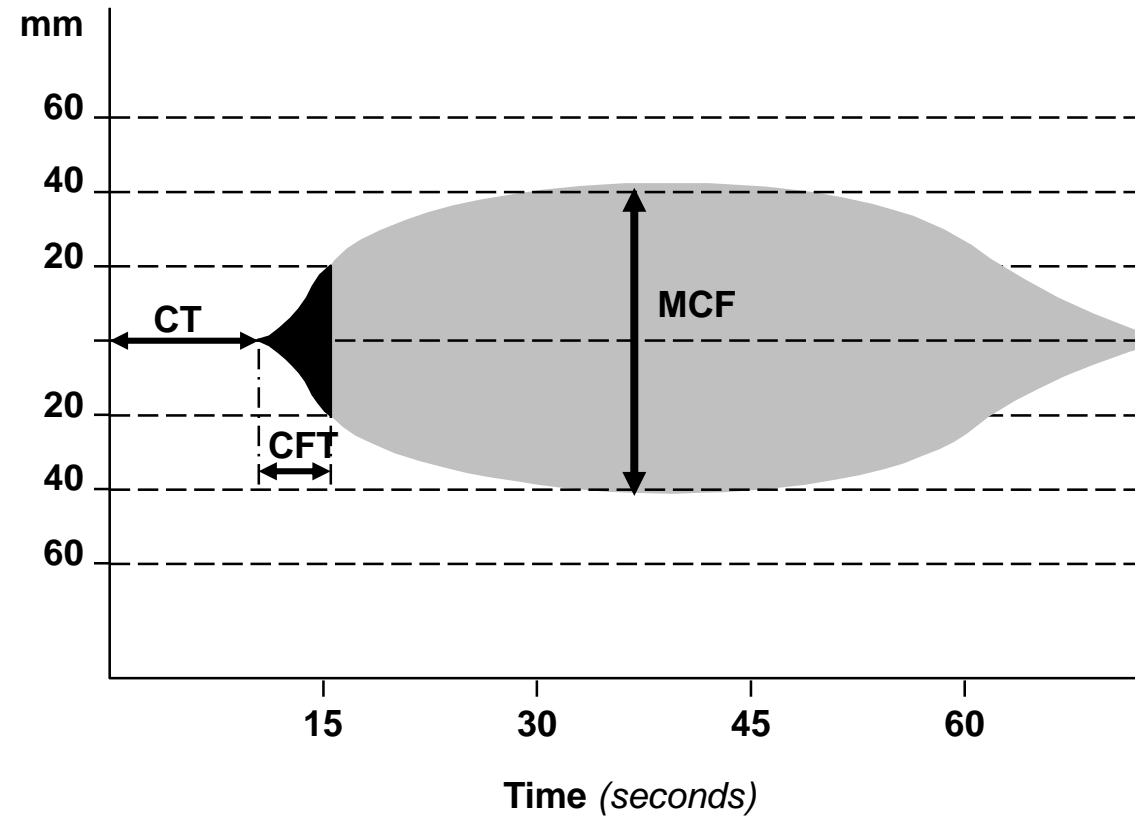
# *Current Bypassing Agents to Treat Hemophilia*

- (Activated) prothrombin complex concentrates (aPCC)
  - *FII, VII(a), IX and X*
- Activated recombinant FVII
  - *rFVIIa*

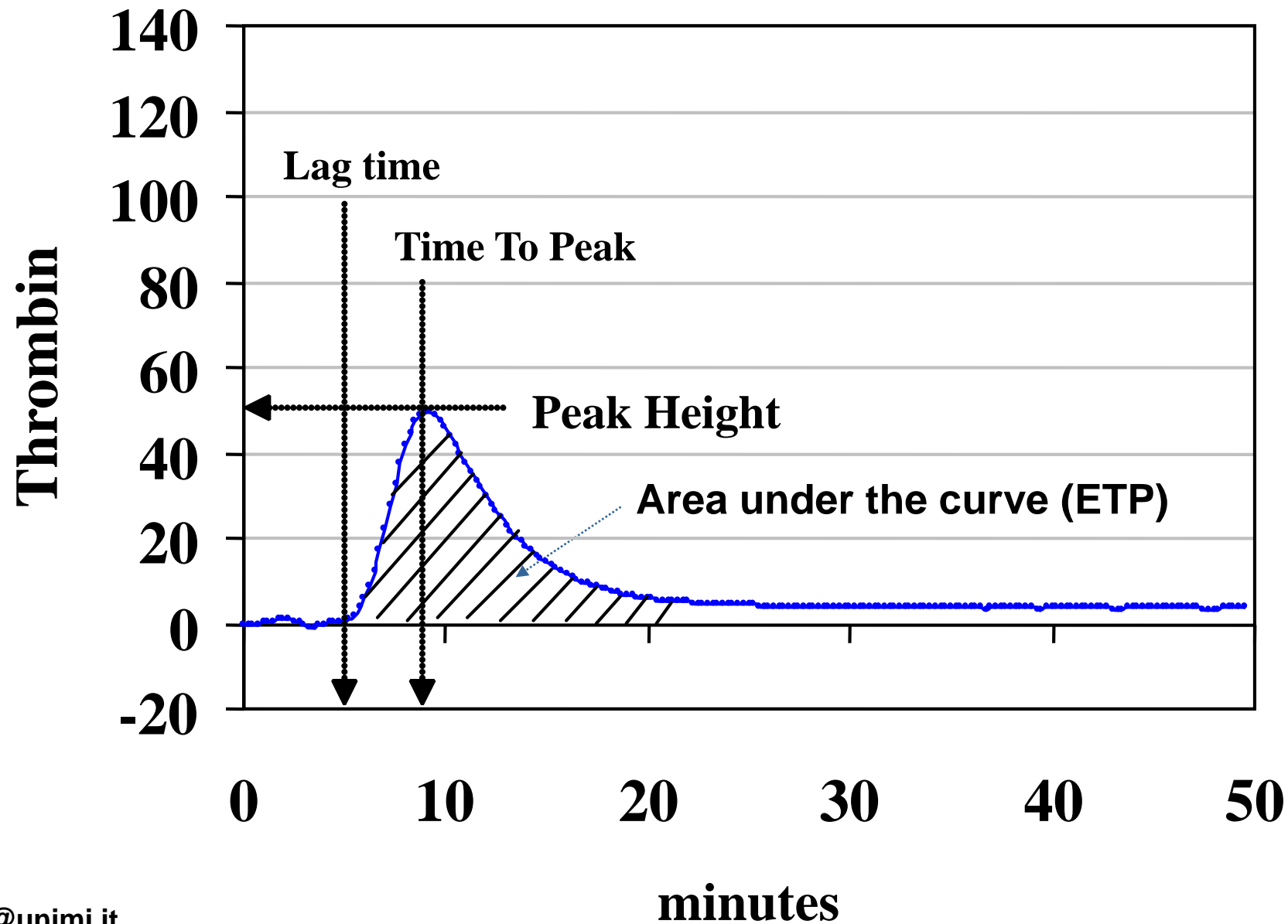
# *Laboratory monitoring of conventional bypassing agents*

- aPCC achieves hemostatic efficacy without modifying the plasma levels of FVIII/IX
- Measuring post-infusion FVIII/IX is unsuitable to monitor aPCC efficacy
- Unknown if measuring post-infusion FVII is useful to monitor rFVIIa
- Global coagulation assays should be the candidates
  - *Thromboelastometry (whole blood)*
  - *Thrombin generation (platelet-poor or platelet-rich plasma)*

# *Thromboelastometry Parameters*



# Thrombin Generation Parameters





ORIGINAL ARTICLE *Laboratory science*

## Monitoring bypassing agent therapy – a prospective crossover study comparing thromboelastometry and thrombin generation assay

H. T. T. TRAN,\* † ‡ B. SØRENSEN, § S. BJØRNSSEN,\* A. H. PRIPP,\* ¶ G. E. TJØNNFJORD † ‡ and P. ANDRE HOLME\* † ‡

***Laboratory endpoint only***  
***Positive Study***





ORIGINAL ARTICLE *Laboratory science*

## Low thrombin generation during major orthopaedic surgery fails to predict the bleeding risk in inhibitor patients treated with bypassing agents

M. E. MANCUSO,\* V. CHANTARANGKUL,\* M. CLERICI,\* M. R. FASULO,\* L. PADOVAN,\*  
E. SCALAMBRINO,\* F. PEYVANDI,\* † A. TRIPODI\* ‡ and E. SANTAGOSTINO\*

\**Angelo Bianchi Bonomi Hemophilia and Thrombosis Center, Fondazione IRCCS Ca' Granda, Ospedale Maggiore Policlinico; †Department of Pathophysiology and Transplantation, University of Milan; and ‡Department of Clinical Sciences and Community Health, University of Milan, Milan, Italy*

***Clinical endpoint!***

***Negative Study***

## Brief report

Prospective assessment of thrombin generation test for dose monitoring of bypassing therapy in hemophilia patients with inhibitors undergoing elective surgery

Yesim Dargaud,<sup>1,2</sup> Anne Lienhart,<sup>1</sup> and Claude Negrier<sup>1,2</sup>

