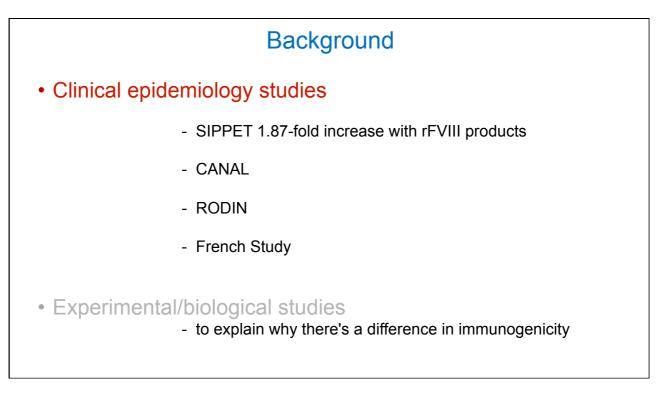
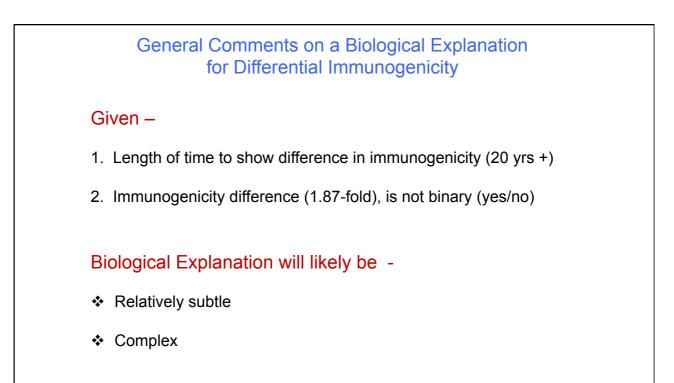
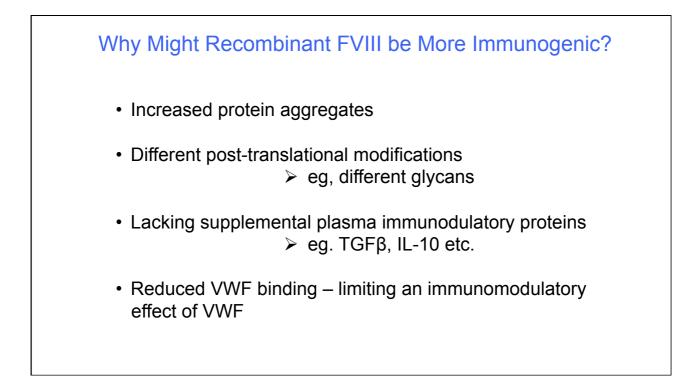
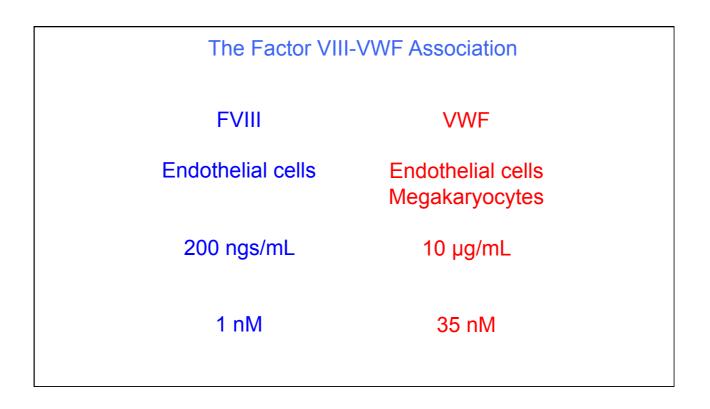
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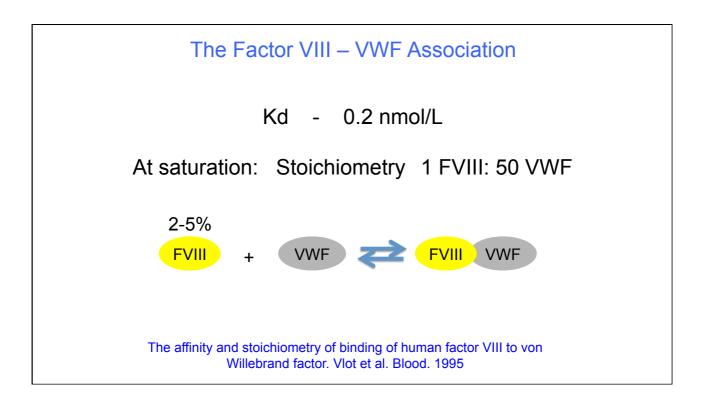














