

The World Federation of Hemophilia continues to monitor treatment safety

The safety, affordability, and efficacy of treatment is a primary concern for people with hemophilia and the WFH makes every effort to monitor all the issues and keep the community informed. The 2004 World Congress has already seen several excellent sessions on the latest thinking on a wide range of topics including inhibitors, gene therapy, transmissible spongiform encephalopathies (TSEs), safe, affordable alternatives to clotting factor concentrates, supply issues, and economic factors affecting availability.

On Monday, WFH VP Bruce Evatt chaired a lively session covering diverse emerging and receding threats to product safety. This session included updates on inhibitors and the ongoing debate over the efficacy of national self-sufficiency policies. Sally Crudder of the US Centers for Disease Control, and a WFH advisor, called for more international cooperation to gather data on inhibitor formation.

In a plenary session on Tuesday, James Ironside gave a comprehensive overview on the current knowledge about TSEs and their potential to be transmitted by plasma products in his talk on prion disease. Ironside is one of the world's leading experts on vCJD; he will continue the discussion in a symposium this afternoon.

Later on Tuesday, WFH advisor Albert Farrugia chaired a broad-ranging discussion on the supply of safe products in the developing world. Experts from Thailand,

Malaysia, and Brazil spoke about some of the innovative ways that developing countries are working to provide care for people with hemophilia despite economic constraints and the high prevalence of viral diseases such as HIV and HCV. In Thailand, for example, cryoprecipitate is produced locally for the hemophilia community.

On Wednesday the issues were approached from a regulatory and industry perspective in the session chaired by WFH executive member Gordon Clarke and featuring WFH executive member Mark Skinner, on the various challenges to treatment affordability and supply. The panelists agreed that current plasma-derived products are safe and that the biggest challenge facing industry and

consumers is to lower costs. However, regulatory harmonization, one way to reduce costs and increase access for patients, is likely still many years away.

After that, WFH VP David Page hosted a capacity building session, which examined the challenges and strategies involved in advocating for safer blood products. Today, an update on risk assessment for vCJD and plasma-derived products in the United Kingdom from 2:00-3:30 p.m. in Room 211-212 will be co-chaired by WFH President Brian O'Mahony and Bruce Evatt. The symposium will feature James Ironside and WFH VP Paul Giangrande, both of the UK, as well as the release of an updated risk assessment from the WFH TSE Task Force written by Albert Farrugia. ●



Delegates visit the Temple of the Emerald Buddha

Meditating on well-being: acknowledging the mind-body connection

Mindfulness and meditation are increasingly recognized by health professionals as effective ways to treat stress-related illnesses such as high blood pressure, migraines, heart conditions, AIDS, and cancer and offer important coping mechanisms for patients, stated Pinit Ratanakul of Thailand, in the “Mind-Body Connection” session.

“Evidence continues to support the idea that meditation can reduce the risk of disease, lower levels of depression and other forms of psychological distress, enhance well-being, and add years to our lives,” he said. “Consequently, religious practices and rituals are now being recommended to supplement standard medical treatments of various mental and physical illnesses.”

However, Prawase Wasi of Thailand noted that modern medicine generally takes a mono-axial approach to health, regarding disease in anatomical, biochemical, physical, and radiological terms. He emphasized the importance of a tri-axial approach to medicine that encompasses psychological and social, as well as biological dimensions. “The majority of medicine is illness-defined and focuses on functional disorder, but a more comprehensive health approach is to look at the whole system, and this includes spiritual well-being.” Mindfulness sends waves of awakening, calm, and equanimity throughout the system to contribute to good health, he added.

