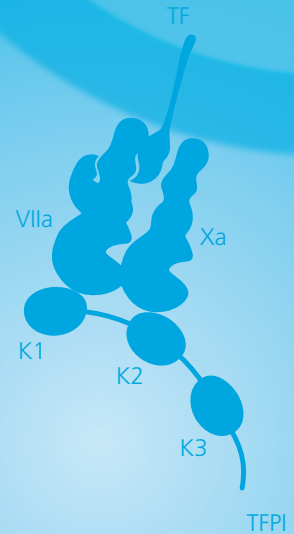


Emerging non-factor therapies for hemophilia

and their mechanisms of action



Emerging non-factor therapies for hemophilia

and their mechanisms of action

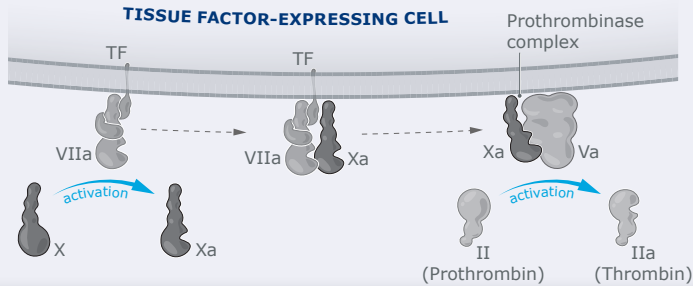
Replacement therapies using either plasma-derived or recombinant FVIII or FIX have been the foundation for restoring hemostasis in people with hemophilia.¹⁻³

Novel therapeutic options are being investigated to reduce the burden of disease and treatment.²

- In hemophilia A, FVIII is deficient. In hemophilia B, FIX is deficient.¹
- These defects impair coagulation, leading to hemorrhage.¹

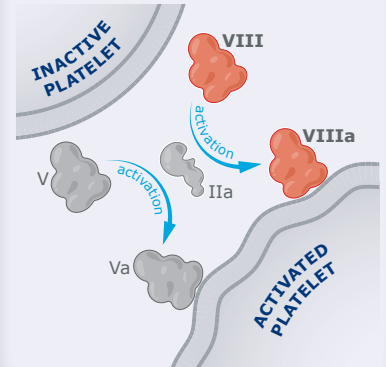
Initiation

Following injury, tissue factor and FVIIa form a complex, which generates FXa. Together with FVa, FXa forms the prothrombinase complex, leading to minute amounts of thrombin generation.^{2,4}

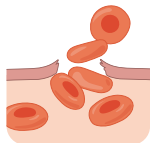


Amplification

Thrombin activates platelets and multiple coagulation factors, including FV and FVIII.^{2,4}



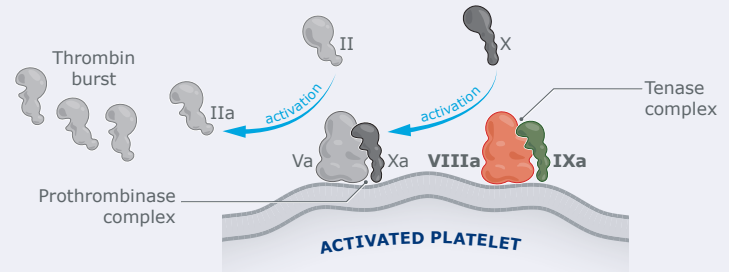
Normal coagulation



In hemophilia, factor deficiency impedes stable clot formation.¹

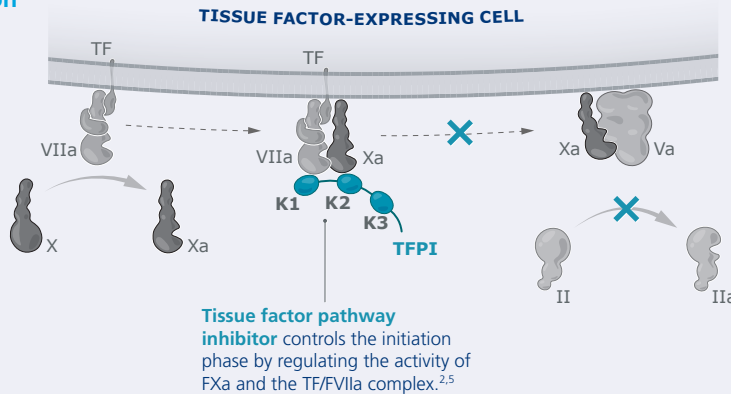
Propagation

Sequential formation of the tenase (FVIIIa/FIXa) and prothrombinase (FXa/FVa) complexes on the surface of the activated platelet drives a thrombin burst, leading to fibrinogen cleavage to fibrin, further platelet activation, and ultimately clot formation.²⁻⁴

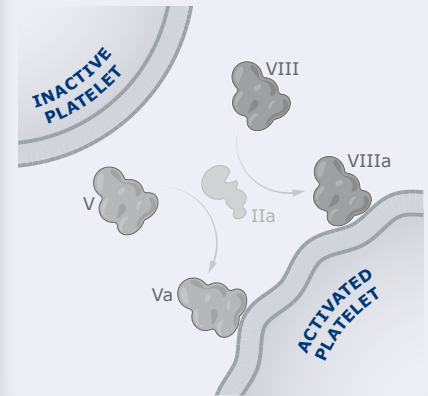


- In normal hemostasis, a complex system allows regulation of coagulation to prevent thrombosis.^{2,5}
- The physiological anticoagulants involved in this system are potential targets for relieving the natural inhibition of coagulation to promote clot formation and limit bleeding in people with hemophilia.^{2,5}

