A plain language summary of the association between joint health and patient-reported quality of life outcomes using data from the efanesoctocog alfa Phase 3 clinical trial in adults and adolescents with severe hemophilia A

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Author disclosures

Research grants and clinical trial support to Goethe University
Bayer, Biotest, CSL Behring, Intersero, Novo Nordisk, Pfizer, Roche/Chugai,
Takeda, Sobi/Sanofi, EU H2020 ITN, State of Hesse, FUSE e.V.

Advisory boards and/or speakers' bureau

BFSH, Bayer, CSL Behring, Florio, MSD, Novo Nordisk, Roche/Chugai,
Sobi/Sanofi, Takeda

Opening remarks and purpose



- Efanesoctocog alfa is a clotting factor VIII replacement therapy that remains active in the body for 3–4 times longer than current factor VIII replacement therapies
- 50 unit/kg is given once a week intravenously for the prevention of bleeding and individuals can achieve near normal FVIII levels for most of the week
- The safety and efficacy of efanesoctocog alfa was shown in the XTEND-1 and XTEND-Kids studies^{1,2}



Preventing bleeding can **preserve joint health** and improve quality of life³



PURPOSE: We examined how joint health relates to the quality of life of people with hemophilia A treated with efanesoctocog alfa

Structure of presentation



Background and approach

- Introduction to the 12-month XTEND-1 study*
- What we measured in this analysis



Results

 How joint health was linked to pain, physical functioning and overall quality of life at the start of treatment and after 12 months

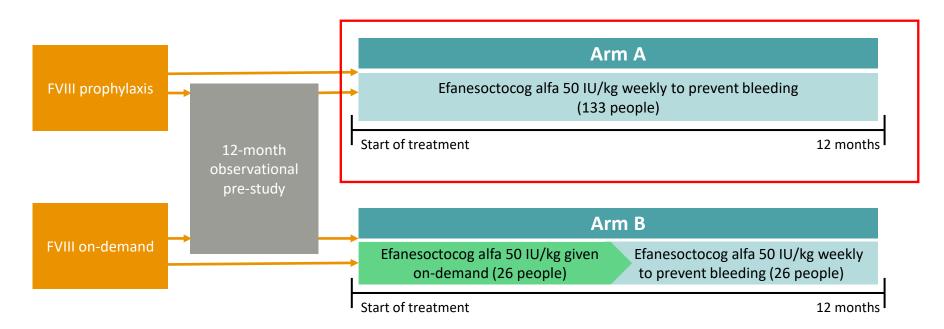


Findings

- Important points to keep in mind
- What the findings mean

What was the XTEND-1 study?

- XTEND-1 examined how safe and effective efanesoctocog alfa is in people living with severe hemophilia A
- We focused on Arm A for our analyses



Who was included in XTEND-1 and what were the findings?



- Aged 12 years or older
- Severe hemophilia A



Compared with previous FVIII treatment, **efanesoctocog alfa was** effective in:

Preventing and treating bleeding

Improving joint health

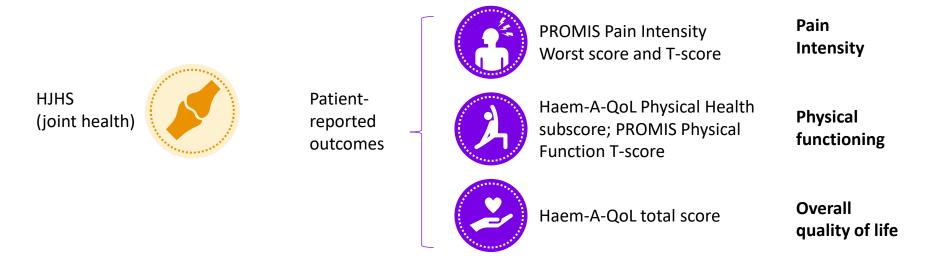
Improving physical health

Reducing pain

Efanesoctocog alfa was well tolerated

What did we measure?