***Clinical endpoint!***

***Positive Study***

# *Summary on Monitoring Bypassing Agents*

*(according to the literature)*

- Thrombin generation or thromboelastometry are responsive to aPCC or rFVIIa
- Contrasting results on the clinical value of the two assays
- None of the two is licensed by regulatory authorities
- Thrombin generation not yet standardized
- Thromboelastometry relatively simple as bedside device

# *Coagulation Laboratory & Hemophilia*

## *Current Challenges*

- *Monitoring conventional bypassing agents (aPCC, rFVIIa)*
- *Monitoring long-acting FVIII/IX concentrates*
- *Monitoring innovative drugs, not based on replacement therapy*

# *Need for Long-acting FVIII/IX*

- *Native FVIII & IX have relatively short half-life (few hours)*
- Patients on prophylaxis need repeated infusions over short period
- *Extended half life achieved by conjugation/fusion of FVIII/FIX with:*
  - Polyethylene glycol (PEG)
  - Fc fraction of Ig
  - Albumin
- *Extension of half-life is greater for FIX than FVIII*

# *Types of Assays to measure FVIII/IX*

- One-stage clotting
  - *APTT reagent(s) & factor-deficient plasma(s)*
- Chromogenic
  - *Activation of coagulation and FXa generation*
  - *FXa measurement by synthetic chromogenic substrates*
- Both need standard(s) (pooled normal plasma) run in parallel to calculate factor activity

# *Summary on Monitoring Long-acting Factors*

- Discrepant results depending on whether one-stage-clotting or chromogenic assays are used for post-infusion measurement
- One-stage clotting assays may give different post-infusion results according to the APTT reagent
  - *Activators (silica or ellagic acid)*
  - *Phospholipids*

# *Approaches to minimize discrepancy of post-infusion results (one-stage clotting vs chromogenic)*

- Switch to chromogenic assays for all products
- Use product-specific standards (*like-vs-like*)
- Use the same method employed for potency assignment
- Use product-specific methods based on data from literature and info provided by manufacturers
- Whatever the choice, tight collaboration clinicians/lab operators is essential





*Tight collaboration between operators is essential*

# *Coagulation Laboratory & Hemophilia*

## *Current Challenges*

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# *Drugs not based on replacement therapy*

- ***Emicizumab***

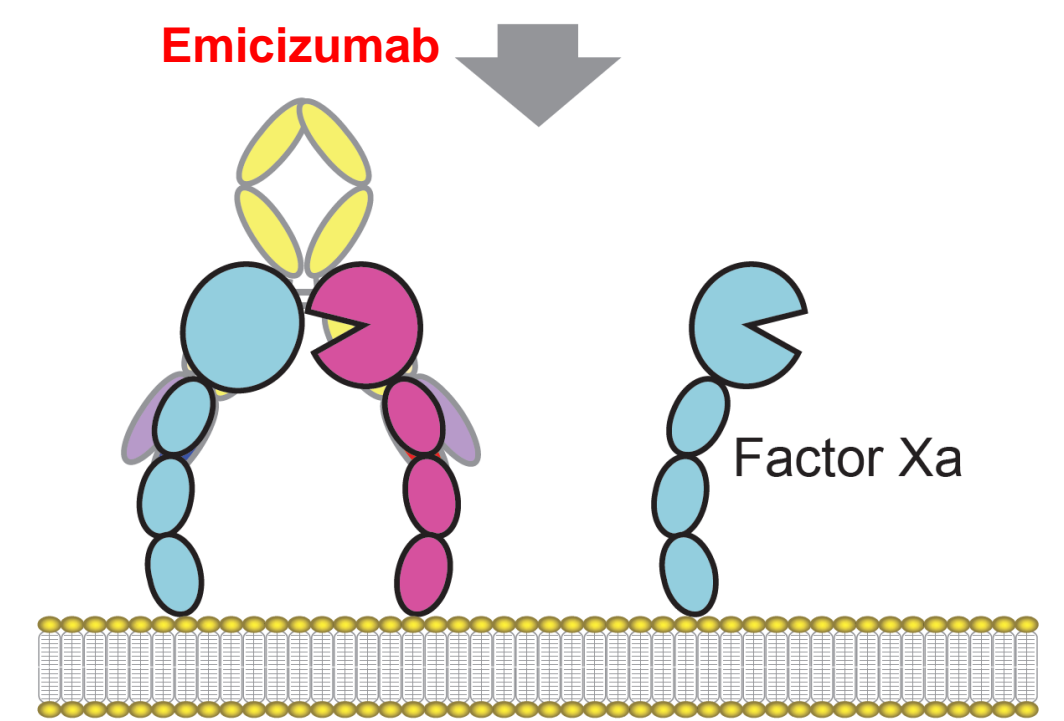
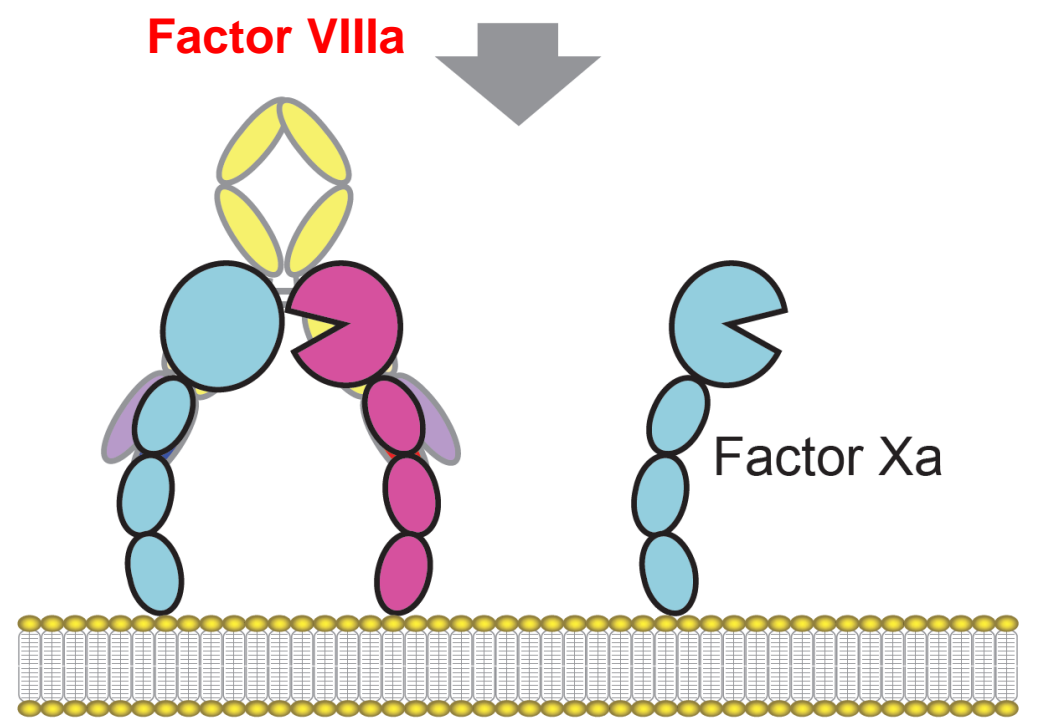
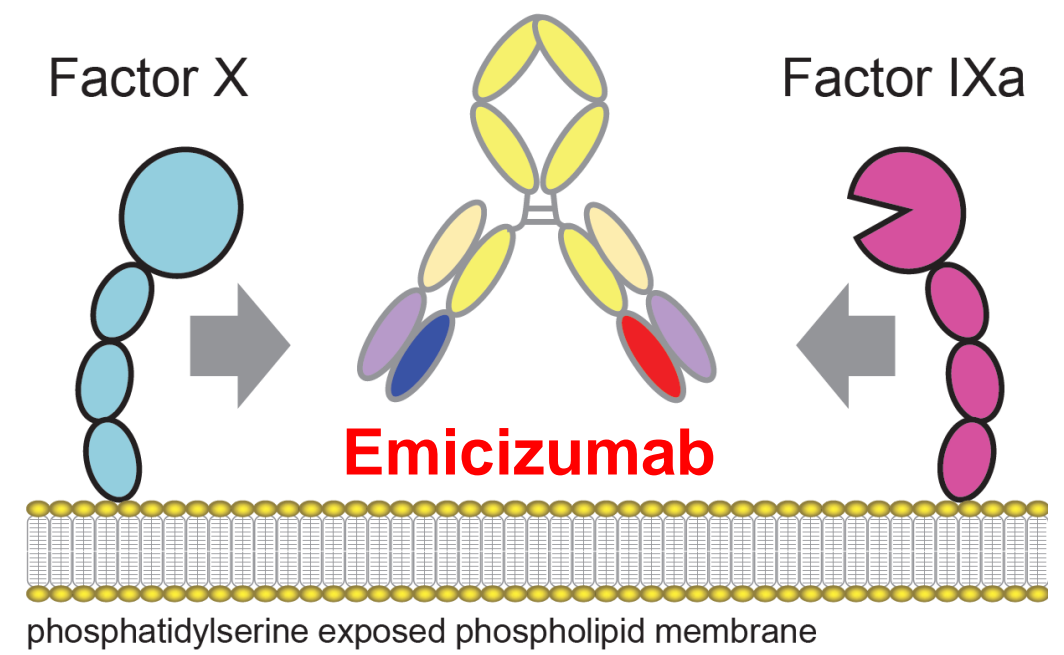
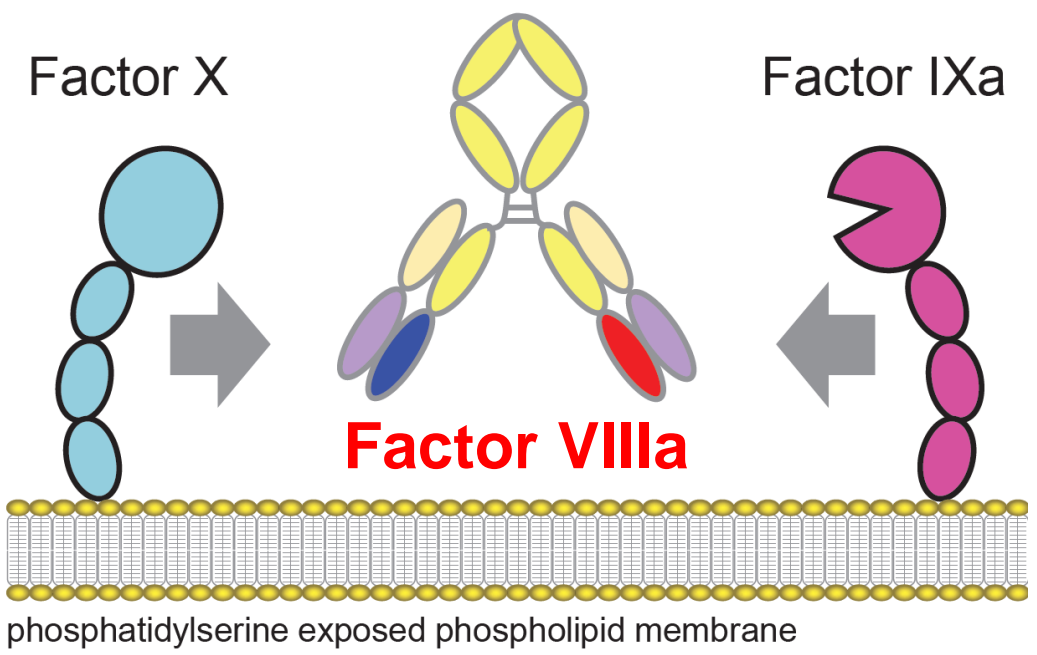
- Recombinant, humanized bi-specific antibody binding FIXa to FX, thus bypassing FVIII in the activation of FX

