

Prophylaxis Eligibility in von Willebrand Disease: Prevalence, Disease Burden, and Post-Diagnosis Care Patterns in a Large U.S. Dataset

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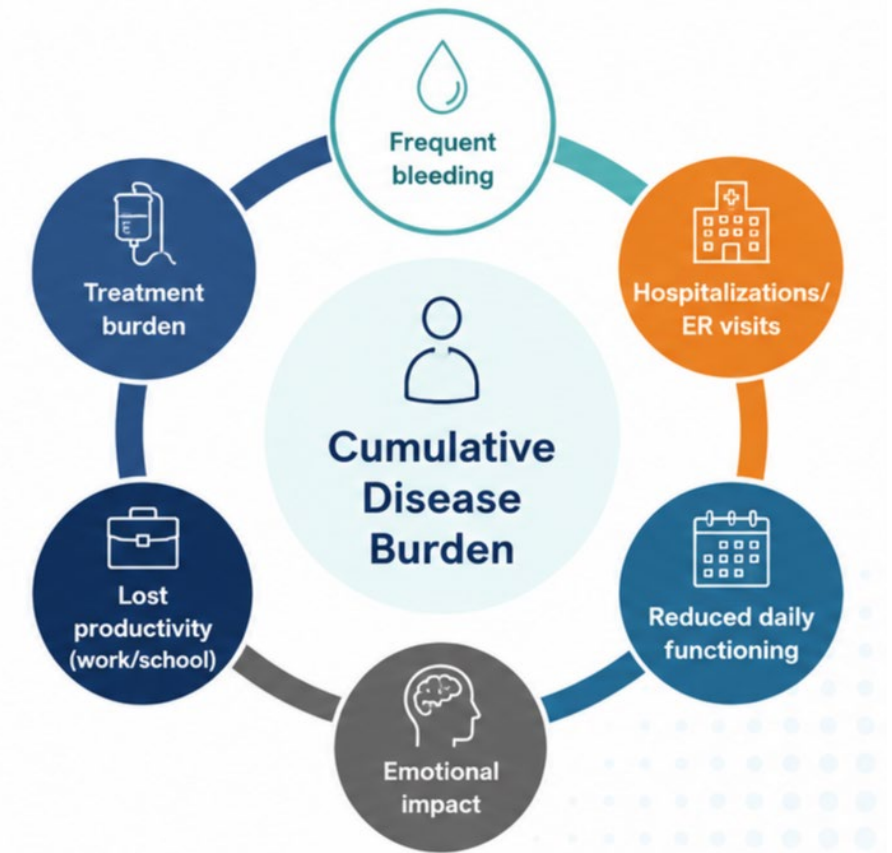
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Von Willebrand Disease

- VWD is the most common inherited bleeding disorder, yet disease burden remains underrecognized¹
- Recurrent bleeding events drive substantial healthcare utilization, including hospitalizations, outpatient visits, and treatment use^{1,2}
- The cumulative burden of frequent bleeding can impair daily functioning, work/school participation, and emotional well-being^{2,3}
- Claims data offer insight into the healthcare burden of VWD by quantifying bleeding-related interactions with the healthcare system



VWD, Von Willebrand Disease.

1. Sidonio RF, et al. *J Blood Med*. 2020;11:1-11. 2. The diagnosis, evaluation, and management of von Willebrand disease. NIH Publication No 08-5832. 2007. 3. Guido L, et al. WFH 2026 World Congress; Abstract PO-371.

