

Session: Novel hemophilia treatment, clinical trials I

OC 40.1 - A Novel Extended half-life factor VIII Fc fusion protein FRSW107 for severe hemophilia A: A multicentre, open-label, single-arm, phase 3 study and its open-label extension

Monday, June 24, 2024 14:45 – 15:00 ICT Room: Plenary Hall

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Background: Hemophilia A is a rare hereditary disease caused by a deficiency of coagulation factor VIII (FVIII).

Aims: This multicentre, open-label, single-arm phase 3 trial and its open-label extension aimed to assess the efficacy and safety of a novel extended half-life factor VIII (FVIII) Fc fusion protein FRSW107 as prophylactic and on-demand treatment for severe hemophilia A.

Methods: Between October 9, 2020 and June 26, 2022, adolescents and adults with severe haemophilia A (FVIII activities < 1 IU/dL) without FVIII inhibitors received intravenously FRSW107 50 IU/kg Q3D for 50 exposure days and at least six months for prophylaxis or FRSW107 30 to 50 IU/kg for six months for on-demand therapy. The primary outcomes were the annualized bleeding rate (ABR), annualized joint bleeding rate (AJBR) and number of target joints.

Results: Eighty-three patients received prophylaxis and 36 received on-demand treatment; 101 entered the extension period. FRSW107 had a mean elimination half-life of 20.1 ± 4.7 h and a mean incremental recovery of 2.1 ± 0.5 IU/dL/IU/kg. By exposure day 100, 53 (63.9%) patients in the prophylaxis group had zero bleed. The mean ABR was 1.5 ± 3.8 events (95% CI, 1.0-2.3), with a 95.3% reduction from baseline ($p < 0.0001$). The mean AJBR was 1.2 ± 3.5 events (95% CI, 0.8-1.9), with a 95.8% reduction from baseline ($p < 0.0001$). The mean number of target joints was 0.1 ± 0.3 (95% CI, 0.0-0.1), representing a 96.9% reduction from baseline ($p < 0.0001$). Treatment-related adverse events occurred in 19 (16.0%) patients but caused no treatment interruption, discontinuation, withdrawal or death.

Conclusion(s): FRSW107 was well tolerated and efficacious in the prophylactic and episodic treatment of bleeding events in previously treated adolescents and adults with severe hemophilia A.