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Takeda advances in Personalized Care for people with bleeding disorders

23 July 2020 | News

Provides Updates at ISTH 2020, demonstrating benefits of Pharmacokinetic-Guided Prophylaxis Therapy in Hemophilia and von Willebrand Disease are Among 13 Presentations from Takeda's Hematology Portfolio and Pipeline

Takeda Pharmaceutical Company Limited on 12 July 2020 announced that 13 abstracts are being presented from the company's Hematology portfolio and pipeline at the International Society on Thrombosis and Haemostasis 2020 Virtual Congress (ISTH 2020). Among the data, Takeda spotlighted four abstracts to highlight its commitment to advancing personalized care through pharmacokinetic (PK)-guided prophylaxis in people living with hemophilia or von Willebrand Disease (VWD) – including scientific updates in patients with hemophilia A from the Phase 3 PROPEL and Phase 3b CONTINUATION studies investigating potential benefits of personalized TAK-660 (rurioctocog alfa pegol) prophylaxis. Two population studies into the PK/pharmacodynamic (PD) profiles of recombinant von Willebrand factor (rVWF), which provide data to assist in the optimization of rVWF personalized dosing strategies, were also presented.

Takeda addresses the unique needs of each patient with personalized care

Takeda presented a total of 13 abstracts at ISTH 2020, available on the **ISTH Congress Abstracts Site**. Among them, Takeda spotlighted four abstracts which support its personalized care approach for patients with bleeding disorders, especially hemophilia and VWD.

Prophylaxis for hemophilia A can help prevent spontaneous bleeds because even a single bleed may be life-threatening or contribute to permanent joint damage. Factor VIII (FVIII) prophylaxis can be tailored to the individual's PK profile using multiple parameters of the PK curve, enabling adjusted dosing to achieve predictable FVIII levels to minimize bleeding risk. Personalized treatment in hemophilia A aiming for higher trough levels by PK-guided dosing may help to optimize some outcomes by tailoring treatment for individual patient needs. Supporting data presented at ISTH 2020 include:

- **Target joint resolution analysis from the PROPEL trial in hemophilia A [Abstract PB0921]**

- **Personalizing prophylaxis with TAK-660 in Hemophilia A [Abstract PB0920]**
- **Population PK and PD models for rVWF in VWD [Abstract PB1541]**
- **Exploring the relationship between multimeric pattern and VWF:RCo activity [Abstract PB1544]**

Takeda is committed to creating a world without bleeds

In addition to data from the four aforementioned studies, Takeda presented real-world evidence (RWE) of extended half-life (EHL) prophylaxis with TAK-660 [**Abstract PB0919**], which showed that switching from standard half-life (SHL) FVIII to TAK-660 given at lower frequency and with weekly consumption resulted in reduced ABRs. Results were also presented from the American Thrombosis and Hemostasis Network ATHN 2: Factor Switching Study [**Abstract PB1049**], which show that for the 52 participants in the study who switched from any FVIII concentrate to TAK-660, no new inhibitors were detected after 50 exposure days or 12 months.

A further seven studies presented included a retrospective chart review of gastrointestinal bleeding in VWD [**Abstract PB1555**], and pre-clinical and post-marketing updates on susoctocog alfa for the treatment of acquired hemophilia [**Abstract PB0779**].