- Synthesized together in some endothelial cells
- VWF influence dominant on FVIII clearance

Presentation Summary

1. Brief review of 5 experimental reports

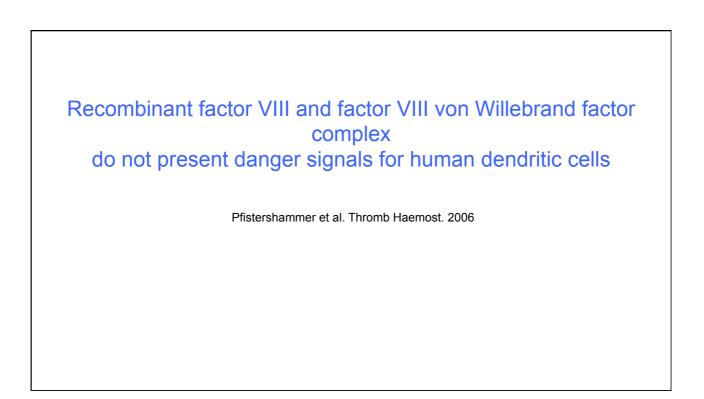
Pfistershammer et al. Thromb Haemost 2006

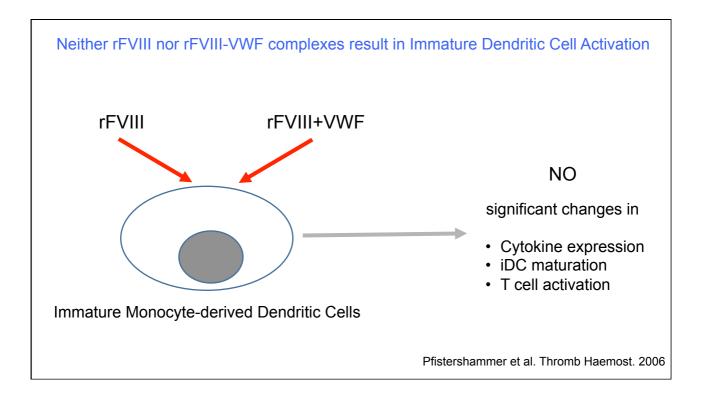
Qadura et al. Blood 2009

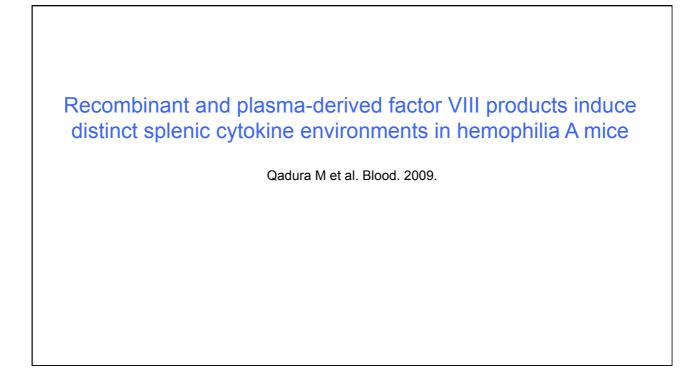
Dasgupta et al Blood 2007/Delignat et al Haemophilia 2012

