

Emofilia A acquisita: il trattamento della malattia e delle complicanze emorragiche.

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Novità in Coagulazione



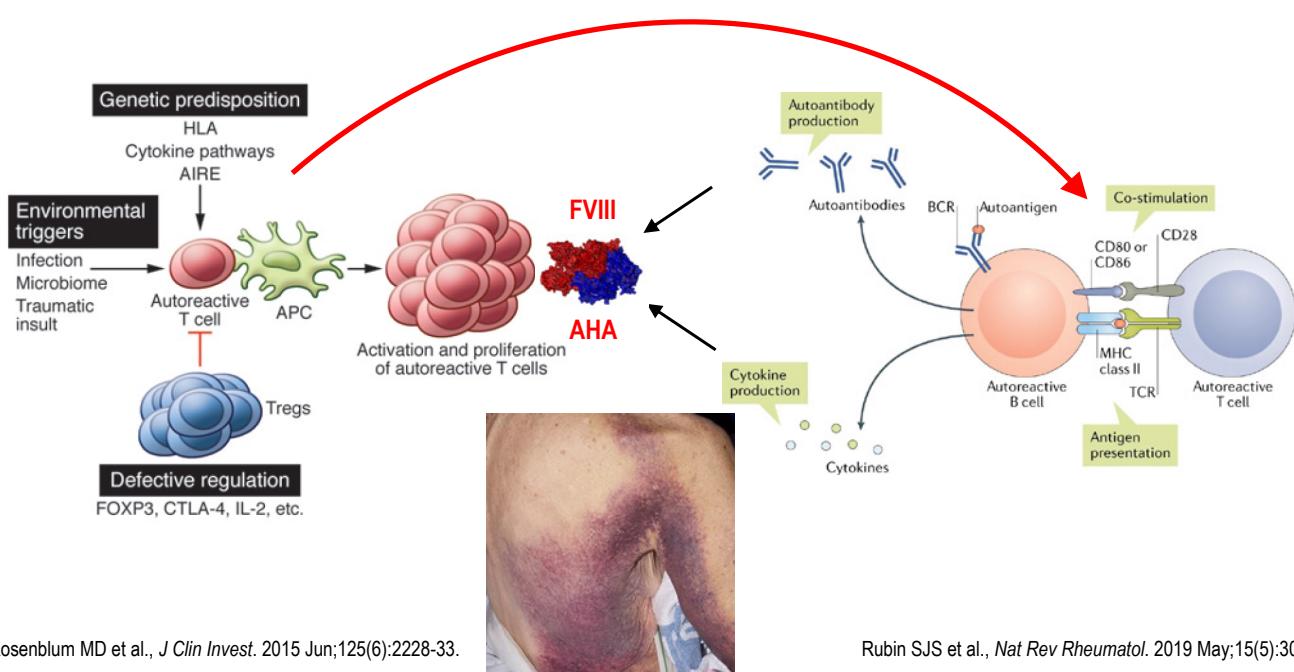
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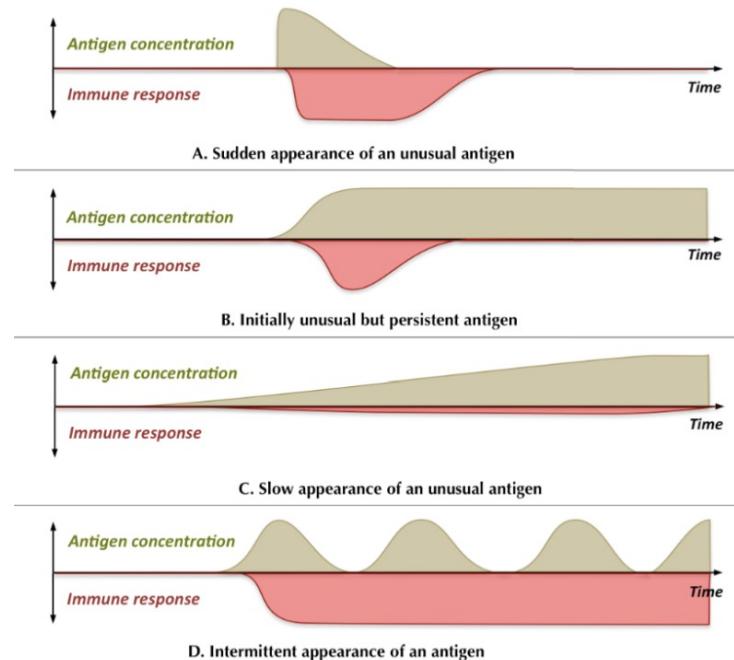
Mechanisms of autoimmunity



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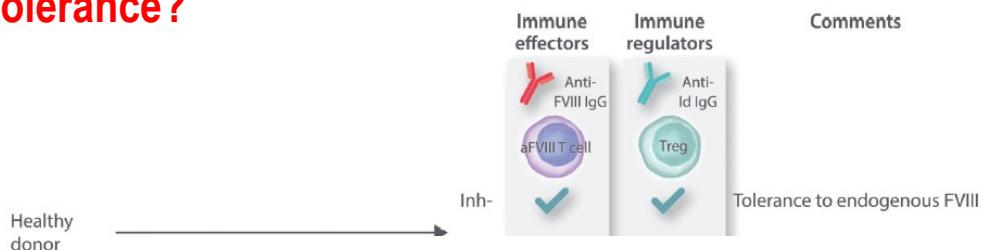
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The discontinuity theory of immunity



Pradeu T et al., *Nat Rev Immunol*. 2013 Oct;13(10):764-9.