- Joint health was measured using a clinical scoring system called the Hemophilia Joint Health Score (HJHS)
- We measured joint health status and pain intensity, physical functioning, and overall quality of life at the start of treatment and after 12 months of efanesoctocog alfa therapy



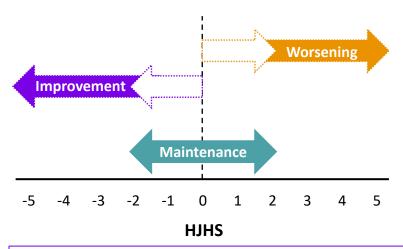
HJHS evaluated joint health on a scale of 0 (better joint health) to 124 (worse joint health).

PROMIS Worst Pain score scale = 1 (no pain) to 5 (very severe pain); PROMIS T-score scale = 30.7 to 71.8; Haem-A-QoL Physical Health subscore scale = 0 to 100;

PROMIS Physical Function T-score scale = 21.0 to 59.0: Haem-A-QoL total score scale = 0 to 100

What did we do with these measurements?

Participants were grouped according to the change in HJHS score after 12 months compared with baseline data:



Improvement: Decrease in HJHS of 2 or more, from the start of treatment **Maintenance:** Change in HJHS of between –2 to 2 from the start of treatment

Worsening: Increase in HJHS of 2 or more from the start of treatment

Start of treatment 12 months

We looked at how joint health was linked to pain intensity, physical functioning and overall quality of life at the start of treatment and after 12 months

HJHS evaluated joint health on a scale of 0 (better joint health) to 124 (worse joint health).

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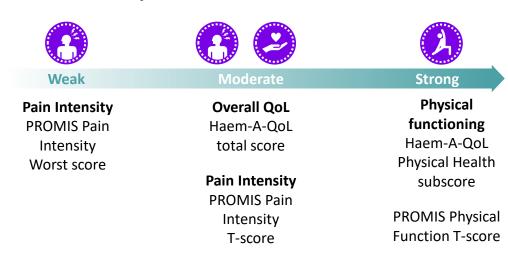
HJHS. Hemophilia Joint Health Score.

What were the characteristics of participants and the findings at baseline?



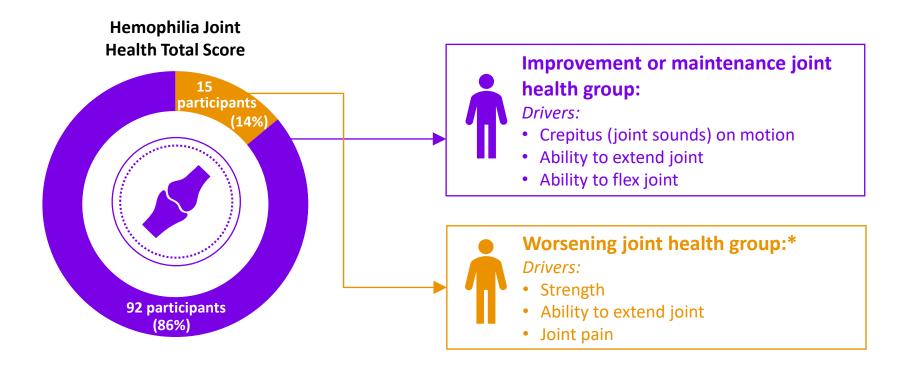
- 107/133 participants with data available at baseline and Week 52
- **Age** 12–67 years
- Body Mass Index average: 25.0 kg/m²
- Age at start of treatment (prophylaxis) to prevent bleeding, average = 3.7 years
- Number of bleeds during the
 12 months before entering the study,
 average = 3.1
- Number of joint bleeds 12 months before entering the study, average = 2.2

Association with joint health at baseline



The strongest correlation with joint health was **physical functioning** (patients with worse joint health reported reduced ability to perform physical tasks for daily living) followed by **overall QoL** and **pain intensity**

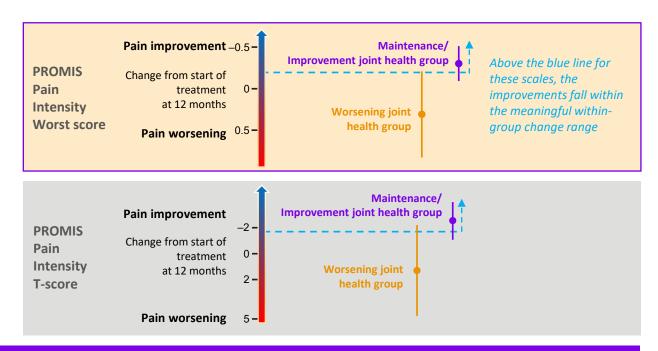
What happened to joint health after 12 months of treatment?