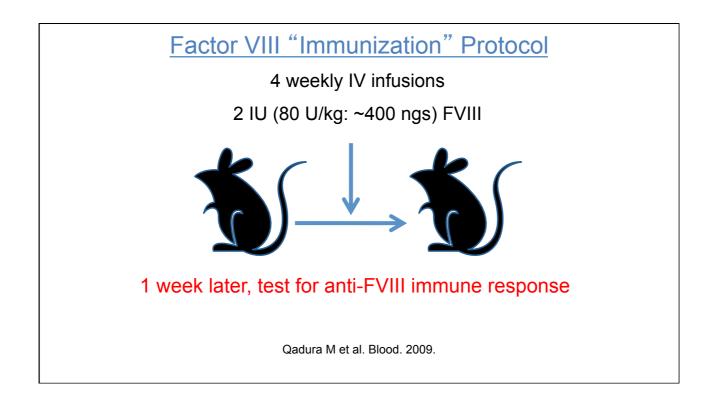
Sorvillo et al Haematologica 2015

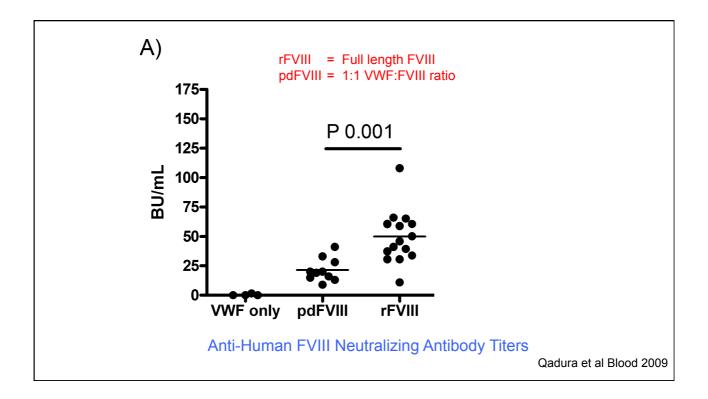
2. Proposal of a novel hypothesis implicating VWF as an immunomodulatory influence for FVIII inhibitor development