- ***Fitusiran***

- RNA interference molecule reducing antithrombin expression, thus enhancing thrombin generation

- ***Concizumab***

- Humanized monoclonal anti-TFPI antibody, enhancing thrombin generation



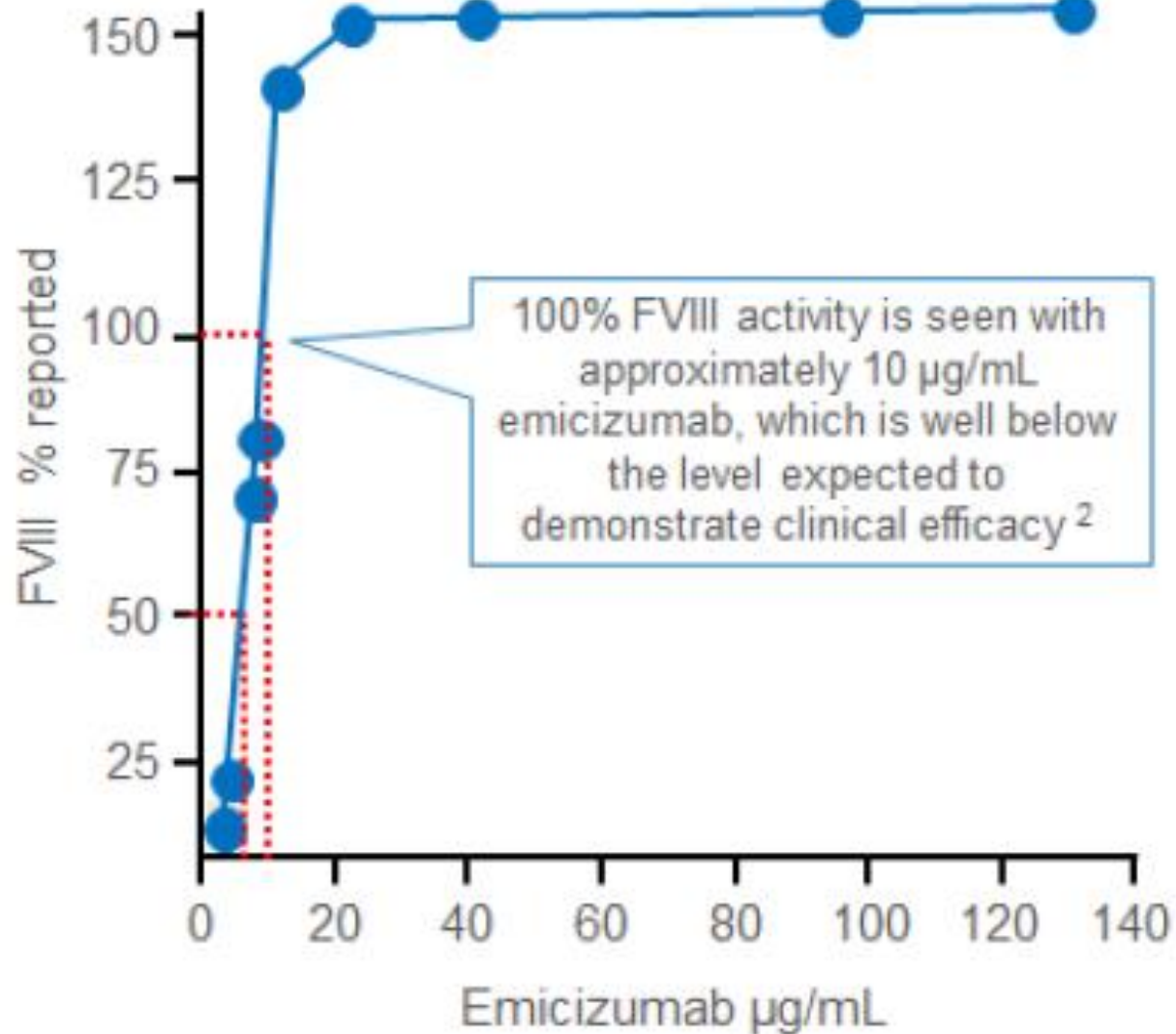
# *Laboratory Monitoring of Emicizumab*

- Apparently, lab monitoring (i.e., dose-adjustment) is not needed for this drug
- However, assessment of its activity (concentration) may be useful in special circumstances

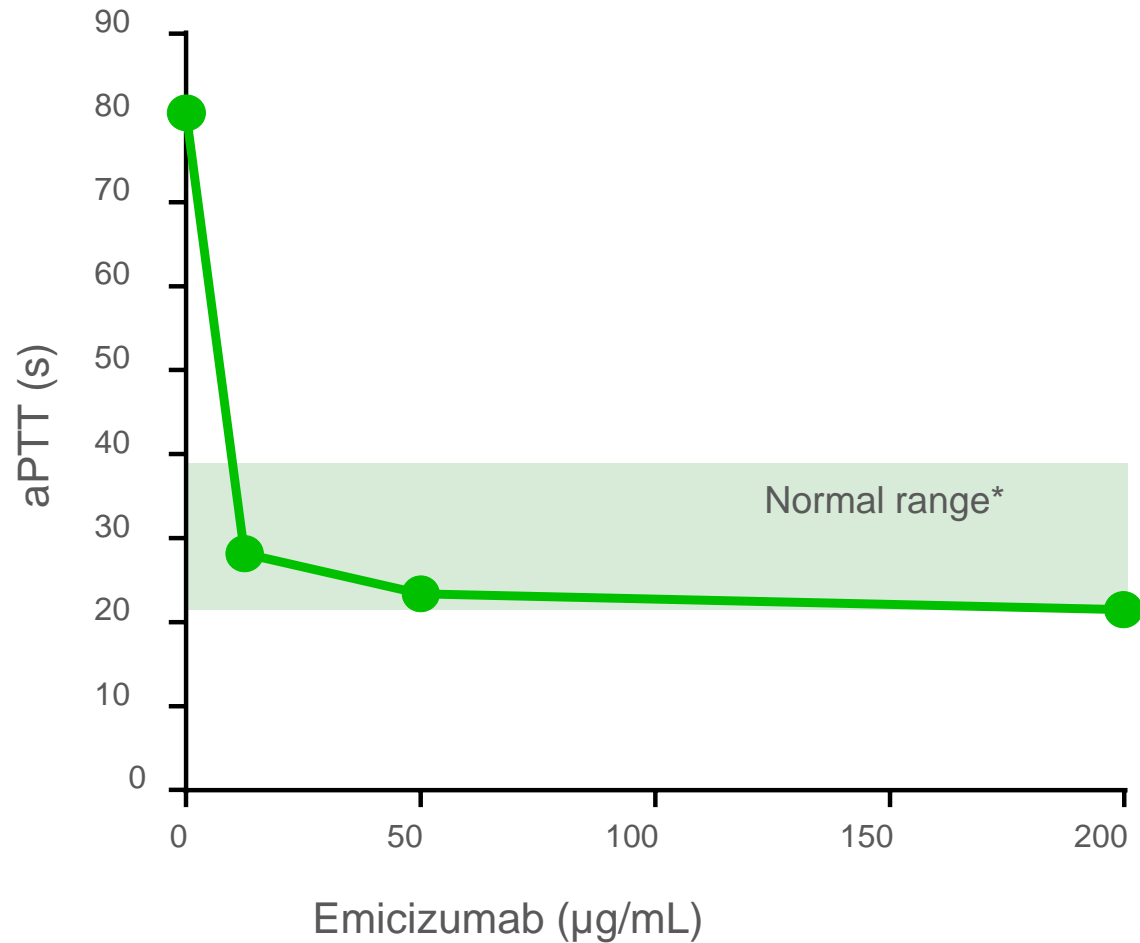
# *Measuring the Effect of Emicizumab*

- APTT
- Measurement of FVIII-surrogate activity based on:
  - *One-stage clotting assays*
- Measurement of emicizumab concentration based on:
  - *Modified one-stage clotting or chromogenic assays & plasma calibrators*