Pathogenic anti-FVIII immune response: exacerbated response or failed tolerance?

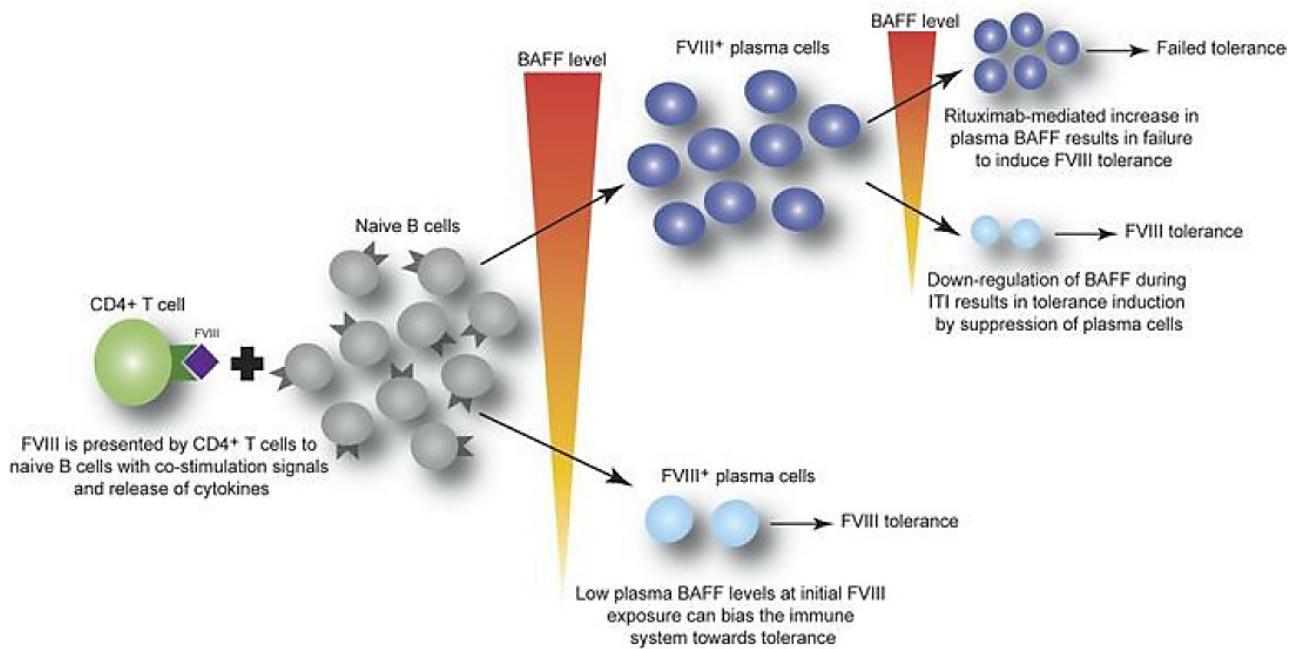


Varthaman A et al., *Haematologica*. 2019 Feb;104(2):236-244.

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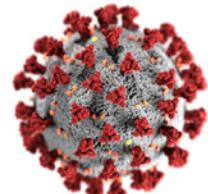
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BAFF modulates anti-FVIII immune responses in hemophilia A



Case report: AHA after SARS-CoV-2 infection

November 2020: asymptomatic /mild COVID-19;



- March 2021:
- large and deep bruises; fatigue;
 - prolonged aPTT (1st NV; 2nd 78 sec; prolonged mixing test);
 - hospital admission; (March 20, 2021)

<u>FVIII %</u>		Anti FVIII umano UB/ml	Anti FVIII porcino UB/ml
Synthasil silice	Synthafax ac.ellagico	29	/

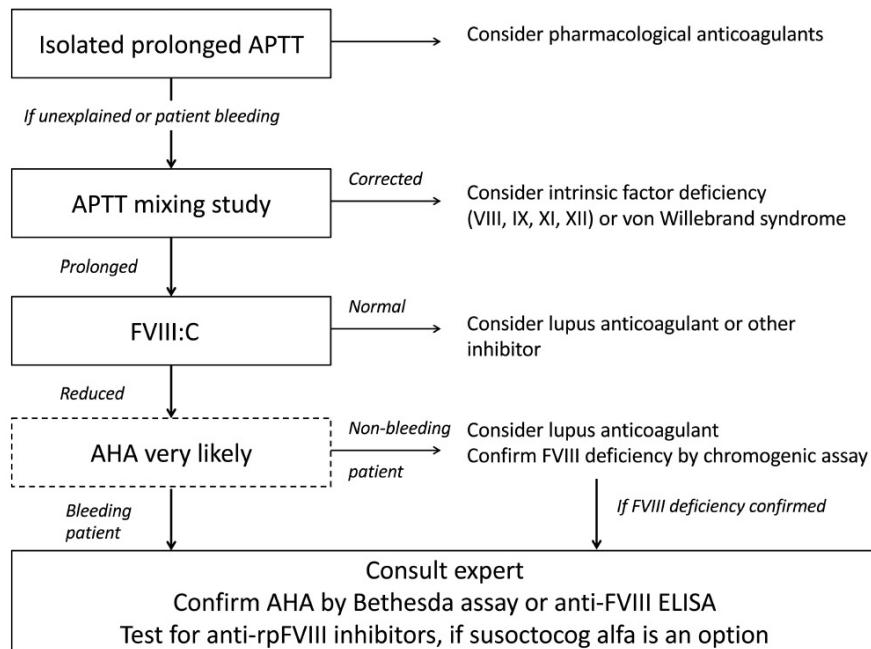


diagnosis of AHA

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Diagnostic pathway for AHA



Tiede A et al., *Haematologica*. 2020 Jul;105(7):1791-1801.