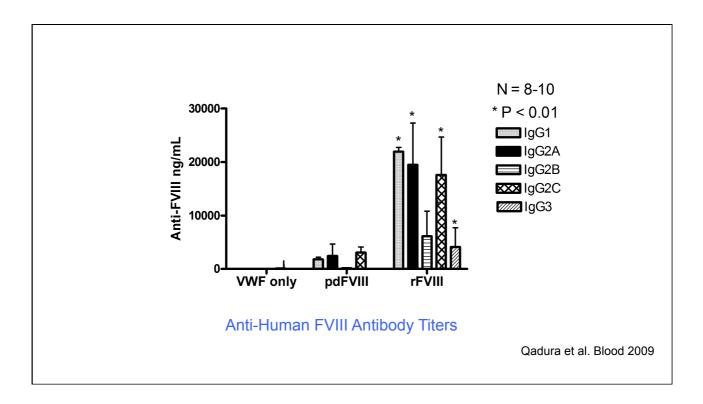


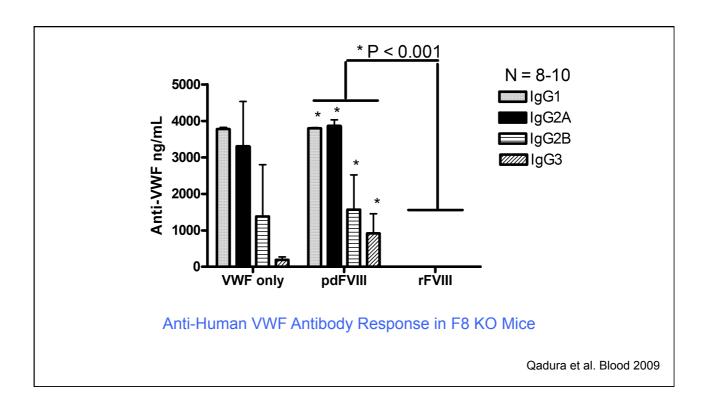


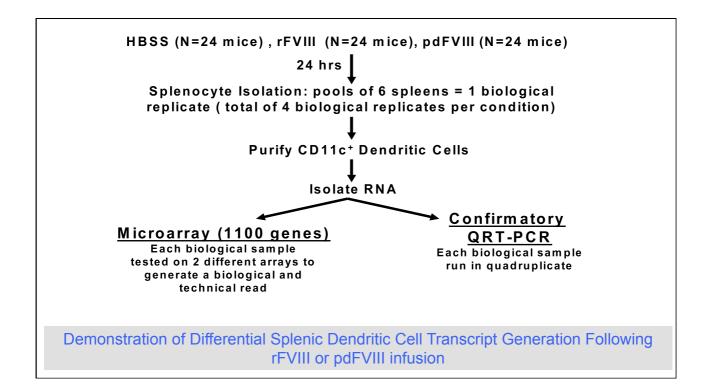








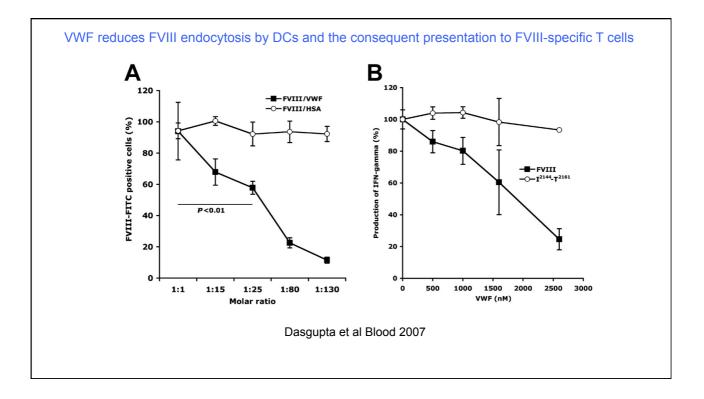


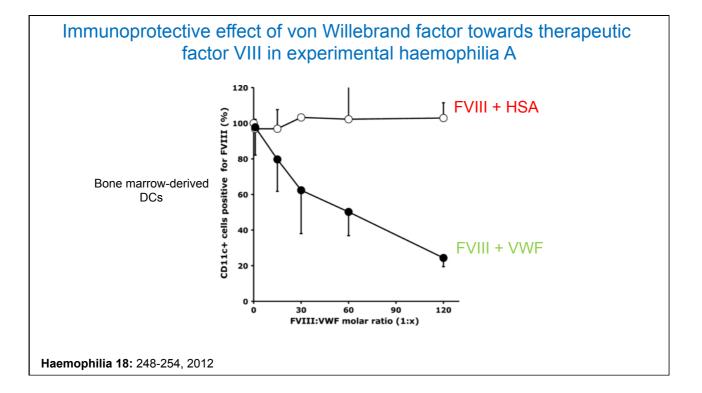


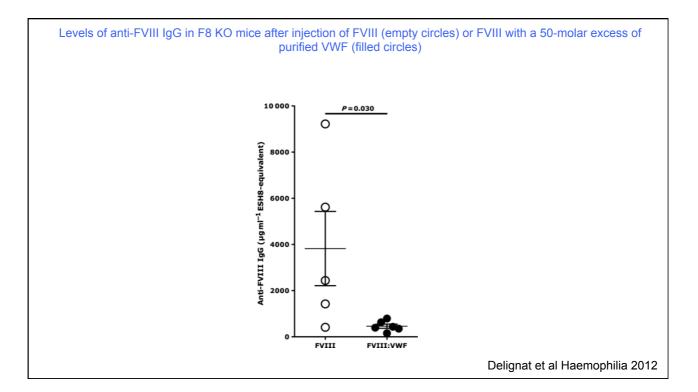
			Response Gene Expression
	Gene Name	rFVIII/pdFVIII Ratio	Consistent 2-fold difference
			4 biological replicates
	Ccl2	0.25	
	Cxcl1	0.39	6 technical replicates qRT-PCR x 4 16 immune response transcripts
	Cxcl2	0.41	
	Hspb1	0.44	
	Hspa1a	0.45	
	116	0.46	
	Jun	0.47	
	Gdf15	0.47	
	Egr1	0.47	
	Plk2	0.48	
	Egr2	0.49	 Ccl2 – chemokine ligand 2 Heat shock protein 1 Lactotransferrin
	ltga2b	2.01	
	Cxcl4	2.10	
	Ltf	2.17	
	Ppbp	2.41	
1	Camp	2.72	

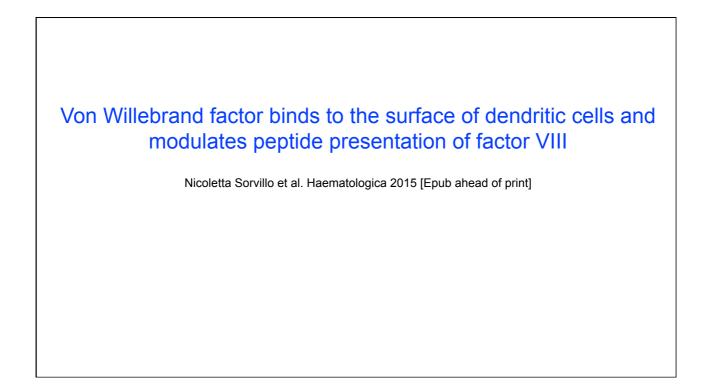
VWF protects FVIII from endocytosis by dendritic cells and subsequent presentation to immune effectors