# FVIII-surrogate activity measured with the regular one-stage clotting assay



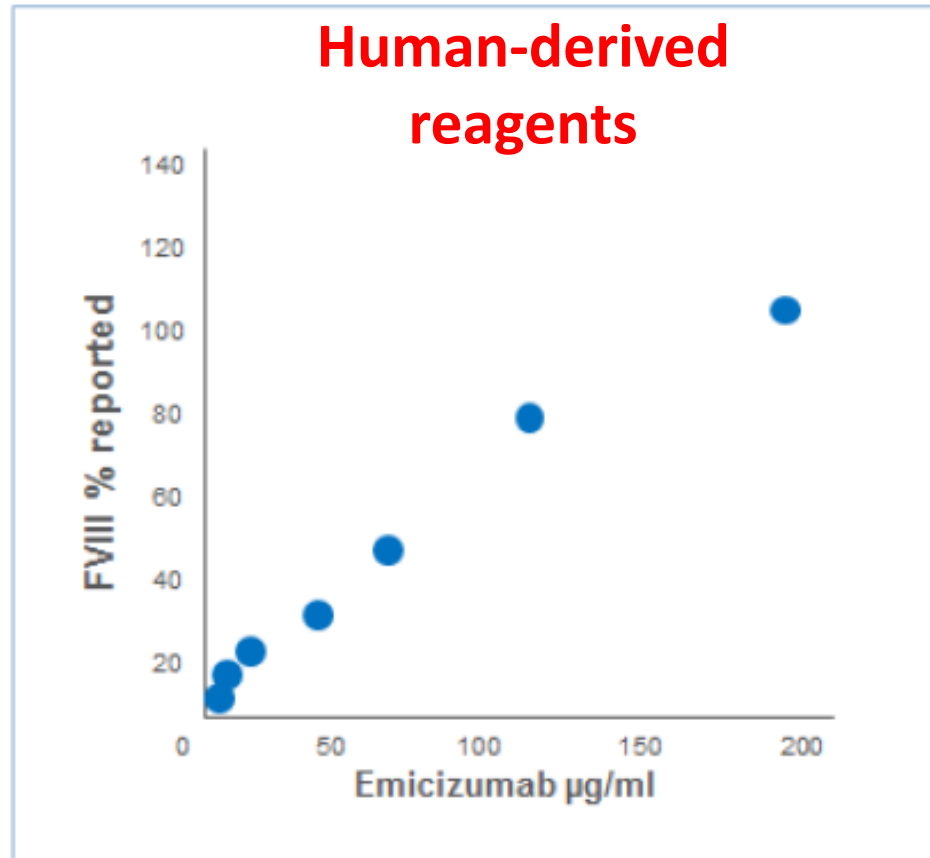
# *Emicizumab & APTT*



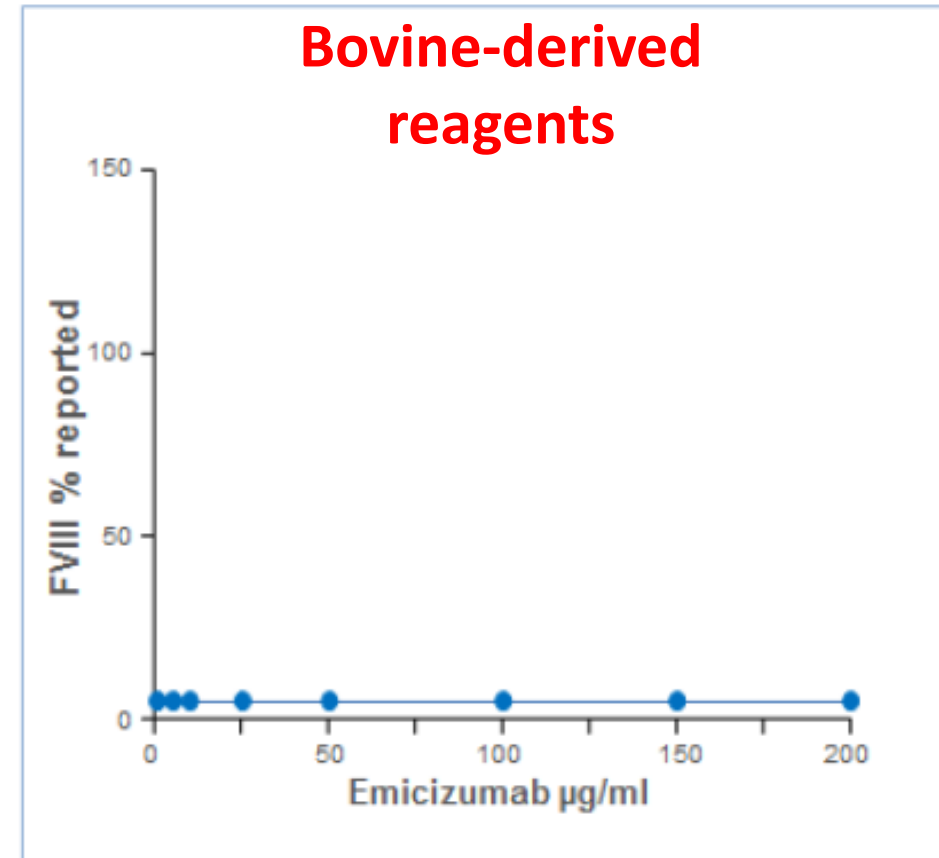
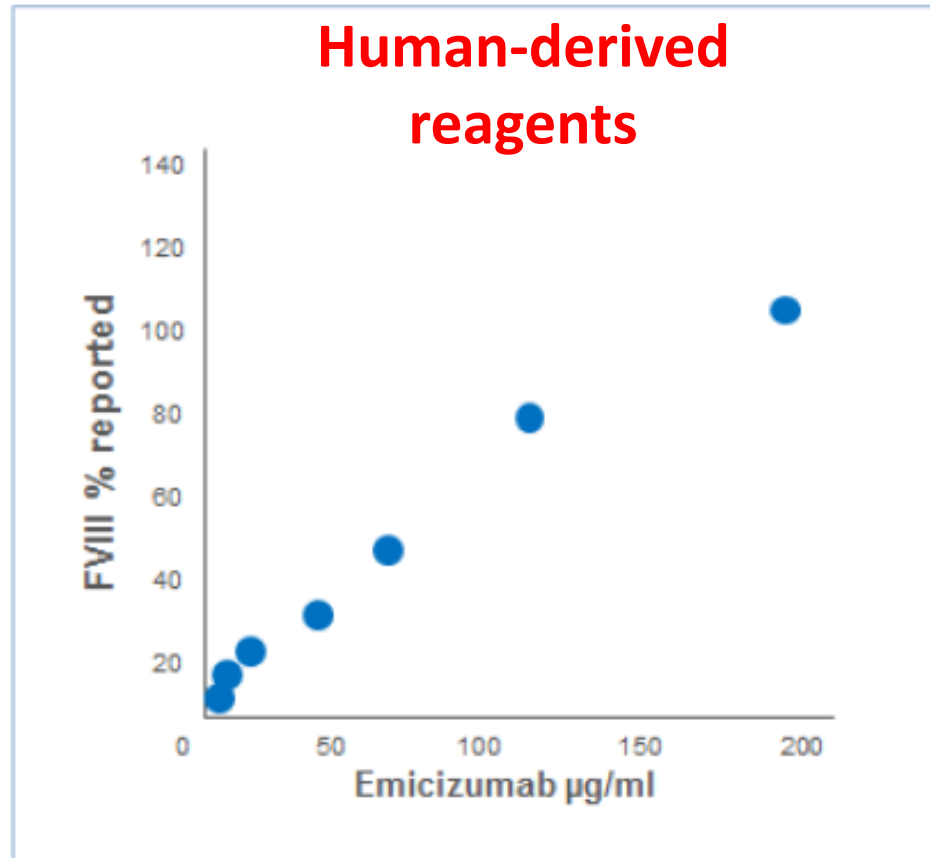
APTT of hemophilic plasma is normalized at very low emicizumab concentrations



# *Chromogenic assay to measure emicizumab*



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# *Summary on Emicizumab and Lab Tests*

<b>Assay</b>	<b>Results for patients on emicizumab</b>
APTT	Over-responsive

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Drug concentration (Chromogenic assay, <b>human</b> )	Responsive (dose-dependent)

