PP-043

The A-MOVE study easily explained: The value of regular joint assessments in individuals with haemophilia

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Conclusions:

The A-MOVE study results highlight the **importance and impact of regular joint assessments** in people with haemophilia A (PwHA).

Regular joint assessments, using physical and/or ultrasound examinations, **can help healthcare professionals make informed treatment decisions** for PwHA.

PwHA should consult their healthcare team about possible **regular joint health assessments and consequent treatment adjustments**.

What was the background to this study?

Clinical and/or ultrasound examinations are valuable for monitoring joint health in PwH.[1-3]

To facilitate these examinations, scoring tools such as the Haemophilia Joint Health Score (HJHS) and Haemophilia Early Arthropathy Detection with Ultrasound (HEAD-US) score have been developed.[2-4]

Use of physical and/or ultrasound assessments may help the early identification of joint damage and the need for treatment adjustments; however, these assessments are not routinely used in clinical practice.[2-5]

Why was this study carried out?

The A-MOVE study aimed to evaluate the impact of regular joint examination using physical and/or ultrasound assessments (via HJHS and/or HEAD-US) on treatment management decisions. Final data for A-MOVE have previously been published.[6]

How was this study carried out?

A-MOVE (NCT04133883)[7] was a prospective, low-interventional study that assessed joint health at the start, 6 months, and 12 months using HJHS and HEAD-US (**Figure 1**). Any changes in treatment following these examinations were recorded.

In A-MOVE, joint health was assessed using HJHS and HEAD-US at: Start → 6 months → 12 months

HJHS[2,a]

Physical evaluation
Can assess joint structure and function

Scores from individual joint assessments are combined at each visit to provide an overall HJHS score:

0 — HJHS range[c] — 120

Overall scores are monitored over time

HEAD-US[3,b]

Ultrasound evaluation
Can identify joint swelling and cartilage defects, even in the absence of joint swelling

Scores from individual joint assessments are combined at each visit to provide an overall HEAD-US score:

0 — HEAD-US range[c] — 48

Overall scores are monitored over time

[a]Sum of six index joint scores (range 0–20, total score range 0–120). [b]Sum of six joint scores (range 0–8, total score range 0–48). [c]Higher joint scores indicate worse joint health for both HJHS and HEAD-US. HJHS: Haemophilia Joint Health Score; HEAD-US: Haemophilia Early Arthropathy Detection with Ultrasound.

Figure 1. Study overview and HJHS/HEAD-US definitions

A-MOVE was conducted at 20 centres in France (**Figure 2**).

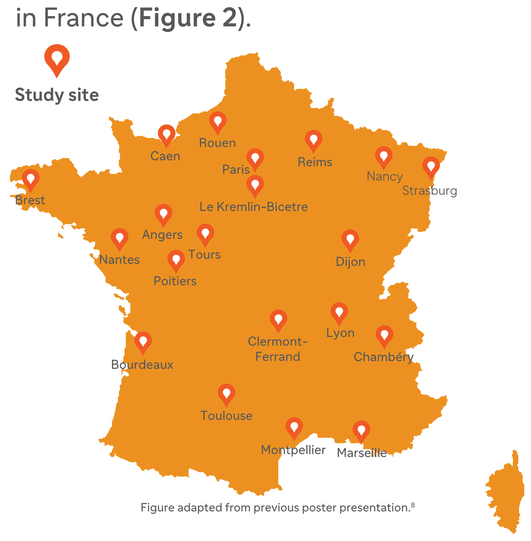


Figure adapted from previous poster presentation.[8]

Figure 2. A-MOVE study sites across France (n=20)

Study population included PwHA who were treated either regularly (prophylaxis) or on demand with factor VIII (FVIII) replacement therapy **(Figure 3)**.

Inclusion criteria

- **6–40 years**
- **Treated with pdFVIII or rFVIII (SHL or EHL)**
- **≥1 prior joint bleeding episode**

Exclusion criteria

- **Positive inhibitor titre[a]**
- **Joint surgery in the past year**
- **>1 joint replacement**

[a]Positive inhibitor titre defined as FVIII inhibitors ≥0.60 BU/mL at latest available inhibitor test.
BU: Bethesda unit; EHL: extended half-life; FVIII: factor VIII; pdFVIII: plasma-derived factor VIII; rFVIII: recombinant factor VIII; SHL: standard half-life.

