

Evaluating the economic burden associated with problem joints, across moderate and severe haemophilia A, in children and adults: CHES Paediatrics and CHES II

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Key takeaways

- There is a paucity of data on the relative economic costs associated with chronic joint morbidity (i.e. problem joints) in adults **and** children, as across moderate haemophilia A **and** severe haemophilia A
- Healthcare system burden correlated with number of problem joints, and persisted across severity level **and** age cohorts



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Disclosures

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Economic costs among people with haemophilia A in Europe in the CHES Paeds and CHES II studies

Background

- Joint morbidity in people with moderate haemophilia A (**MHA**) and severe haemophilia A (**SHA**) is associated with clinical and humanistic burden; however, the data on the economic burden are currently limited
 - In this context, the holistic definition of ‘problem joints’, a measure of joint morbidity recently developed with therapy area experts, may provide a more patient-relevant outcome than haemorrhagic measures, such as ‘target joints’
 - A problem joint (PJ) is defined as having chronic joint pain and/or limited range of movement due to compromised joint integrity (i.e. chronic synovitis and/or haemophilic arthropathy)

Objective: To describe the relative economic burden associated with problem joints (**PJ**), among people with **MHA** and **SHA** in Europe, from a healthcare system and societal perspective



Methods

- Data on direct medical costs (DMC) were available in N=468 in CHES II and N=703 in CHES Paeds; Direct non-medical (DNC); and indirect (IC) cost data were available in N=206 in CHES II and N=176 in CHES Paeds
- We report 12-months’ retrospective data, stratified by number of PJ (no PJs, 1 PJ, 2+ PJs)

Excluded from this analysis are people with an active inhibitor to factor VIII replacement therapy and adults aged 18-19 in CHES II (to account for overlap).

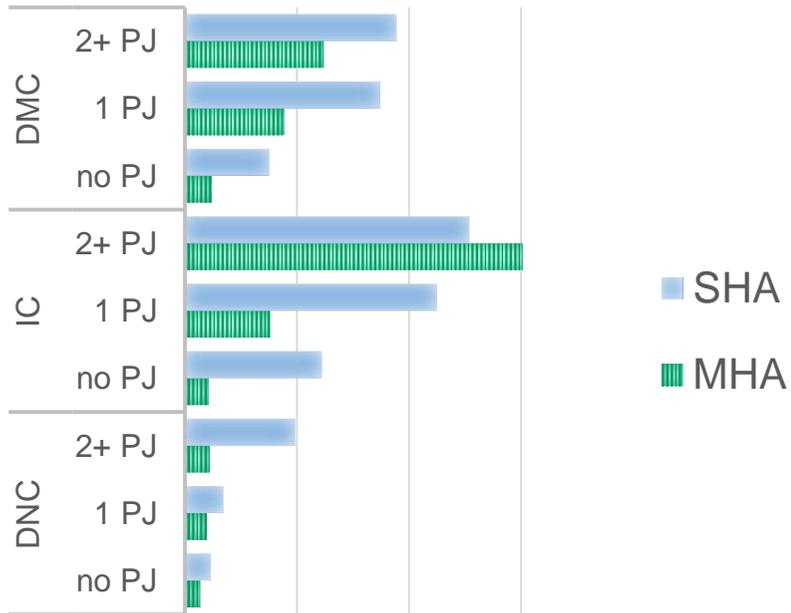
Direct medical costs include all costs involved in the delivery of health care; direct non-medical costs are incurred in connection with health care, such as transportation to the site of care;

indirect costs include productivity loss and early/forced retirement / ceasing of work.

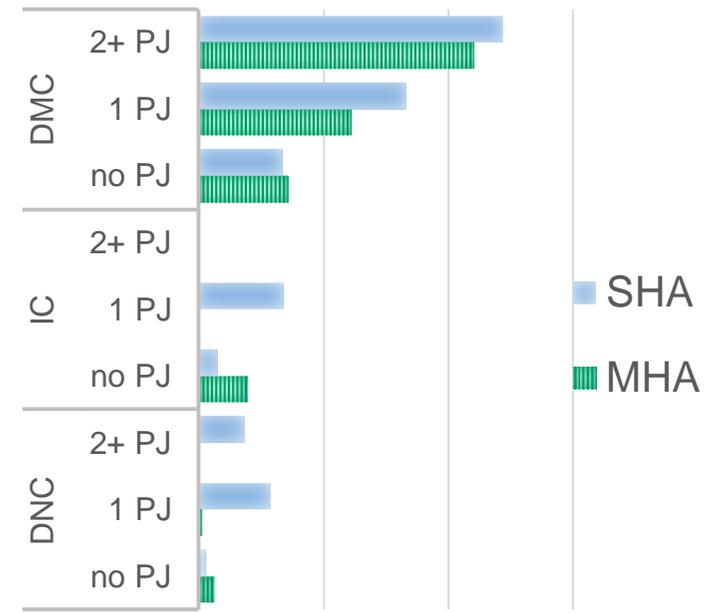
PJ, problem joints; MHA, moderate haemophilia A; SHA, severe haemophilia A; DMC, direct medical cost; DNC, direct non-medical cost; IC, indirect cost

The relationship between healthcare system and societal costs and number of problem joints (PJ)

CHES II



CHES Paeds



Conclusions



Real-world data on children and adults with **MHA** and **SHA** were drawn from the 'Cost of Haemophilia in Europe: a Socioeconomic Survey' (CHESS) Paeds (2018) and CHESS II (2019-2020) studies



The association between **healthcare system burden** (DMC) and **patient burden** (number of problem joints) **persisted across both severity level and age**



This analysis of **CHESS Paeds** and **CHESS II** was undertaken to illustrate the extent of **economic burden** associated with problem joints, in people with **MHA** and **SHA**



Cross-sectional data limited the scope of the analysis, highlighting the need for comprehensive studies that provide **longitudinal data** on the economic burden of **MHA** and **SHA**