# Summary on Emicizumab and Lab Tests

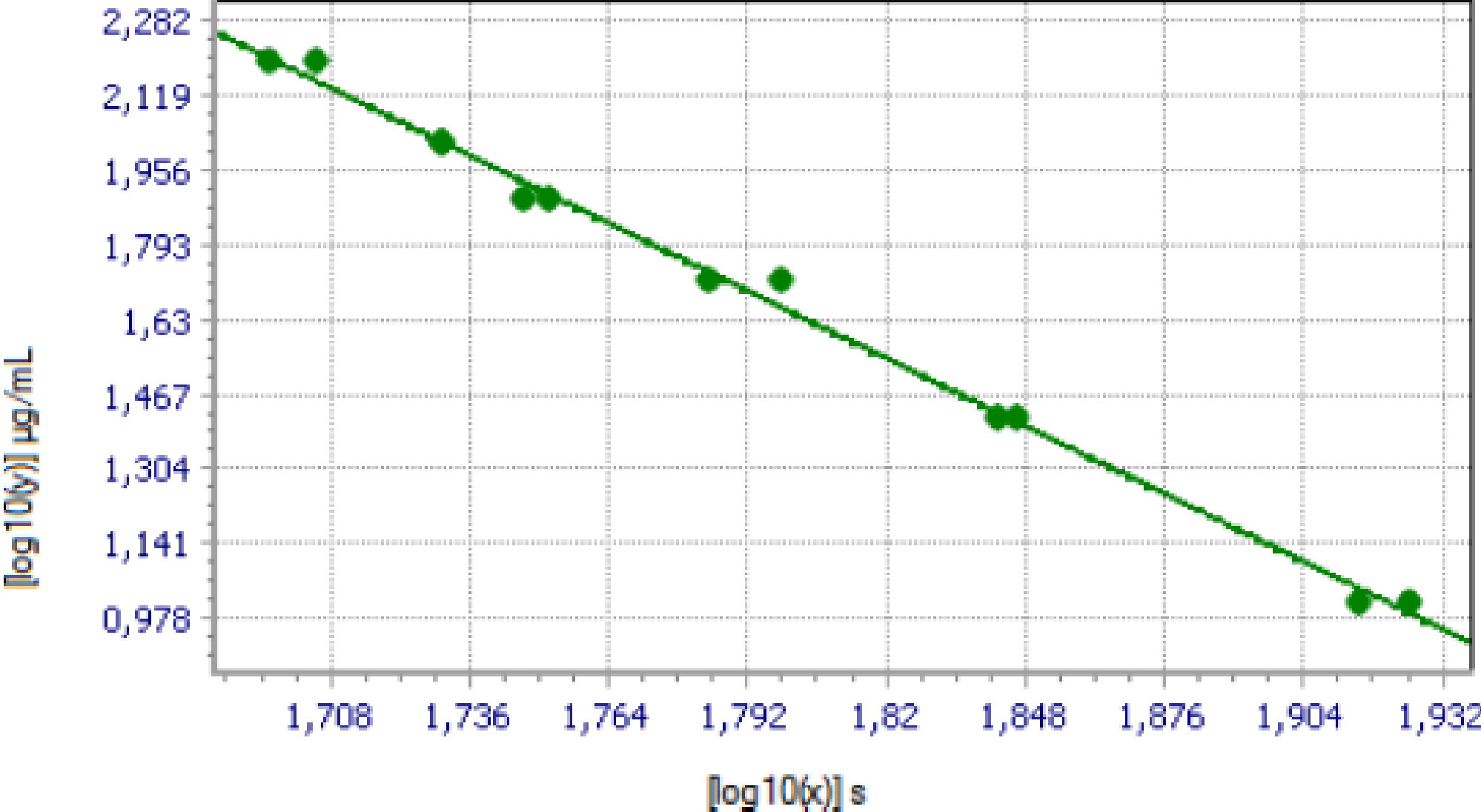
Assay	Results for patients on emicizumab
APTT	Over-responsive
FVIII-surrogate activity ( <b>unmodified</b> one-stage clotting) assay)	Over-responsive
Drug concentration ( <b>modified</b> one-stage clotting assay)	Responsive (dose-dependent)
Drug concentration (Chromogenic assay, <b>human</b> )	Responsive (dose-dependent)
Chromogenic assay, <b>bovine</b>	Completely insensitive (useful to assess inhibitors to FVIII or FVIII replacement)

*Emicizumab Plasma Calibrators & Controls  
are Available*

*r<sup>2</sup> Diagnostics Inc.  
South Bend, IN*



# *Emicizumab Calibration Curve (modified one-stage clotting assay Werfen)*



# Conclusions (1)

- Monitoring *conventional bypassing agents* is still a challenge. Global coagulation assays are the candidate assays. Clinical experience is needed
- Monitoring *long acting factors* requires careful consideration on the product and lab methods. Switching to chromogenic assays might be the pragmatic solution

## Conclusions (2)

- Emicizumab plasma concentration can be measured by modified one-stage clotting or chromogenic assays (*human reagents*) combined with emicizumab calibrators
- FVIII inhibitors in patients on emicizumab can be measured by the modified chromogenic assay with *bovine reagents*

*Emicizumab may interfere with some of the most common hemostatic parameters*



# Effects and Interferences of Emicizumab, a Humanised Bispecific Antibody Mimicking Activated Factor VIII Cofactor Function, on Coagulation Assays

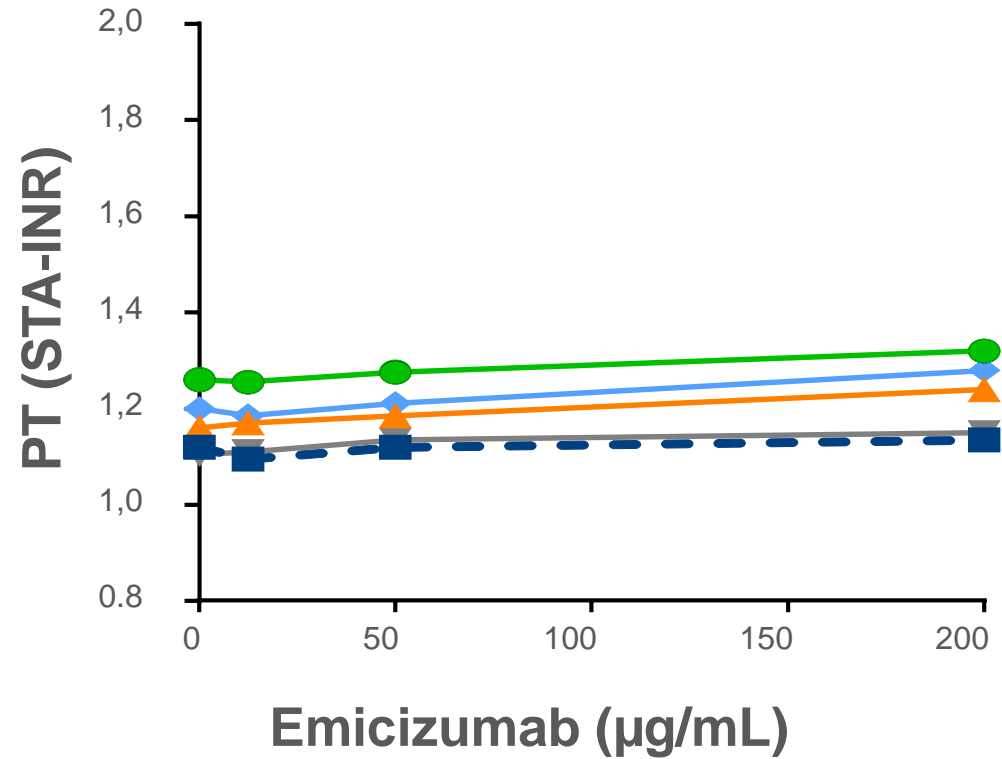
Joanne I. Adamkewicz<sup>1</sup> David C. Chen<sup>1</sup> Ido Paz-Priel<sup>1</sup>

<sup>1</sup> Genentech, Inc., South San Francisco, California, United States

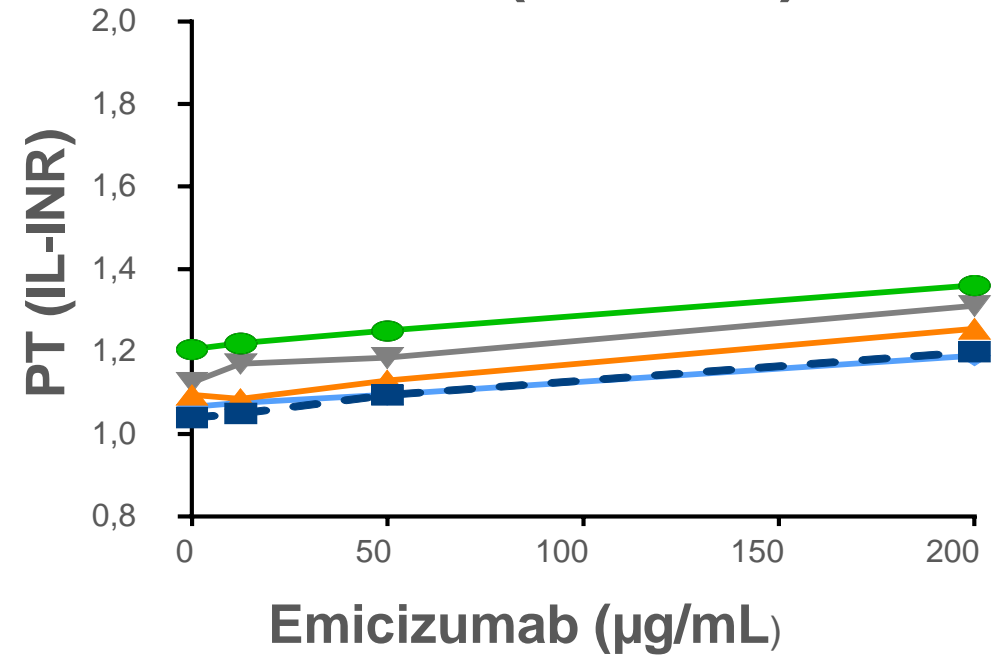
Thromb Haemost

*Address for correspondence* Joanne I. Adamkewicz, PhD, Genentech, Inc., 1 DNA Way, MS 422a, South San Francisco, CA 94080, United States (e-mail: adamkewicz.joanne@gene.com).