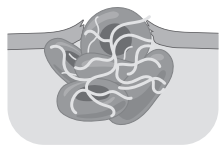
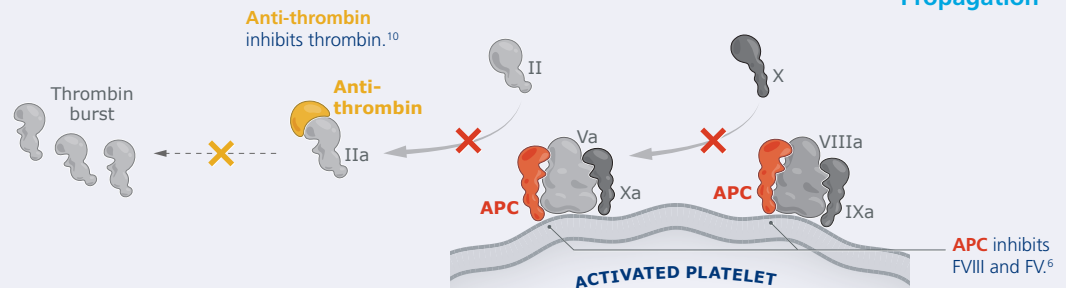
Initiation



Amplification



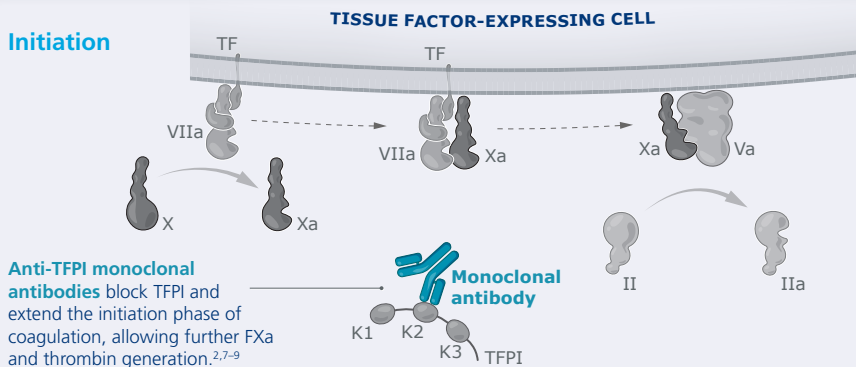
Propagation



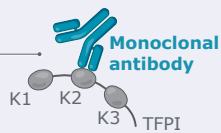
Clot formation downregulated in normal hemostasis and hemophilia

- Emerging non-factor therapies are being developed to block the natural inhibitors of coagulation or mimic the procoagulant activity of a missing clotting factor.^{2,3}
- These therapies target various points of the coagulation cascade to restore thrombin generation despite FVIII or FIX deficiency.^{2,3,5}

Initiation



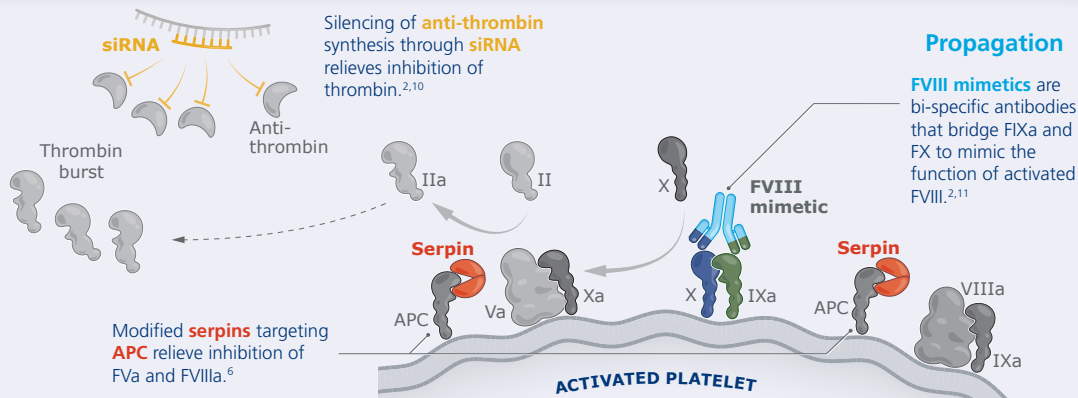
Anti-TFPI monoclonal antibodies block TFPI and extend the initiation phase of coagulation, allowing further FXa and thrombin generation.^{2,7-9}



Amplification



Propagation



Clot formation

APC, activated protein C; FII, factor II; FIIa, activated factor II; FIX, factor IX; FIXa, activated factor IX; FV, factor V; FVa, activated factor V; FVII, factor VII; FVIIa, activated factor VII; FVIII, factor VIII; FVIIIa, activated factor VIII; FX, factor X; FXa, activated factor X; II, factor II; IIa, activated factor II; IX, factor IX; IXa, activated factor IX; K1, Kunitz 1; K2, Kunitz 2; K3, Kunitz 3; siRNA, short interfering RNA; TF, tissue factor; TFPI, tissue factor pathway inhibitor; V, factor V; Va, activated factor V; VII, factor VII; VIIa, activated factor VII; VIII, factor VIII; VIIIa, activated factor VIII; X, factor X; Xa, activated factor X.

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Illustrations of coagulation regulation in healthy subjects and patients with hemophilia are simplified, and do not claim to be exhaustive.

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