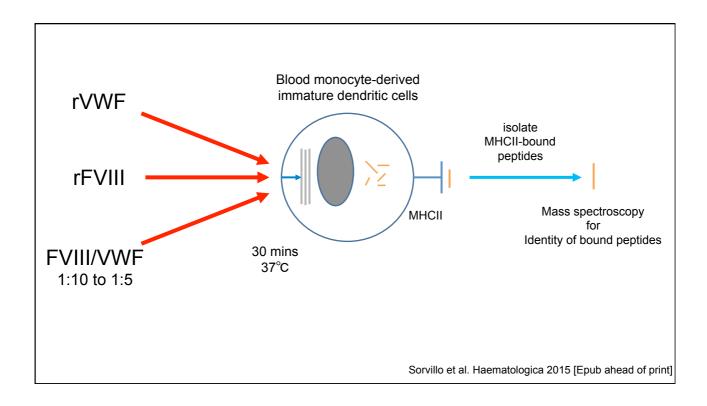
Dasgupta et al Blood 2007

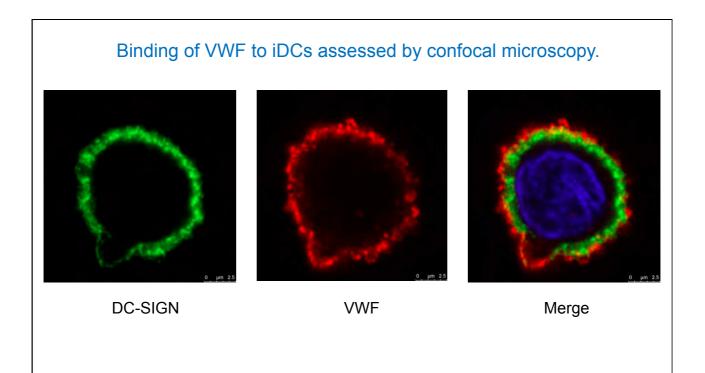


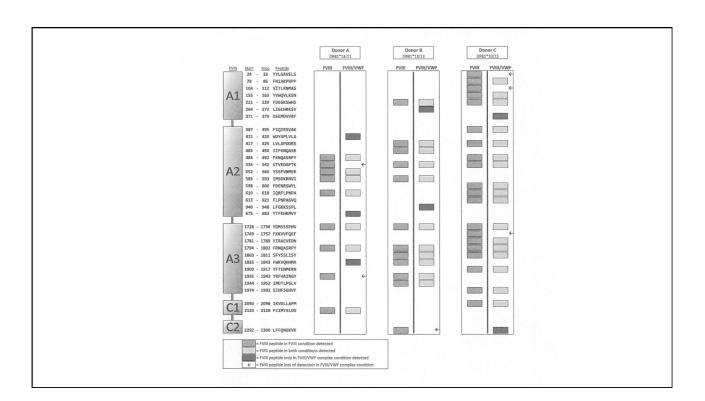


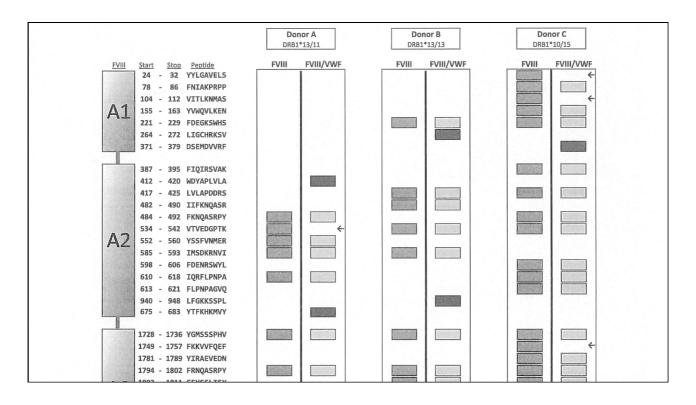




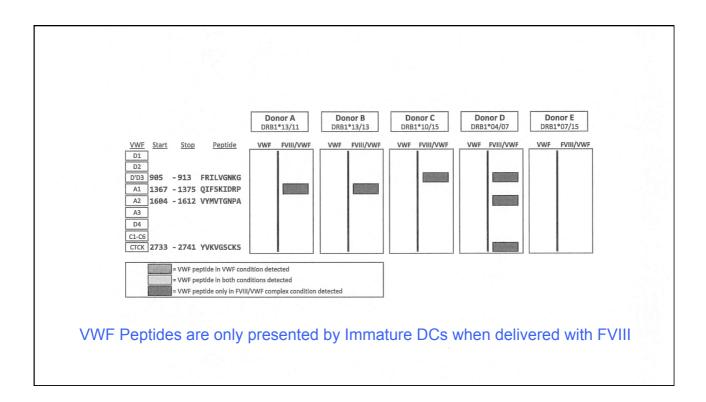