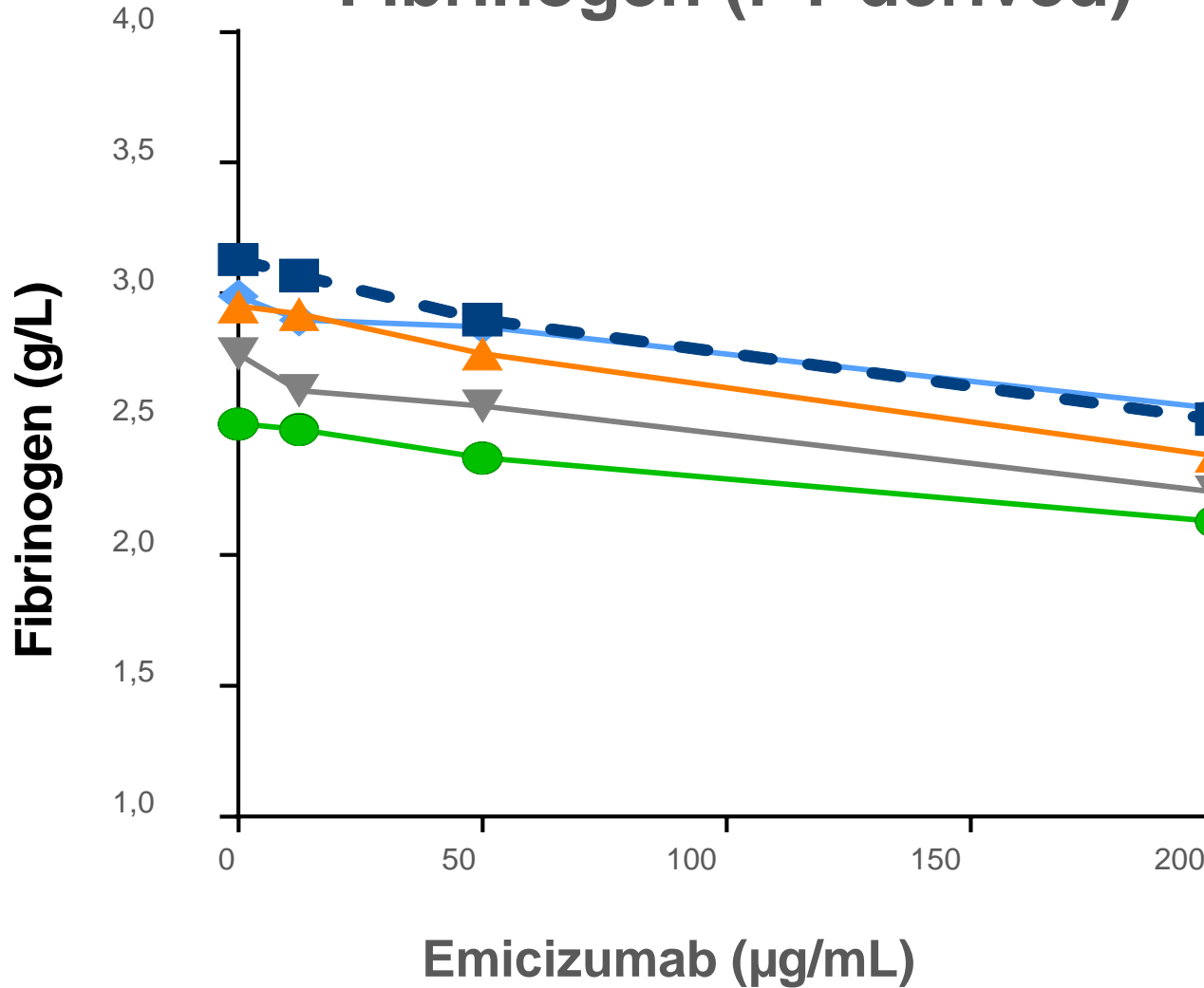
## INR (Stago)



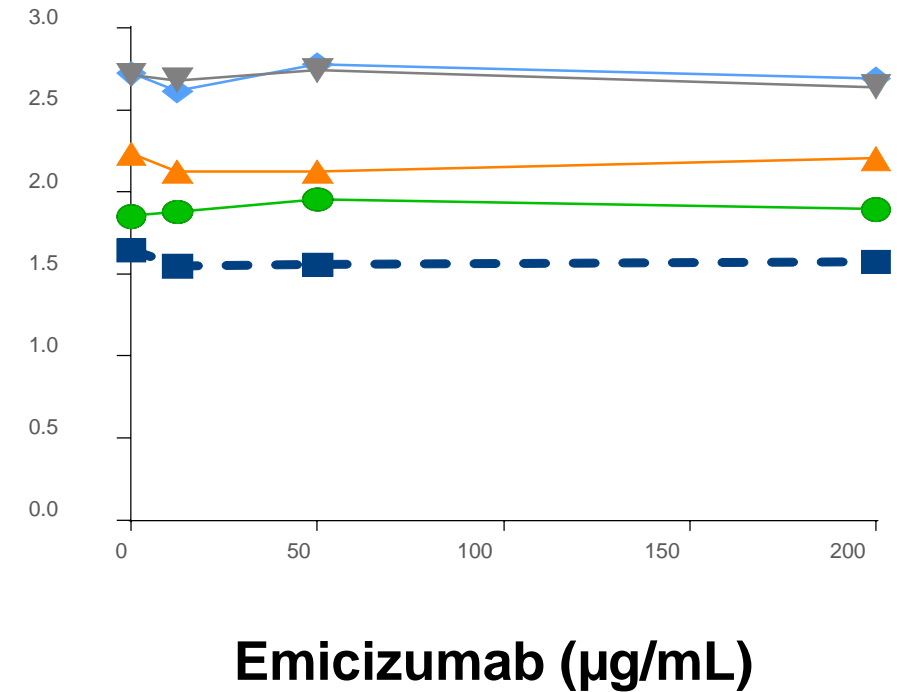
## INR (Werfen)



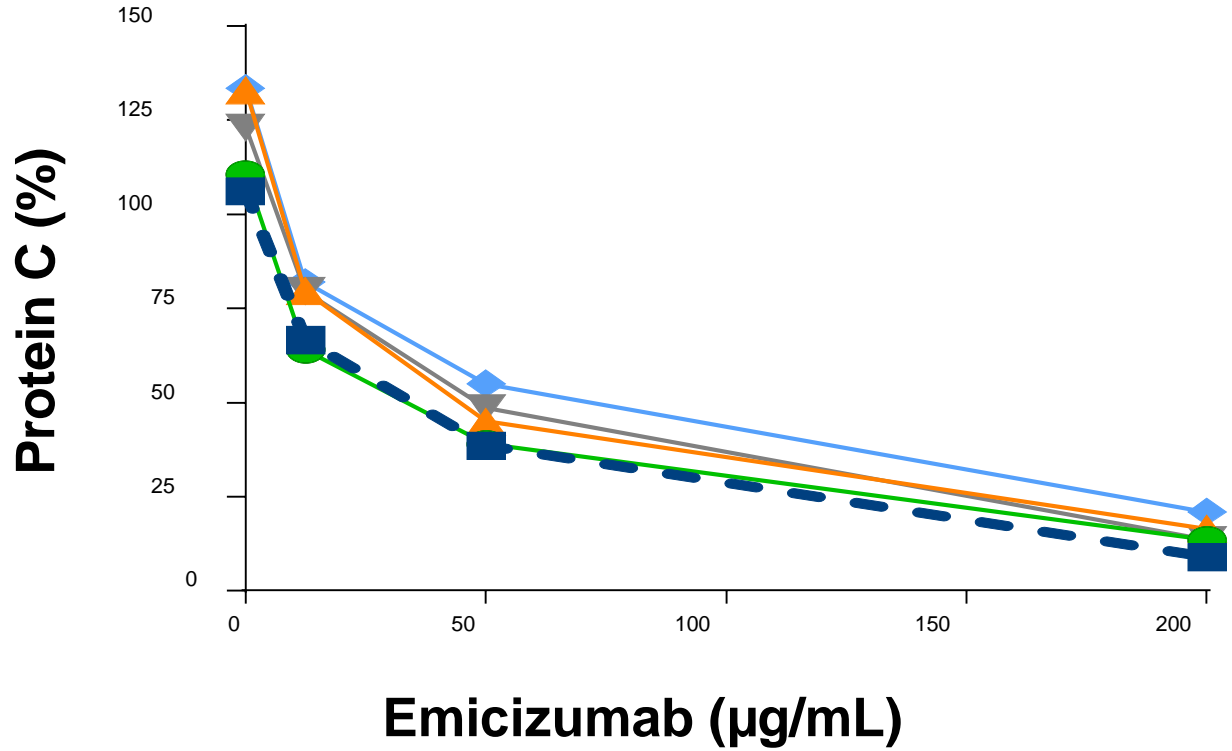
## Fibrinogen (PT-derived)