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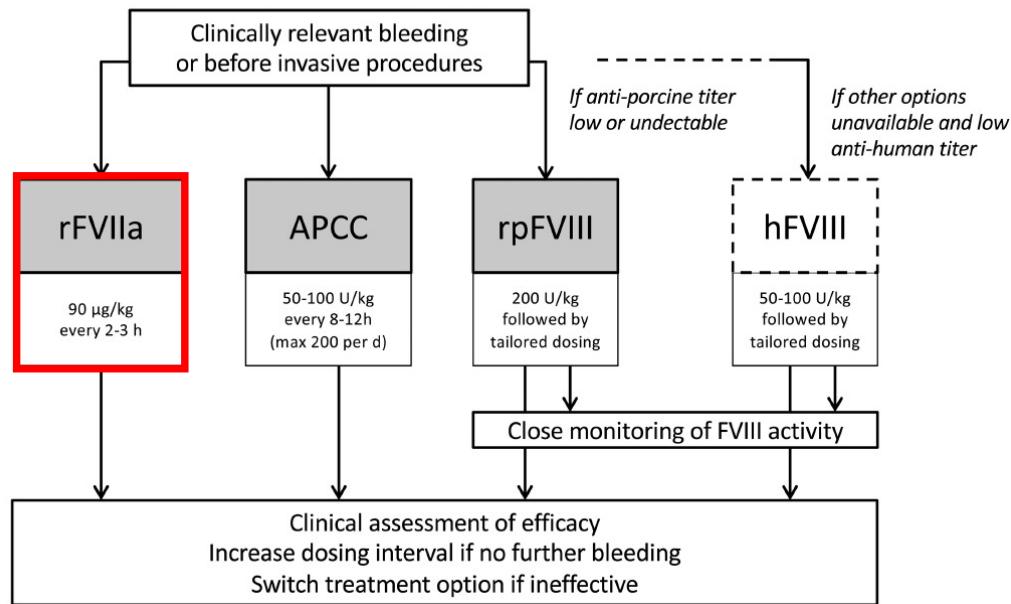
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Table 1: SARS-CoV-2 shares some characteristic features with other viruses that trigger autoimmunity.

Features of other viruses	Evidence for SARS-CoV-2
Precedes autoimmunity	Case reports of patients developing classifiable autoimmune diseases following SARS-CoV-2 infection (56–64)
Induces type I interferons	SARS-CoV-2 induces robust type I interferon responses in a subset of patients (23–26)
Breaks tolerance	SARS-CoV-2 induces autoantibody production in patients with severe COVID-19 (42, 77)
Superantigen activity	SARS-CoV-2 spike protein contains a superantigen motif and patients with severe COVID-19 exhibit TCR skewing consistent with superantigen activation (109)
Inhibits apoptosis of infected cells	No evidence to date
Interferes with its own destruction	No evidence to date

Knight JS, et al., *J Clin Invest.* 2021 Oct 28:e154886.

Choice and monitoring of hemostatic therapy in AHA



Tiede A et al., *Haematologica.* 2020 Jul;105(7):1791-1801.