Large Claims Dataset Identified 134,000 Diagnosed VWD Patients

- **Komodo's Healthcare Map[®]**

- Retrospective longitudinal and nationally-representative health service utilization database
- 330 million de-identified, U.S. patients
- Includes medical and pharmacy claims, lab data, clinical encounters
- Data analyzed data from 2016 to 2025

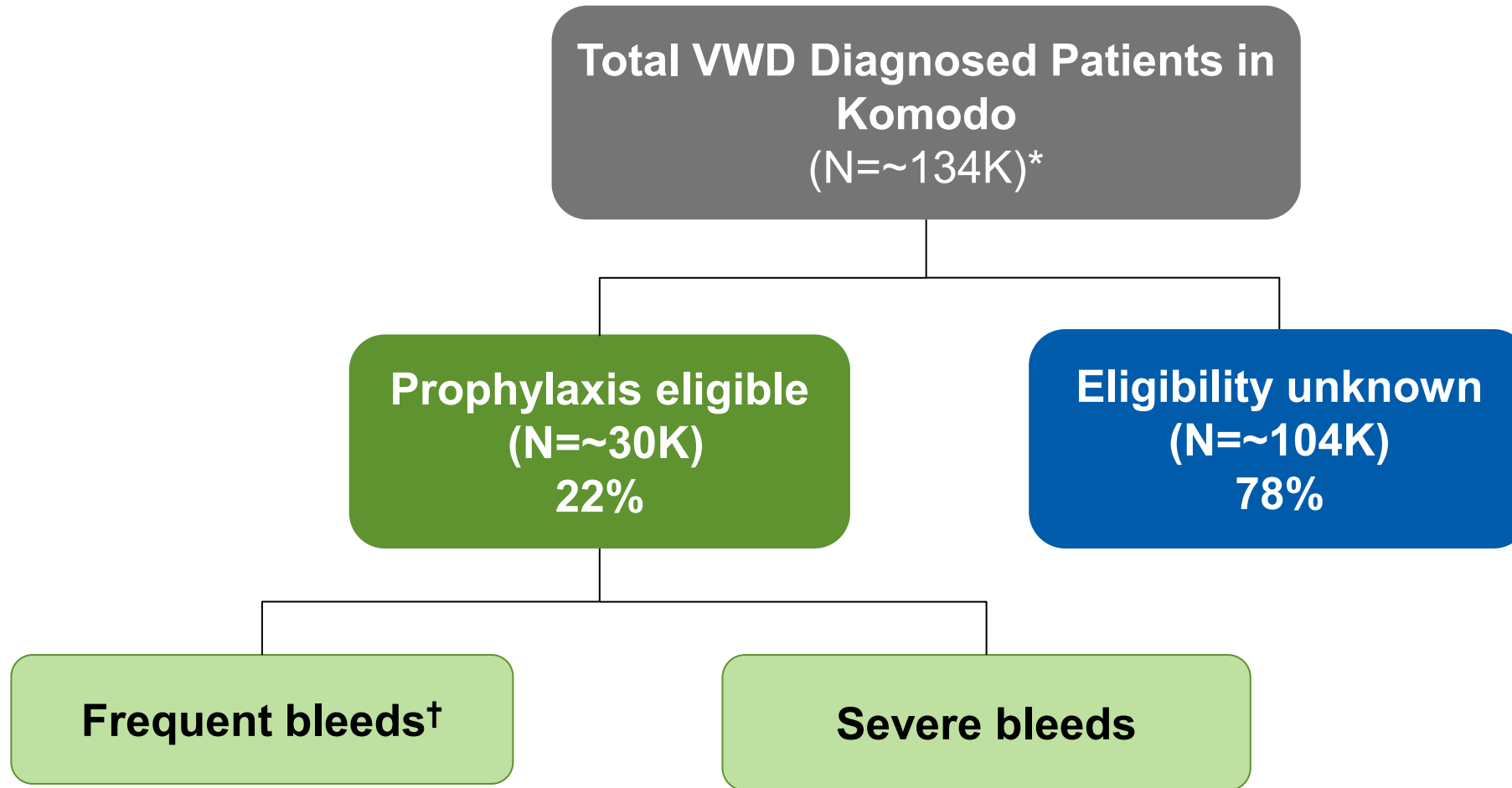
- **Identification of VWD Cohort**

- ≥ 2 claims with an ICD-10 code for a VWD diagnosis (D68.0x) at least 30 days apart
- 134,000 unique diagnosed VWD patients in Komodo dataset