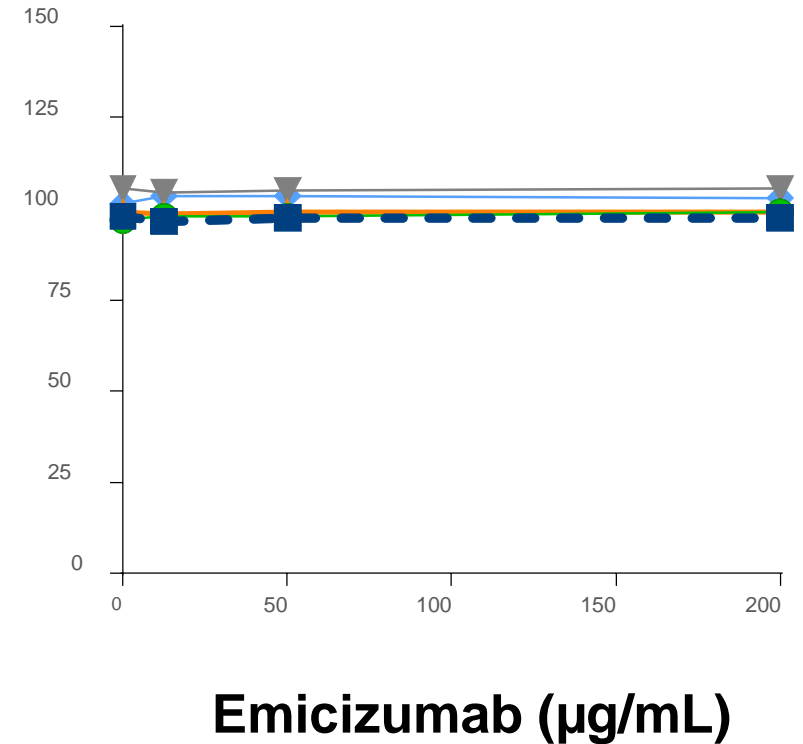
## Fibrinogen (Clauss)