Hemostatic Tx only

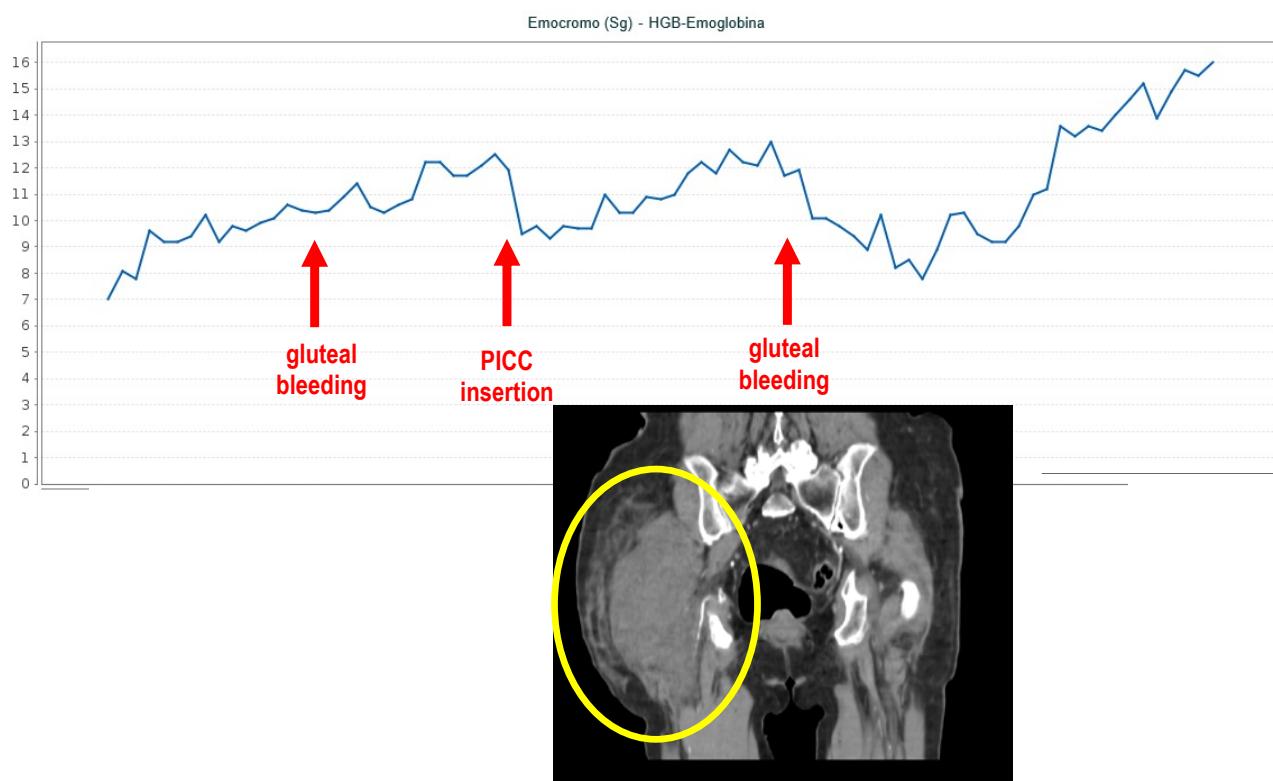
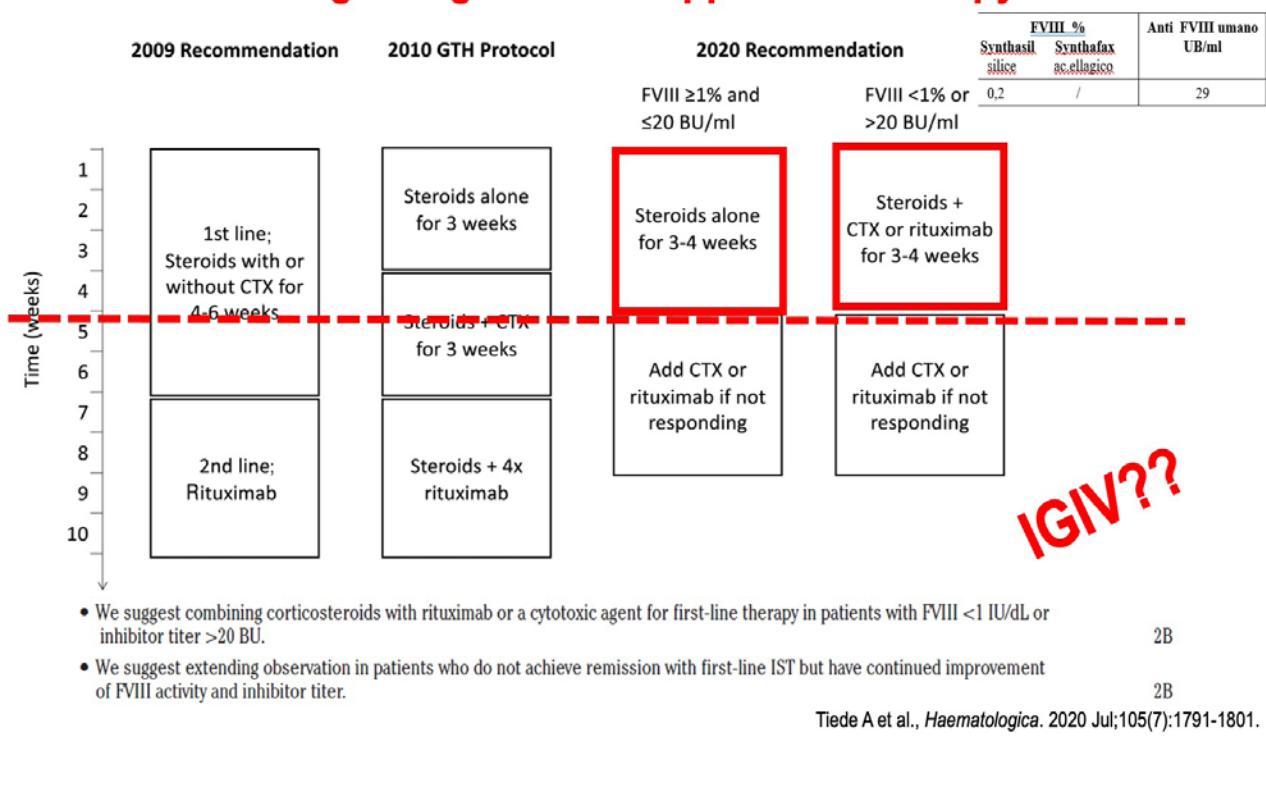
Immunosuppressive Tx only

