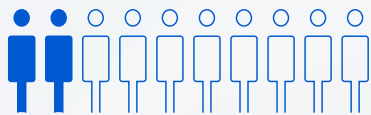

Treatment Burden
and Venous Health
Complications
in People with
Hemophilia B
without Inhibitors



The Burden of IV Prophylactic Treatment Storage, Preparation and Administration

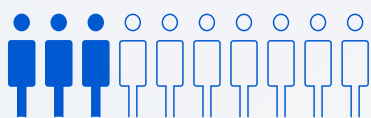
People with hemophilia B without inhibitors request treatments that are **longer-acting, easier to administer** (e.g., subcutaneous), **more manageable** (e.g., less volume to inject)¹ (n=166)

2 in 10 people



with severe hemophilia B without inhibitors on **SHL treatments** report being inconvenienced by medication storage, preparation, and administration² (n=9)

>3 in 10 people



with severe hemophilia B without inhibitors on **EHL treatments** report being inconvenienced by medication preparation, and administration² (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 medication² (n=36)

12%

of people with hemophilia B without inhibitors are inconvenienced by storing medication³ (n=112)

15%

of people with hemophilia B without inhibitors are inconvenienced by carrying medication and supplies while outside the house³ (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 Georgia⁴

Among people with hemophilia B without inhibitors²:

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%

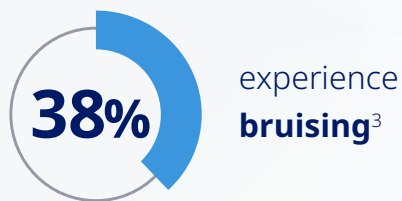
have trouble finding time to self-inject³ (n=112)

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,³

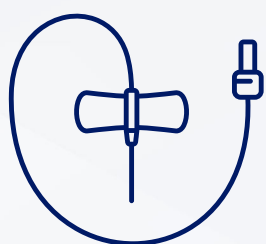


Frequent IV prophylactic injections impair long-term venous health for patients with hemophilia without inhibitors

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**⁶

Patients requiring CVADs are at risk of infection:



13–48%

of implanted catheters may lead to potentially life-threatening conditions,⁶⁻¹¹ including bacterial endocarditis¹²

32–53%

of patients experienced CVAD-related deep vein thrombosis after 1 year^{13,14} with the risk of loss of potential access sites in arms⁶

People with hemophilia B without inhibitors experience major complications to venous health³:

(n=112)



experience **scarring**³



experience **blown or ruptured veins**³

Major long-term treatment complications can arise, including¹⁵:

- **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

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