^{*}These are the 3 domains with highest increase, but 1 domain showed a decrease (improvement): duration of swelling

How was joint health associated with pain after 12 months?



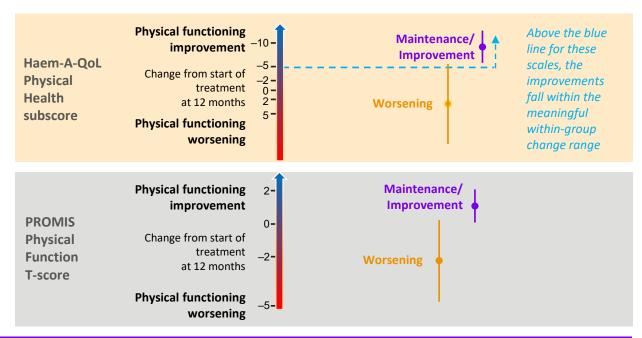


Participants who had improvement or maintained joint health after efanesoctocog alfa treatment had a significant improvement in pain compared with those with worsening joint health score

Similar pain values reported by participants were seen at baseline for those with improved/maintained joint health, and worsened joint health PROMIS Worst Pain score: LSM difference (95% CI) (Ref = worsening): -0.61 (-1.17 to -0.05); p=0.032; N=100 PROMIS T-score: LSM difference (95% CI) (Ref = worsening): -3.79 (-7.56 to -0.02); p=0.049; N=100

How was joint health associated with physical functioning after 12 months?



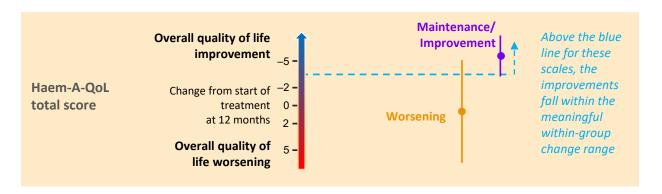


Participants who had improvement or maintained joint health after efanesoctocog alfa treatment showed significant improvement in physical functioning compared with those with worsening joint health score

Similar physical functioning values reported by participants were seen at baseline for those with improved/maintained joint health, and worsened joint health Haem-A-QoL Physical Health subscore: LSM difference (95% CI) (Ref = worsening): -13.25 (-23.16 to -3.34); p=0.009; N=81 PROMIS Physical Function 6b and T-score: LSM difference (95% CI) (Ref = worsening): 3.34 (0.69 to 5.99); p=0.014; N=80

How was joint health associated with overall quality of life after 12 months?





Participants who had improvement or maintained joint health after efanesoctocog alfa treatment experienced a significant improvement in their overall quality of life compared with those with worsening joint health score

What do the findings mean?

The majority of participants (86%) had improvement or maintained joint health after efanesoctocog alfa treatment. These participants experienced a meaningful improvement in:

Pain



Physical functioning



Overall quality of life





The findings are promising but **more research is needed** to confirm the long-term benefits of efanesoctocog alfa

Thank you

- The authors would like to thank the participants and their caregivers for their time and participation in the XTEND-1 study, and Mark Pangilnan, Shellye Horowitz and Clive Smith for their thorough review and input on this presentation
- The authors were responsible for all content and editorial decisions, and received no honoraria related to the development of this publication

- The authors would like to thank the study investigators for their contributions, and Julie Milot of Aixial for the programming of the analyses, funded by Sanofi
- This study was sponsored by Sanofi and Sobi; and they reviewed and provided feedback
- Medical writing support was provided by Sally Wardle-Gray, MA, of Ashfield MedComms, an Inizio company, and funded by Sanofi and Sobi in accordance with Good Publication Practice guidelines