Hemostatic & Immunosuppressive Tx

Immunosuppressive Tx

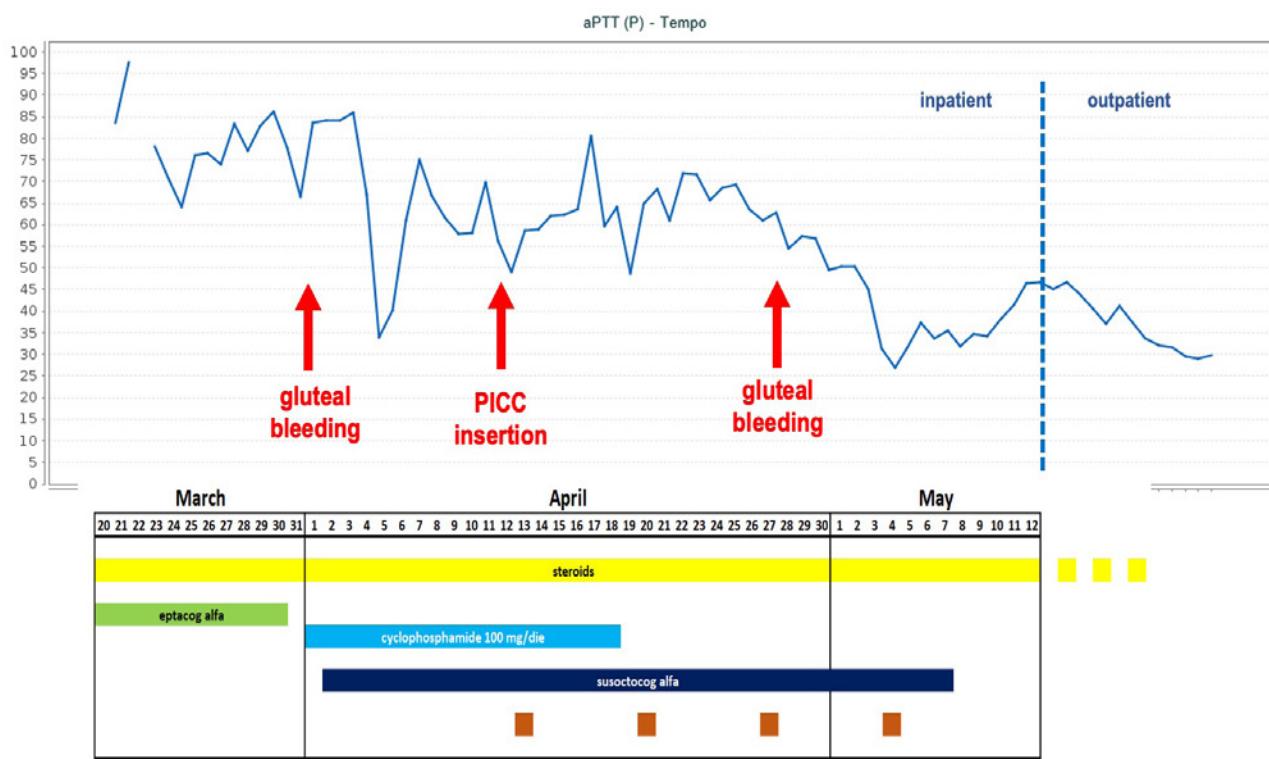
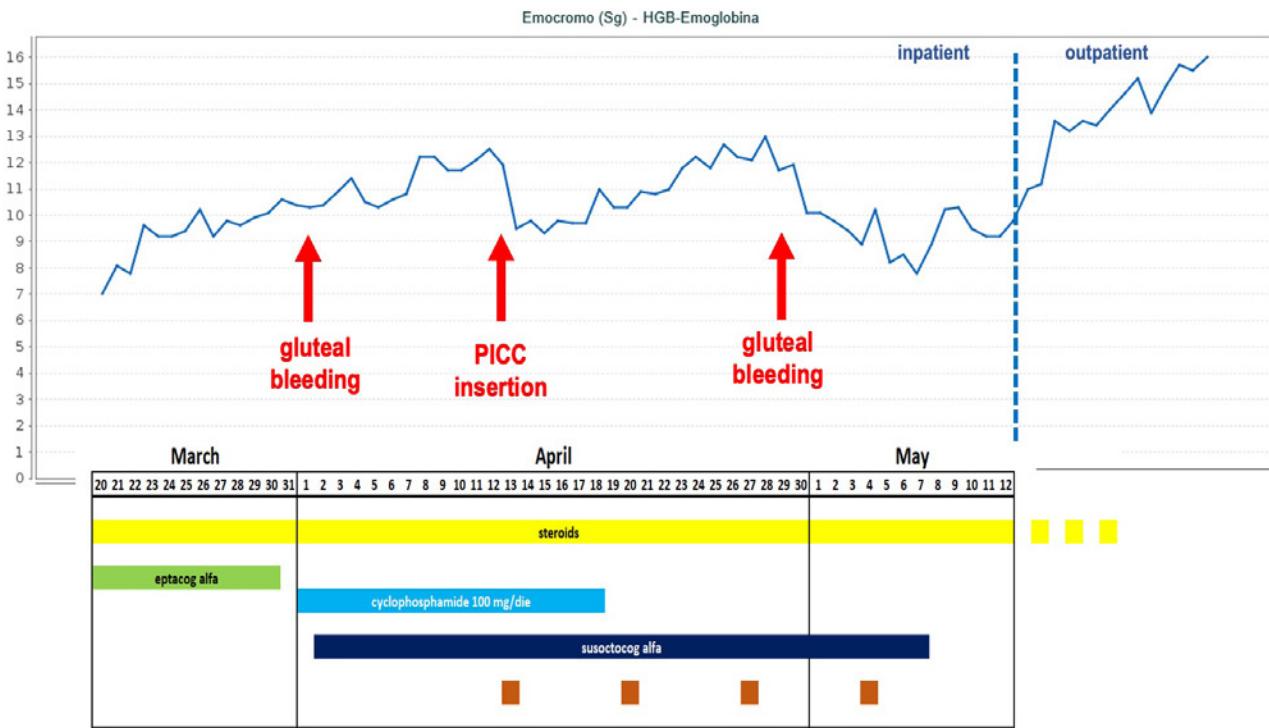
- **Steroids only**
- **CTX only**
- **Rituximab only**
- **Combination of steroids and rituximab or CTX**
- **Combination of rituximab and CTX**
- **Triplet (steroids/rituximab/CTX)**