“Physical disorders can affect psychological states, and being aware of the association helps one see the importance of resolving the tension in our lives,” said Congress President Partraporn Isarangkura, who chaired the session. “Pain associated with

physical disorders may cause sleep disturbance, distortions of thinking, depression, and anxiety, and alter immune function and other biological processes. It can also lead to poor health practices and diminished use of the health care system. Awareness of the mind-body connection brings

PROFILE

Living with hemophilia: A parent's love

WHEN ARAFAT AWAJAN of Jordan learned five years ago that his son had hemophilia, “many things changed in our lives,” he said. “But some outcomes were positive, because it brought us in contact with other people with hemophilia, and we found solidarity and emotional support in the international community.”

The diagnosis was the beginning of an odyssey that is transforming hemophilia care in Jordan. “Five years ago, hemophilia was ignored by health services in my country. The only treatment available was cryoprecipitate, but with the creation of a hemophilia society in Jordan and the dreams and efforts of families, diagnosis and treatment is improving.”

Founded just four years ago, the Jordan Blood Diseases Patients' Association has 300 members and 15 active volunteers. It has made such impressive strides that it won last year's WFH Organization Twin of the Year Award, with its partner, the Toronto & Central Ontario Regional Hemophilia Society. The Toronto society has provided invaluable expertise to contribute to the society's success, Awajan said.

clear benefits to everybody, including people with hemophilia,” she said.

The session drew more than 100 participants, including doctors, social workers, and people with hemophilia. At the end of the session, they joined in a 10-minute meditation with a Buddhist monk. ●



The Jordanian society's work has resulted in dawning recognition by the government and medical community of the need to better treat hemophilia. Jordan now has three labs that provide precise diagnosis, hemophilia treatment in all the major hospital centres, and safer and more efficacious care using factor VIII is being introduced. “It's very important progress, but it's just the beginning. The hope is that in future factor concentrates will become standard treatment.”

He added, “Being part of the congress and seeing patients who are very active is very encouraging for new associations and families.” ●

AAV gene therapy: promising new treatment for hemophilia B

The key challenge in developing hemophilia gene therapy is to improve vectors and administration by enhancing transduction and expression, delivery systems, and targeted tissues while reducing or eliminating toxicities, according to Gilbert White of the United States.

“The first clinical trials in hemophilia have been performed with positive effects, including low gene expression and low inhibitors,” he said, “but they have not been as successful as hoped and negative findings have included outright toxicity and mutation of the germline.”

In pre-clinical small and large animal studies, adeno-associated viral (AAV) mediated gene therapy for hemophilia B showed that long-term factor IX expression could be achieved, he said.

Catherine Manno of the US presented an overview of Phase I clinical trials that were designed on the basis of these pre-clinical studies. “The vector has an excellent safety profile with no germline transmission of vector sequences and no development of inhibitors,” she said.

However, to achieve therapeutic levels of FIX with intramuscular injection, 300 or more doses would be required.

Liver-introduced AAV-2 therapy is one way of avoiding the problems associated with multiple injections, Manno said. Clinical trials of AAV-2 infusion via the hepatic artery indicate that “human hepatocytes can be transduced in vivo by AAV-2 at levels that could be therapeutic for hemophilia B.”

In dog trials FIX expression was 15 to 50 times more efficient using liver injection, Glenn Pierce of the US said. Human clinical trials indicate FIX expression rates of up to 12 percent, and reductions of up to 78 percent in the need for FIX infusions.

However, Pierce and Manno cautioned that two subjects in those trials developed transaminitis, although its exact cause is not yet completely understood.

Pierce reminded the audience that hemophilia gene therapy represents a new class of complicated biologics that are not well-modelled in animal studies and whose long-term risks are unknown. “They include insertional mutagenesis, immunity to transgenes, germline transmission issues, and a whole range of unknown future consequences.” ●

Prophylaxis options for pediatric care

Central venous access lines for factor prophylaxis often involve complications, with potential for infection via the skin surface and an even greater likelihood of infection when the patient has HIV or inhibitors, according Rolf Ljung of Sweden.