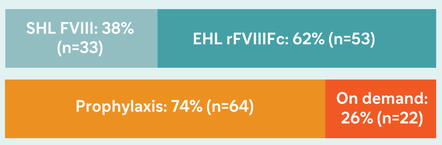
Figure 3. A-MOVE eligibility criteria

What were the results of this study?

The overall population included 86 PwHA **(Figure 4)**.
Complete information was available for 81 PwHA.[a]
The analysis was conducted on data from these participants.

Age, median (range)
19.0 (7–40) years

Haemophilia treatment at baseline



EHL: extended half-life; FVIII: factor VIII, rFVIIIFc: recombinant FVIII Fc fusion protein; SHL: standard half-life.

Proportion of patients on prophylaxis vs on demand by disease severity

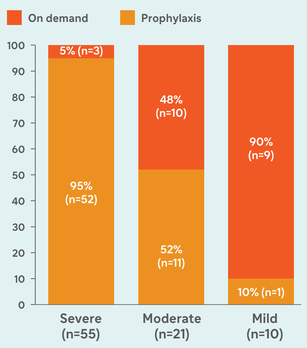


Figure 4. Baseline characteristics of the overall study population (n=86)

25% (20/81) — **Change in treatment due to HJHS and/or HEAD-US**

23% (19/81) — **Change in treatment due to other reasons[a]**

52% (42/81) — **No changes in treatment**

A change in treatment meant a change in one or more of the following:

Medication · Dose · Dosing schedule

[a]Including physical exam results or bleeding episodes. HJHS: Haemophilia Joint Health Score; HEAD-US: Haemophilia Early Arthropathy Detection with Ultrasound.

Figure 5. Treatment changes in the subset of PwHA with complete information (n=81)

Over a year, 25% of individuals (n=20) had changes in their treatment due to HJHS and/or HEAD-US scores. Treatment changes included changes to medication, dosage, or dosing schedule **(Figure 5)**.

- HJHS scores influenced changes in about half of these cases, while HEAD-US scores influenced almost all of them.
- About 23% of PwHA (n=19) had treatment adjustments for other reasons such as physical exam results (n=9) and bleeding episodes (n=8).
- 52% of PwHA (n=42) experienced no changes in their haemophilia management during the study.

Footnotes: [a]The overall population included 86 PwHA, but 81 PwHA were included in the data analysis. This was due to 5 individuals being excluded from the analysis: 4 experienced treatment changes but did not have documented reasons for these, and 1 had a joint assessment but no recorded details of any treatment changes.

References: **1.** Srivastava A. et al. *Haemophilia* 2020;26:1–158; **2.** Hilliard P. et al. *Haemophilia* 2006;12:518–525; **3.** Martinoli C. et al. *Thromb Haemost* 2013;109:1170–1179; **4.** St-Louis J. et al. *Res Pract Thromb Haemost* 2022;6:e12690; **5.** Feldman BM. et al. *Arthritis Care Res*. 2011;223–30; **6.** Drillaud et al. *Haemophilia*. 2025;doi: 10.1111/hae.70012; **7.** ClinicalTrials.gov (NCT04133883); **8.** Pan-Petesch B, et al. Presented at the World Federation of Hemophilia Comprehensive Care Summit (WFH CCS) 2023 Congress, Buenos Aires, Argentina, 10–12 May 2023. Poster PP-TH-004.

Abbreviations: BU: Bethesda unit; EHL: extended half-life; FVIII: factor VIII; HJHS: Haemophilia Joint Health Score; HEAD-US: Haemophilia Early Arthropathy Detection with Ultrasound; pdFVIII: plasma-derived factor VIII; PwHA: people with haemophilia A; rFVIII: recombinant factor VIII; rFVIIIFc: recombinant FVIII Fc fusion protein; SHL: standard half-life.

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