Recommendations regarding immunosuppressive therapy in AHA



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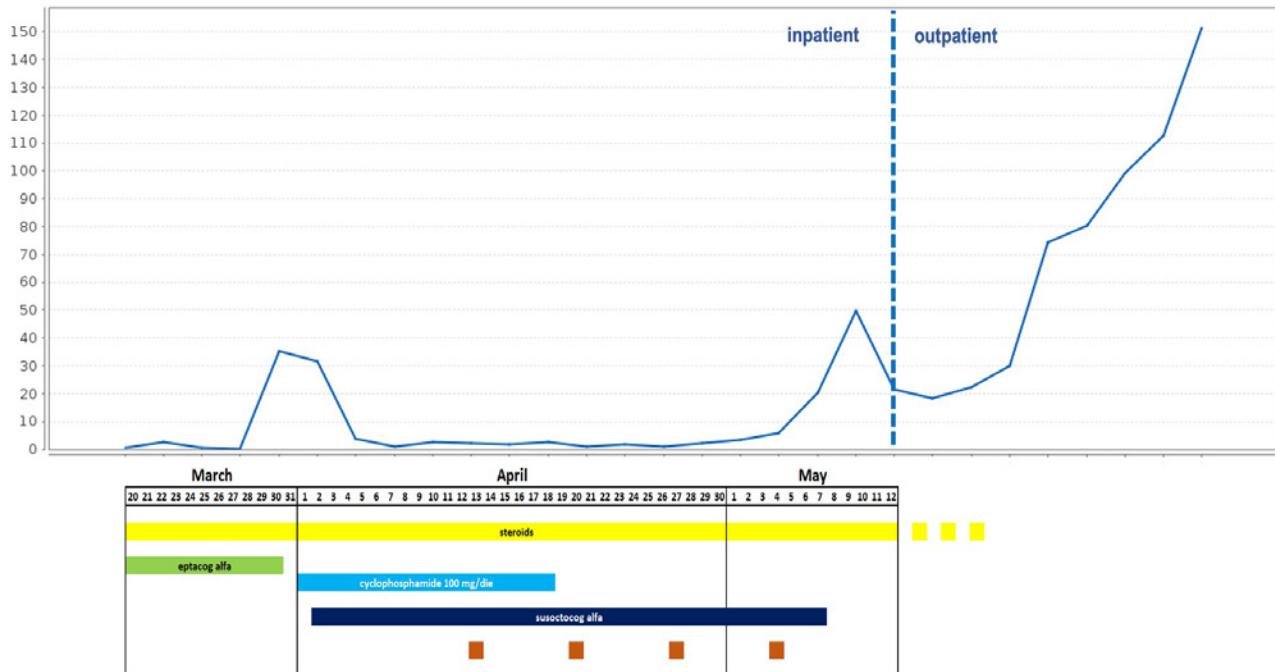


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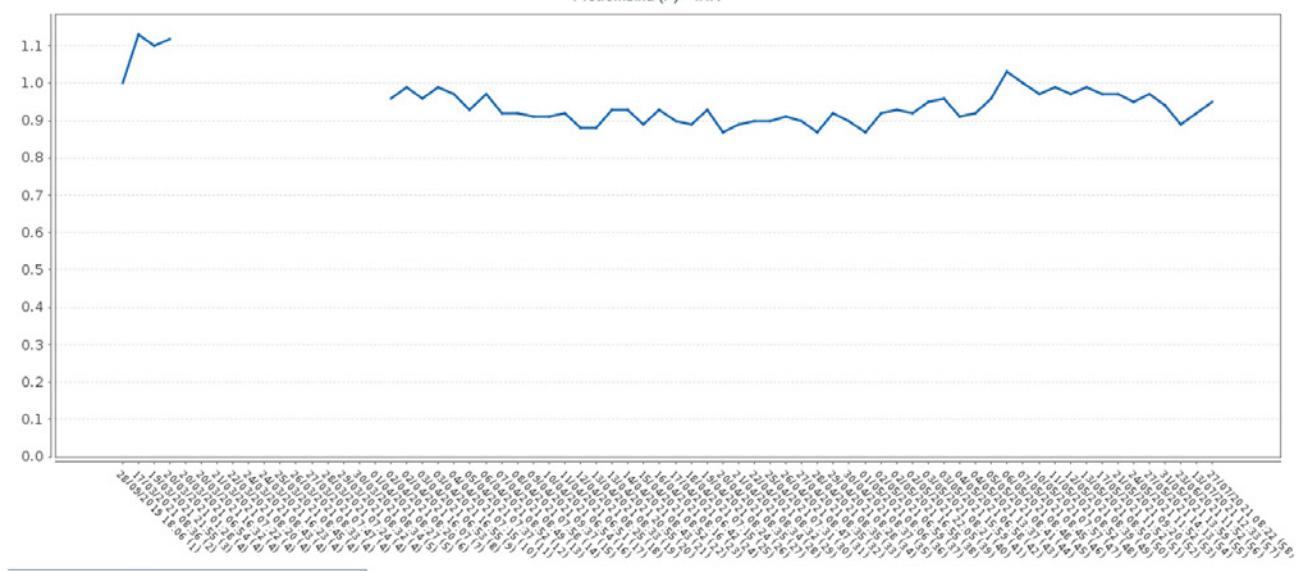
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Attività Fattore VIII (P) - Fattore VIII



