

Starting on therapy for hemophilia A: choosing the clotting factor concentrate

This document aims to help parents of **new** patients with hemophilia to discuss prophylaxis options with their clinicians to make treatment decisions.

What is clotting factor concentrate?

- The medication given to help form a clot and stop bleeding

Who should consider this treatment?

- Patients with hemophilia A and tendency to bleed.

What are the options?

- **Plasma derived:** the clotting factor is taken from human plasma (the yellowish part of whole blood that remains after all of the blood cells are removed), purified, concentrated, and treated to kill known viruses.
- **Recombinant:** developed using a molecular biology process (animal or human cells are engineered with the human gene and used to produce factor VIII; the factor is then purified and concentrated).

Explore the benefits and risks of each option

Use X's to show how much each benefit and risk **matters** to you: XX = a lot; X = somewhat; no X = not at all

Dose Option	Benefits (reasons to choose this option)	how much it matters	Risks (reasons to avoid this option)	how much it matters
Plasma-derived (pdVIII)	There are low quality studies suggesting a low risk of inhibitors (antibodies that destroy treatment before it can help) with pdVIII. Better quality studies show no difference between pdVIII and rVIII.		Huge advances in developing treatments have results in no diseases being passed through blood since 1991; but there may possibly be very small risks of becoming infected with germs we don't yet know enough about. Due to surveillance of donors, plasma-derived products might, at times, be unavailable.	
Recombinant (rVIII)	Since rFVIII treatments are made without using human blood, there is no risk of passing or getting blood-borne infections. There should always be enough treatment.		Even though it has never been reported, it is possible that animal cells use to make treatment might be infected by animal viruses. There are low quality studies suggesting a high risk of inhibitors with rVIII. Better quality studies show no difference between pdVIII and rVIII.	

What do you want to achieve for your child?

Rank these objectives from 1 to 4, where 1 = matters most.

- ___ To have highest chance of not getting an inhibitor
- ___ To have treatment with no chance of known blood-based infections
- ___ Not to worry about availability of treatment
- ___ To have treatment with the lowest chance of unknown infections