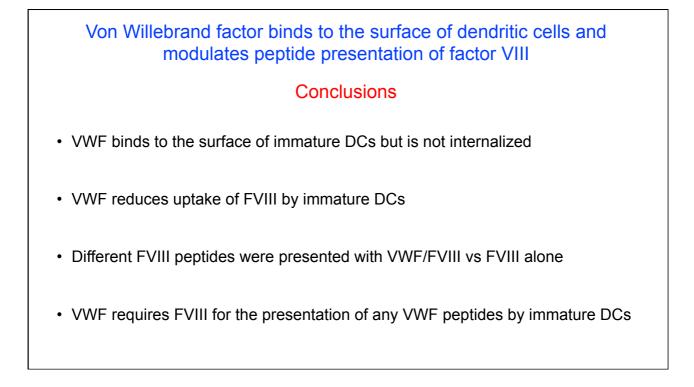


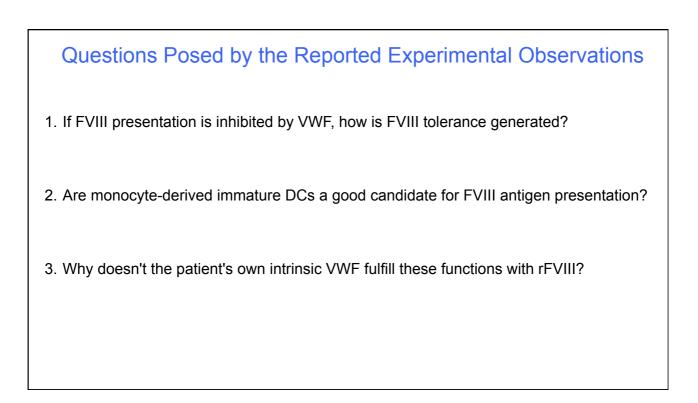


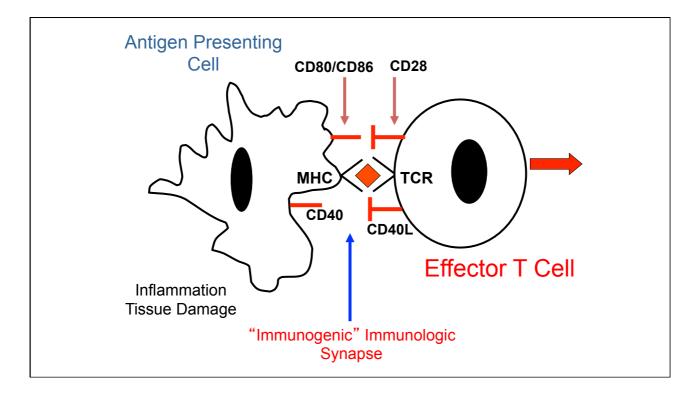


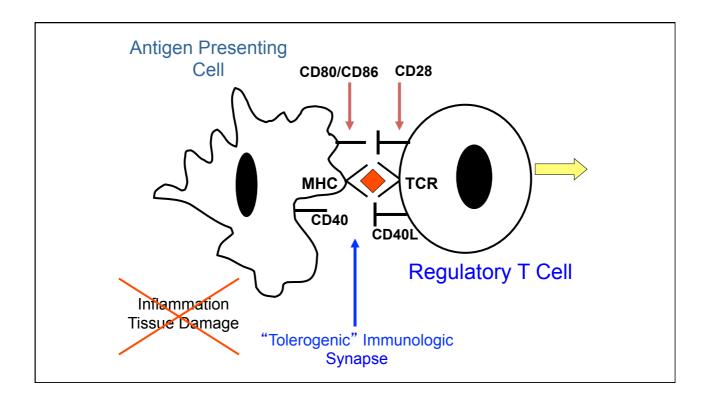
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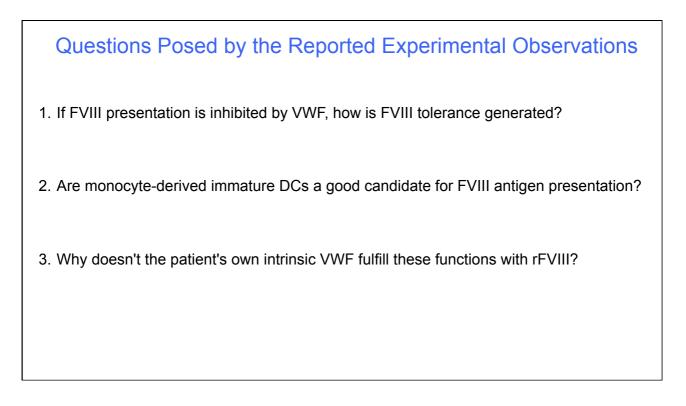


