

# WFH Guidelines 2020

## Do you know what's changed?

With updates including a new definition of prophylaxis, changes to protection levels and a new worldwide standard of care, the WFH Guidelines 2020 reflect important developments in the management of haemophilia.

*"These are the most extensive guidelines published"*

Prof. Cedric Hermans  
Belgium

Read on to find out how these changes can benefit the haemophilia community...

### Prophylaxis – redefined

#### Prophylaxis has been redefined as:

*"The regular administration of a hemostatic agent/agents with the goal of preventing bleeding in people with haemophilia while allowing them to lead active lives and achieve quality of life comparable to non-hemophilic individuals"*

WFH Guidelines, 2020

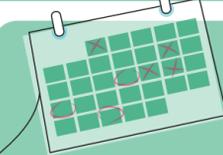
#### Beyond factor replacement

With the arrival of innovative non-factor replacement therapies, prophylaxis has been expanded from simple **'factor substitution'** to now encompass all **'haemostatic agents'**.



#### Putting patients in the driving seat

New treatment goals now **shift the focus** away from 'increasing factor levels', towards allowing people with haemophilia to lead **healthy and active lives**, similar to the non-haemophilic population.



In addition, prophylaxis should now be tailored, taking into account patient self-assessment and preference. This will provide those with haemophilia greater control and a treatment that fits around them.

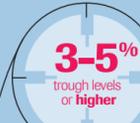
### Elevating the standard of care

*"The Guidelines are telling us we can do better"*

Prof. Manuel Carcao  
Canada

#### Targeting sustained bleed protection

Besides the newly recognised need for prophylaxis to **prevent bleeds at all times**, the emergence of non-factor replacement therapies offer promising alternatives that are not associated with peaks and trough curves seen with factor prophylaxis regimens.



*"Now recognizing that with a 1% trough level patients remain at risk of bleeding, most clinicians would prefer to target higher trough levels"*

WFH Guidelines, 2020

*"The WFH encourages product choice based on potential advantages"*

WFH Guidelines, 2020



Personal preference



Efficacy



Safety



Simpler administration

#### Global application

Prophylaxis is now the standard of care **worldwide** and "is always recommended over episodic therapy"

WFH Guidelines, 2020

*"In all countries the ideal is for patients to not experience any bleeds"*

WFH Guidelines, 2020

To dive deeper into these updates and more, click here to access the WFH Guidelines 2020!

Srivastava A et al. Haemophilia 2020;26(Suppl 6):1-158  
Veeva document number: XX-0003420  
Date of preparation: November 2020

# WFH Guidelines 2020

## Do you know what's changed?

With updates on therapy options, inhibitor development and guidance for young patients, the updated WFH Guidelines 2020 reflect important developments for the future treatment of people with haemophilia.

*"A great perspective of haemophilia A in the future"*

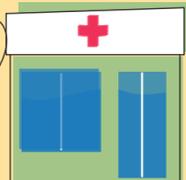
Dr Ana Boban  
Croatia

Read on to find out how this might benefit you or your practice...

### Novel therapies: more options for more patients

*"New and emerging innovative therapeutics have been developed with alternative modes of delivery (e.g. subcutaneous), targets that overcome the limitations of current clotting factor replacement therapy (i.e. intravenous administration, short half-life, risk of inhibitor formation), and markedly improved PK profiles with a very low burden of administration (e.g. up to monthly dosing), which may increase compliance"*

WFH Guidelines, 2020



Fewer clinic visits



Less burdensome treatment administration



Effective prophylaxis



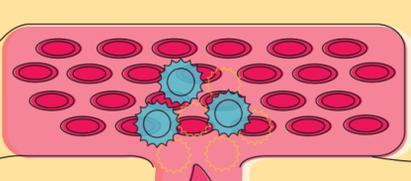
Less need for CVADs



Increased uptake and compliance

#### New ways to tackle inhibitors

As substitution therapy is based on using an alternative haemostatic agent that acts as a substitute for clotting factor concentrates, it fundamentally differs from factor replacement therapy.



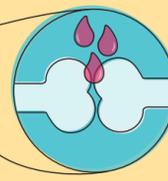
Greater value is now also placed on early inhibitor diagnosis. More frequent screening is also recommended, especially for factor replacement therapies who experience recurrent bleeds or target joints.

*"Recombinant technology combined with improved basic understanding of coagulation biochemistry is currently shifting the treatment paradigm"*

WFH Guidelines, 2020

#### Easier options for children and their families

For paediatric patients with severe haemophilia A, the WFH now recommends early initiation of prophylaxis, prior to the onset of joint disease and ideally before the age of 3.



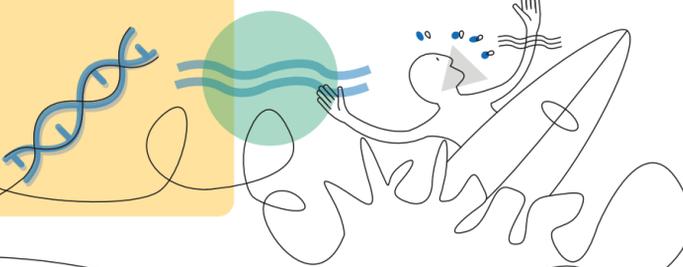
Young patients and their families now have more practical prophylaxis options for their haemophilia, which may eliminate the need for CVAD.

*"This may cause a re-evaluation of what constitutes primary prophylaxis, as perhaps prophylaxis can be commenced much earlier than usual"*

WFH Guidelines, 2020

#### A look to the future

The development of novel therapies, such as non-replacement therapies and gene therapy, has seen significant advances and could offer further treatment options for people with haemophilia A in the near future.



With updates on prophylaxis, protection levels and treatment for younger patients, the updated WFH Guidelines 2020 represent significant changes in haemophilia management!

What could these updates mean for you and your patients? To dive deeper into the WFH Guidelines 2020, click here!

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