## Protein C (Anticoagulant activity)

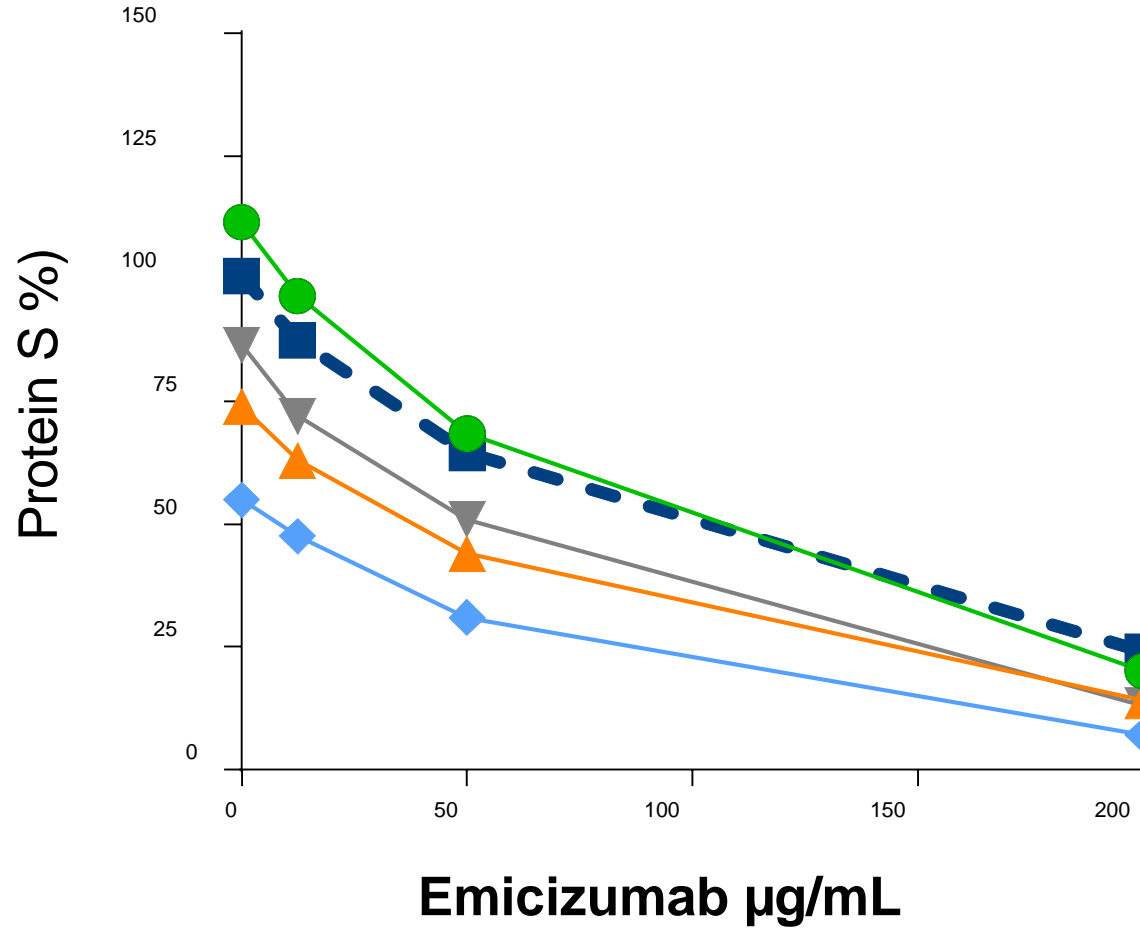


## Protein C (Chromogenic activity)

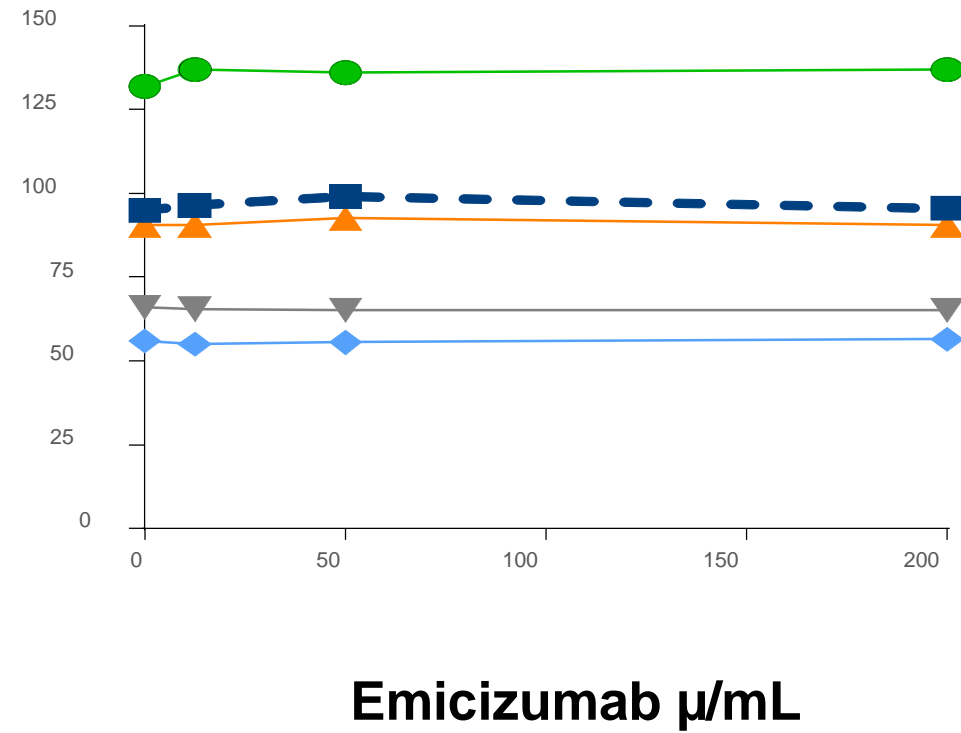




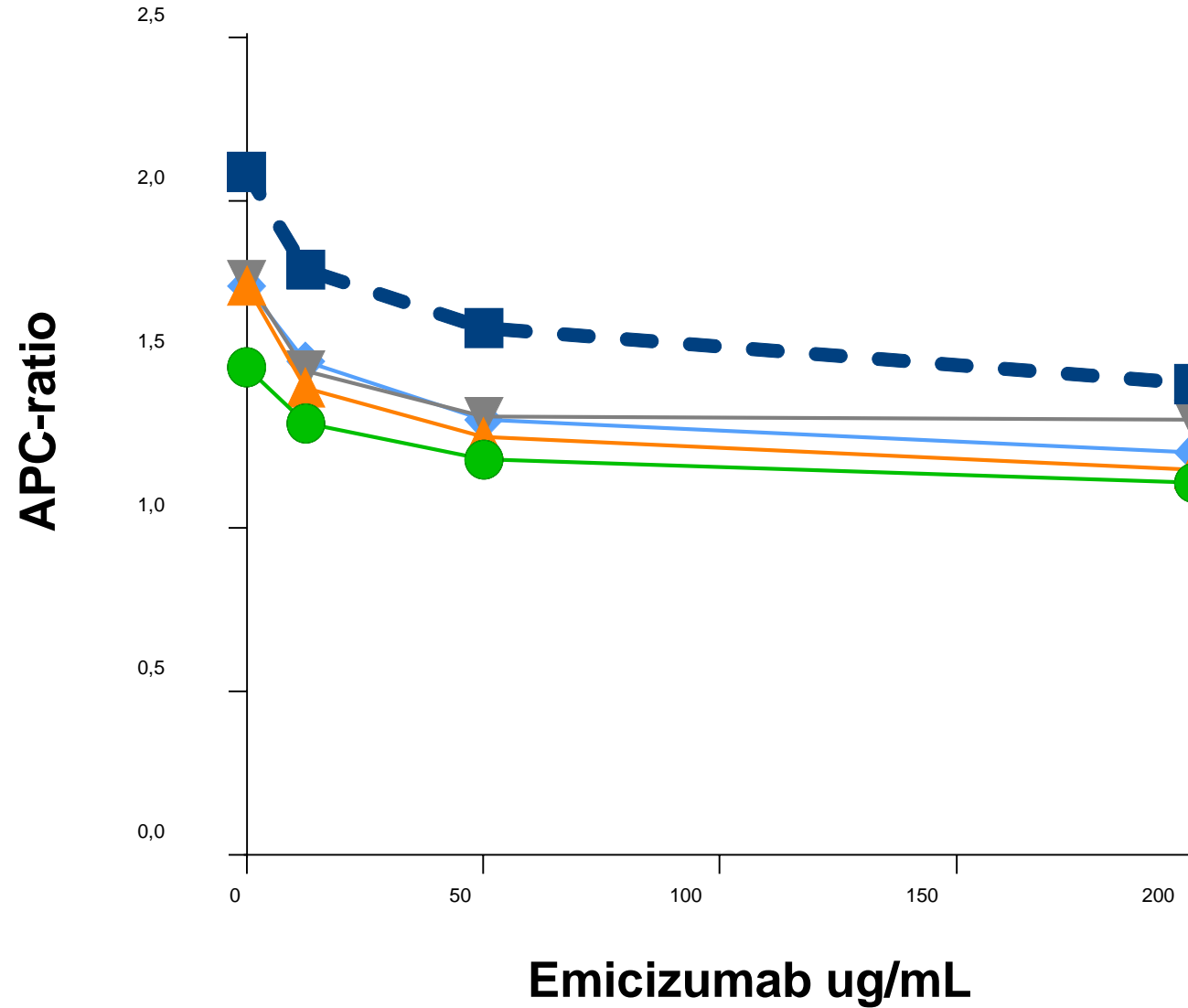
# Protein S activity



# Protein S antigen

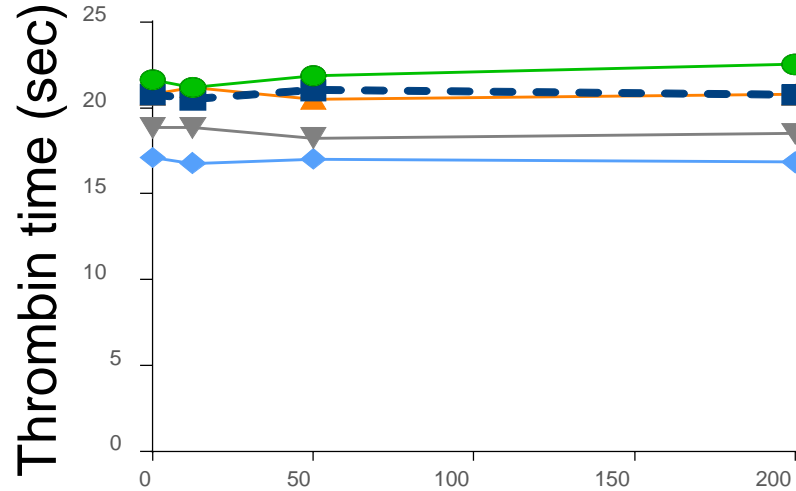


# APC-resistance

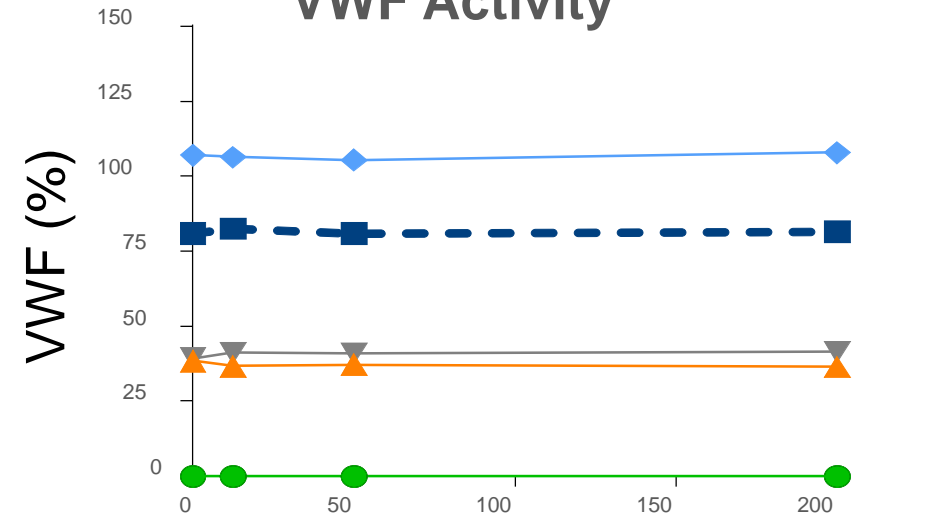


# *No emicizumab effect on the following parameters*

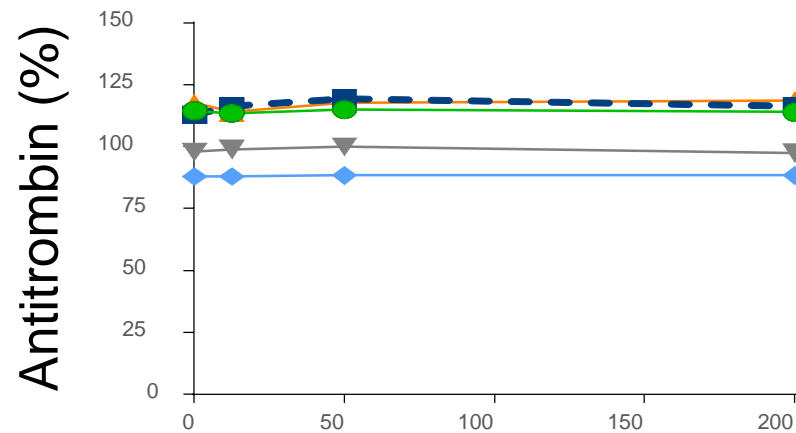
## Thrombin time



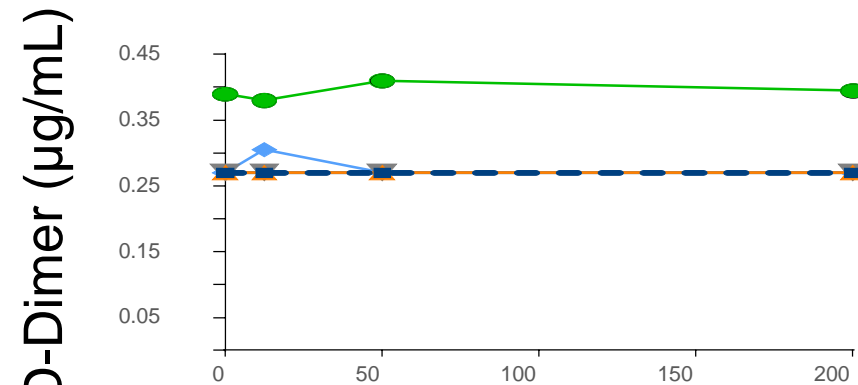
## VWF Activity



## Antithrombin activity



## D-dimer



Emicizumab (µg/mL)

Emicizumab (µg/mL)

*Possible Options for Lab Monitoring of  
Fitusiran or Concizumab*

*Thrombin generation or  
thromboelastography are (presumably)  
suitable lab tools*

## *Additional Lab Monitoring for Fitusiran, Concizumab or Emicizumab*

- Antithrombin activity could be monitored in patients on fitusiran
- TFPI activity could be monitored in patients on concizumab
- Detection of antibodies against emicizumab, fitusiran or concizumab may be required when they occur

# Advances in the Treatment of Hemophilia: Implications for Laboratory Testing

Armando Tripodi,<sup>1,4\*</sup> Veena Chantarangkul,<sup>1,4</sup> Cristina Novembrino,<sup>1,2,4</sup> and Flora Peyvandi<sup>1,3,4</sup>