In this context, Elena Santagostino of Italy discussed the advantages of internal arteriovenous fistulae (AVF) for home treatment of children and adolescents with hemophilia. “AVF has made home treatment feasible, presenting an option to children who have no available venous access in early childhood,” she said. “In the Italian experience, long-term use was satisfactorily safe and the risk of infection was low. It was easy to use and provided children with a normal lifestyle.”

Possible complications with AVF include surgical site hematoma, infection, distal ischemia, thrombosis, and failure of maturation. However, Santagostino reported that most complications were transient and did not affect outcome.

AVF presents an option for home treatment to children who have no available venous access in early childhood

“Long-lasting follow-up is warranted to detect early signs of complications, which can be prevented with remedial interventions,” she said, adding that AVF can be dismantled when peripheral veins are ready for infusion.

Victor Blanchette of Canada outlined some issues that remain unresolved regarding factor prophylaxis, including dosage, and when to start and stop delivery. ●



Congress participants take a moment to relax between sessions

A 'helping hand' from Wyeth for the WFH and the National Hemophilia Foundation of Thailand

Over the course of the congress, close to 500 visitors to the Wyeth booth in the Exhibition Hall added their signatures to the "Hemophilia Helping Hands" donation board — and as a result, the pharmaceutical company yesterday donated \$10 for each signature to the WFH and the National Hemophilia Foundation of Thailand.

"We wanted to give individuals the opportunity to acknowledge the WFH and the National Hemophilia Foundation of Thailand and thought this donation board would be a way to provide resources to the community while engaging broader and more individualized involvement of people," said Mike Russomano, VP Global Hemophilia at Wyeth.

Brian O'Mahony, WFH President noted "the Hemophilia Helping Hands project is especially appropriate because a hand has five fingers and there are five elements of a national hemophilia



Mike Russomano (far right) from Wyeth presents cheque to Brian O'Mahony (centre) and Parttraporn Isarangkura (far left)

program: government support, medical infrastructure, replacement therapies, medical expertise, and a national hemophilia organization."

"This donation is very meaningful to us," said Congress President Parttraporn Isarangkura, "because it shows that people from outside the country are showing concern for us." ●

IMPORTANT REMINDER

PARTICIPANTS ARE REMINDED that the Passenger Service Charge when leaving on an international flight is 500 Baht and must be paid in Thai currency in cash at the airport before departure. ●

PROGRAM PREVIEW

Sessions to watch for on Thursday

THE MEDICAL SESSION on "Laboratory Issues" will address laboratory investigation for people with hemophilia and bleeding disorders, external quality assurance, and training in the developing world. Presenters are Ampaiwan Chuansumrit, Eric Preston, and Angus McCraw. The session takes place at 10:30 a.m. in Room 104.

CLINICAL AND ECONOMIC aspects of prophylaxis, cost-effectiveness, and

quality of life measurements in hemophilia will be the focus of the Medical session on "Economic Issues of Prophylaxis and Immune Tolerance." Presenters are Kathelyn Fischer, Brian Feldman, and Monika Bullinger. The session takes place at 2:00 p.m. in Room 201-202.

THE MEDICAL SESSION on "Dose and Outcome in Hemophilia Care" will present an overview of assessing outcome of care at different dose levels from the perspectives of Brazil, India, and the Netherlands. Presenters are Alok Srivastava, Elbio D'Amico, Raji Thomas, and Marijke van den Berg. The session takes place at 4:00 p.m. in Room 201-202. ●

Special tribute for WFH president and volunteers

CONGRESS DELEGATES are invited to attend a special tribute today to outgoing WFH president, Brian O'Mahony, celebrating his tireless efforts over the past 10 years for the global hemophilia community.

The WFH will also be presenting the inaugural WFH Volunteer Achievement Awards, honouring long-term volunteers who have made significant contributions to improving hemophilia treatment and care around the world.

The ceremony starts at 12:30 p.m. (lunch will not be served). Please note that the room has been changed to Room 203. ●

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