PROTROMBINA (P) - PLASMA
Protrombina (P) - INR

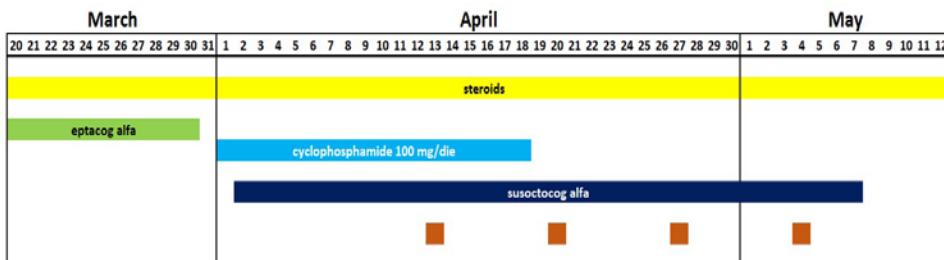
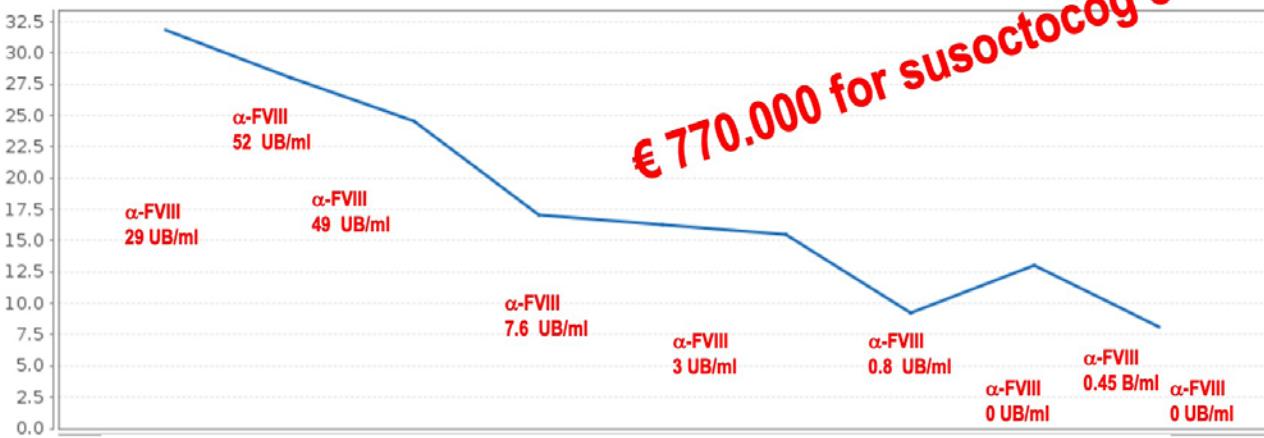


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SARS-CoV-2 IgG Neutralizzante - (S) - Risultato



Visita 2 Settembre 2021

Emocromo (Sg)		
WBC-Globuli Bianchi	5,63	K/ μ l
RBC-Globuli Rossi	5,03	M/ μ l
HGB-Emoglobina	16,0	g/dL
HCT-Ematocrito	47,2 *	%
MCV-Volume Eritrocitario	94	fL
MCH-Contenuto Corpuscolare HGB	31,7	pg
MCHC-Concentrazione Corpuscolare Hgb	33,8	g/dL
RDW-Indice Anisocitosi Eritrocitaria	14,5	%
PLT-Piastrelle	168	K/ μ l
MPV-Volume Piastinico	8,66	fL
aPTT (P)		
PLASMA		
Tempo	29,8	sec.
Ratio	0,99	Ratio
Attività Fattore VIII (P)		
PLASMA		
	151,3 *	%
Coagulazione		
p-Inibitore Fattore VIII	ASSENTE	

Stop steroidi.

Per quanto riguarda la vaccinazione Covid, al momento si ritiene che sia controindicata perche' vi e' il sospetto che la patologia autoimmune sia insorta dopo l'infezione e non si puo' escludere che la vaccinazione determini una recidiva che sarebbe altamente pericolosa per la vita; inoltre, i nostri dati e quelli di letteratura dicono che per molti mesi dopo la terapia con Rituximab non vi e' risposta alla vaccinazione. La paziente agli esami del 03/08 aveva peraltro ancora un discreto titolo anticorpale (8.7).