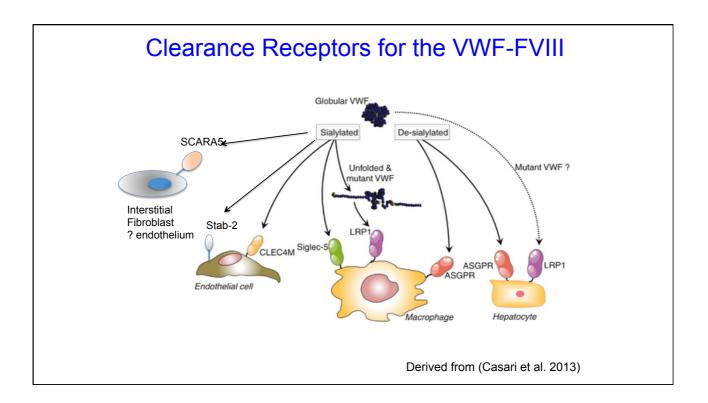


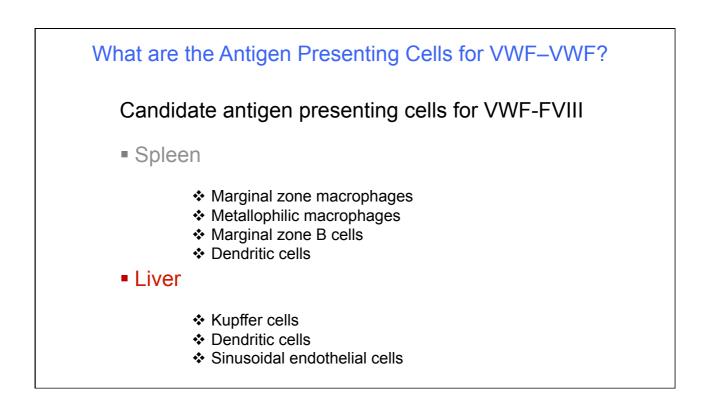


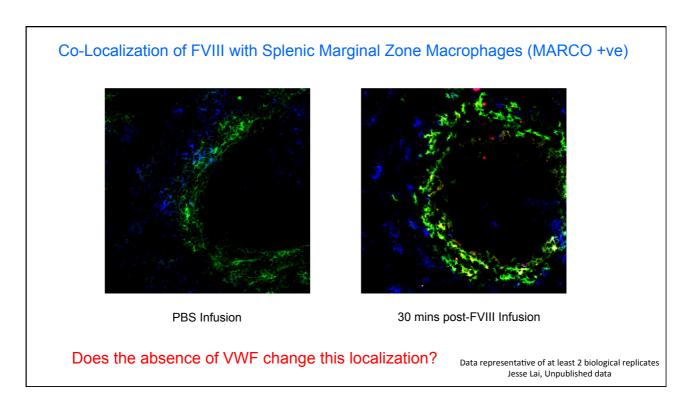


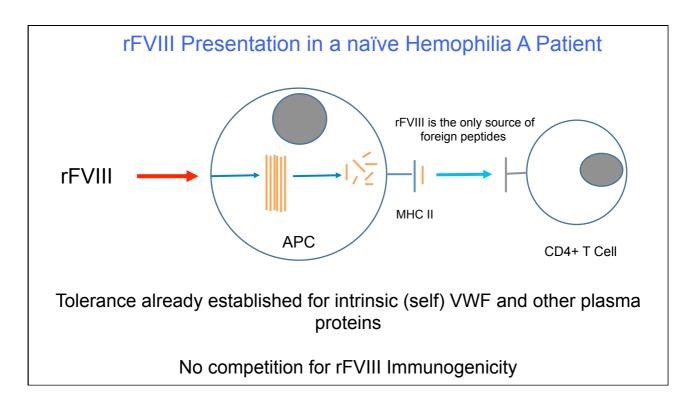




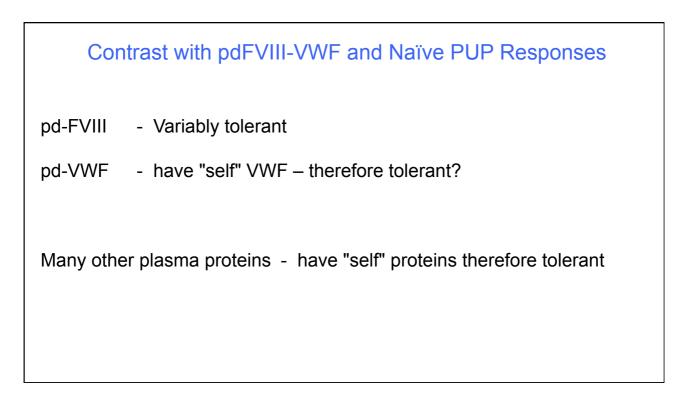








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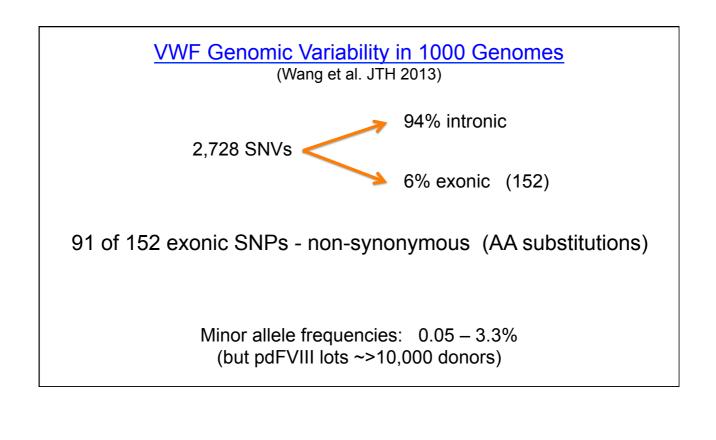
Heterogeneity of pdVWF-FVIII

However,

pdVWF and FVIII are polymorphic proteins

and

pdFVIII concentrates derive from 1,000s of donors



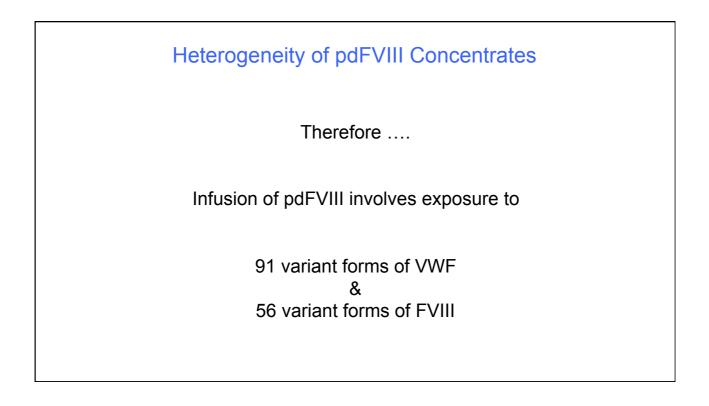
Complexity and diversity of F8 genetic variations in the 1000 genomes (Li et al. JTH 2015)

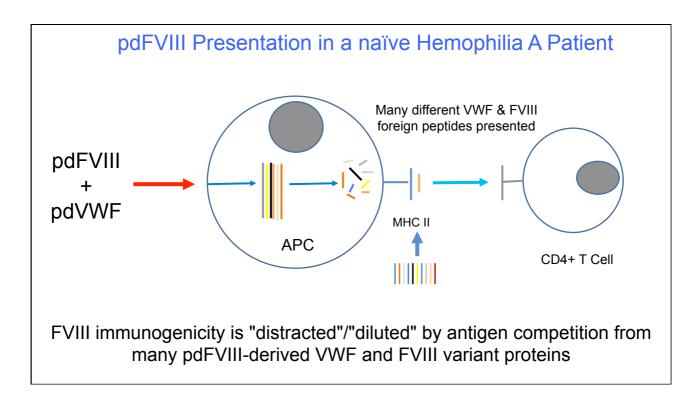
3,030 SNVs

2.18% exonic (85/3,030)

56/85 variants are missense substitutions

Again, minor allele frequencies are low





Conclusion

There is increasing evidence that the immune response to rFVIII is different to that for pdFVIII.

However, this difference has only emerged after >25 years of clinical use of rFVIII, and there is still not consensus about the significance of these recent findings.

In light of the importance of FVIII inhibitor development, further studies of the epidemiology of FVIII immunogenicity are required to confirm recent reports, and basic science experiments are needed to provide a biological basis that would support an apparent differential immunogenicity associated with rFVIII