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Future perspectives:

- Hemostatic Tx
- Immunosuppressive Tx

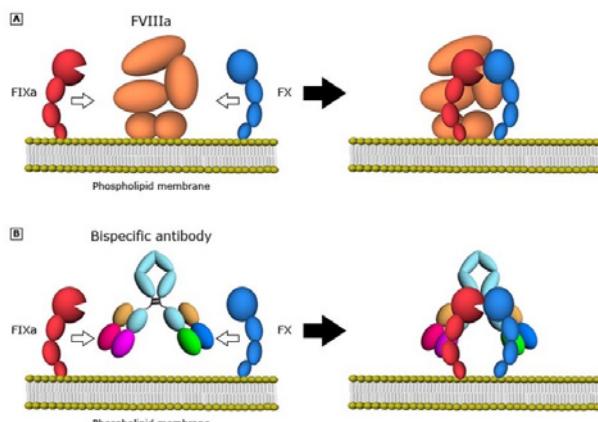
THROMBOSIS AND HEMOSTASIS

Emicizumab for the treatment of acquired hemophilia A

Paul Knoebl,¹ Johannes Thaler,¹ Petra Jilma,² Peter Quehenberger,² Karoline Gleixner,¹ and Wolfgang R. Sperr¹

¹Division for Hematology and Hemostasis, Department of Medicine 1, and ²Coagulation Laboratory, Department of Laboratory Medicine, Medical University of Vienna, Vienna, Austria

- Emicizumab has good hemostatic efficacy in AHA: within a few days after the first injection, less bypassing therapy is needed.
- Low emicizumab concentrations can prevent breakthrough bleeding: outpatient patient management with visits every 1 to 3 weeks is feasible.



Knoebl P et al., *Blood*. 2021;137(3):410-419

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Therapeutic approaches to target B cells in autoimmunity

Target	Molecule	Format	RA	SLE	Multiple sclerosis	Malignancy
<i>B cell depletion</i>						
CD20	Rituximab	Monoclonal antibody	Approved	Off-label use	Off-label use	Approved
CD20	Ocrelizumab	Monoclonal antibody	–	–	Approved	–
CD19	Inebilizumab	Monoclonal antibody	–	–	Investigational	Phase II
CD52	Alemtuzumab	Monoclonal antibody	–	–	Approved	Approved
CD38	Daratumumab	Monoclonal antibody	–	–	–	Approved
CD138	Indatuximab ravtansine	Chimeric monoclonal antibody	–	–	–	Approved
<i>B cell activation or activity modulation</i>						
CD19 and Fc γ RIIb	XmAb5071	Fc-engineered monoclonal antibody	Phase I and phase II	Phase II	–	– ¹
Ig β and Fc γ RIIb	MGD010	DART	Phase I	–	–	–
CD40	CFZ533	Monoclonal antibody	Phase I	Phase II	–	–
CD40L	Dapirolizumab pegol	Pegylated Fab fragment	–	Phase II	–	–
ICOS	MEDI-570	Monoclonal antibody	–	Phase I	–	Phase I
ICOSL	AMG557	Monoclonal antibody	–	Phase I	–	–
CD22	Epratuzumab	Monoclonal antibody	–	Investigational	–	Phase III
PI3K δ	Idelalisib	Small molecule	–	–	–	Approved
BTK	Ibrutinib	Small molecule	–	–	–	Approved
<i>Inhibition of cytokines or cytokine signalling</i>						
BAFF	Belimumab	Monoclonal antibody	Investigational	Approved	–	Investigational
BAFF and APRIL	Atacicept	TACI and human IgG Fc fusion protein	Investigational	Phase III	Phase II	–
IL-6R	Tocilizumab	Monoclonal antibody	Approved	–	–	Phase II
IL-21	NNC114-0005	Monoclonal antibody	Phase I	–	–	–
JAK1 and JAK3	Tofacitinib	Small molecule	Approved	Phase I and phase II	–	–
JAK1 and JAK2	Baricitinib	Small molecule	Approved	Phase III	–	–
<i>Trafficking blockade</i>						
α 4 Integrin	Natalizumab	Monoclonal antibody	Phase II	–	Approved	–

Rubin SJS et al., *Nat Rev Rheumatol.* 2019 May;15(5):303-315.

Biochemical and immunologic abnormalities in peripheral blood T lymphocytes of patients with hemophilia A.

Dianzani U, Pileri A, Bianchi A, Camponi A, Tamponi G, Massaia M.

Eur J Haematol. 1988 Oct;41(4):334-40. doi: 10.1111/j.1600-0609.1988.tb00206.x.

PMID: 3264249

Immunologic and virologic findings in hemophiliacs do not correlate with ecto-5'nucleotidase activity of peripheral blood lymphocytes. A difference with homosexual men.

Massaia M, Pioppo P, Dianzani U, Guerra MG, Peyretti F, Pileri A, Tamponi G.

Eur J Haematol. 1987 Apr;38(4):310-4. doi: 10.1111/j.1600-0609.1987.tb00003.x.

PMID: 3038600



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