VWD Prophylaxis Criteria Adapted From ASH ISTH NHF WFH 2021 Guidelines^{1,2}

- Prophylaxis-eligible VWD patients identified based on criteria:
 - Frequent Bleeding
 - ≥ 5 bleeds/year
 - ≥ 3 joint bleeds
 - ≥ 2 GI bleeds
 - Severe Bleeding
 - ≥ 1 major bleed (hospitalization/critical organ)
- Bleeding events such as epistaxis and menstruation may be under-represented in Komodo claims data, as patients may not seek care for all events and therefore may not generate a claim

Prophylaxis Eligibility VWD Population in Komodo Data Set

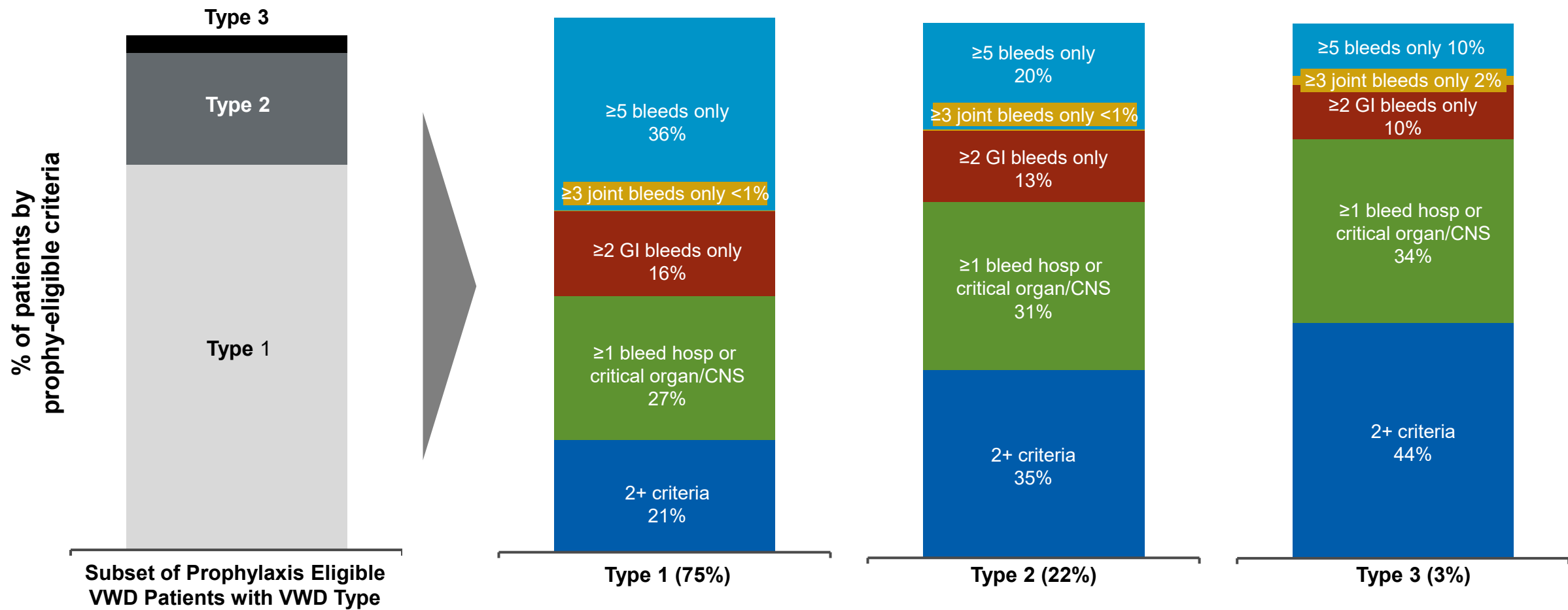


* Patients with at least 2 VWD claims 30+ days apart.

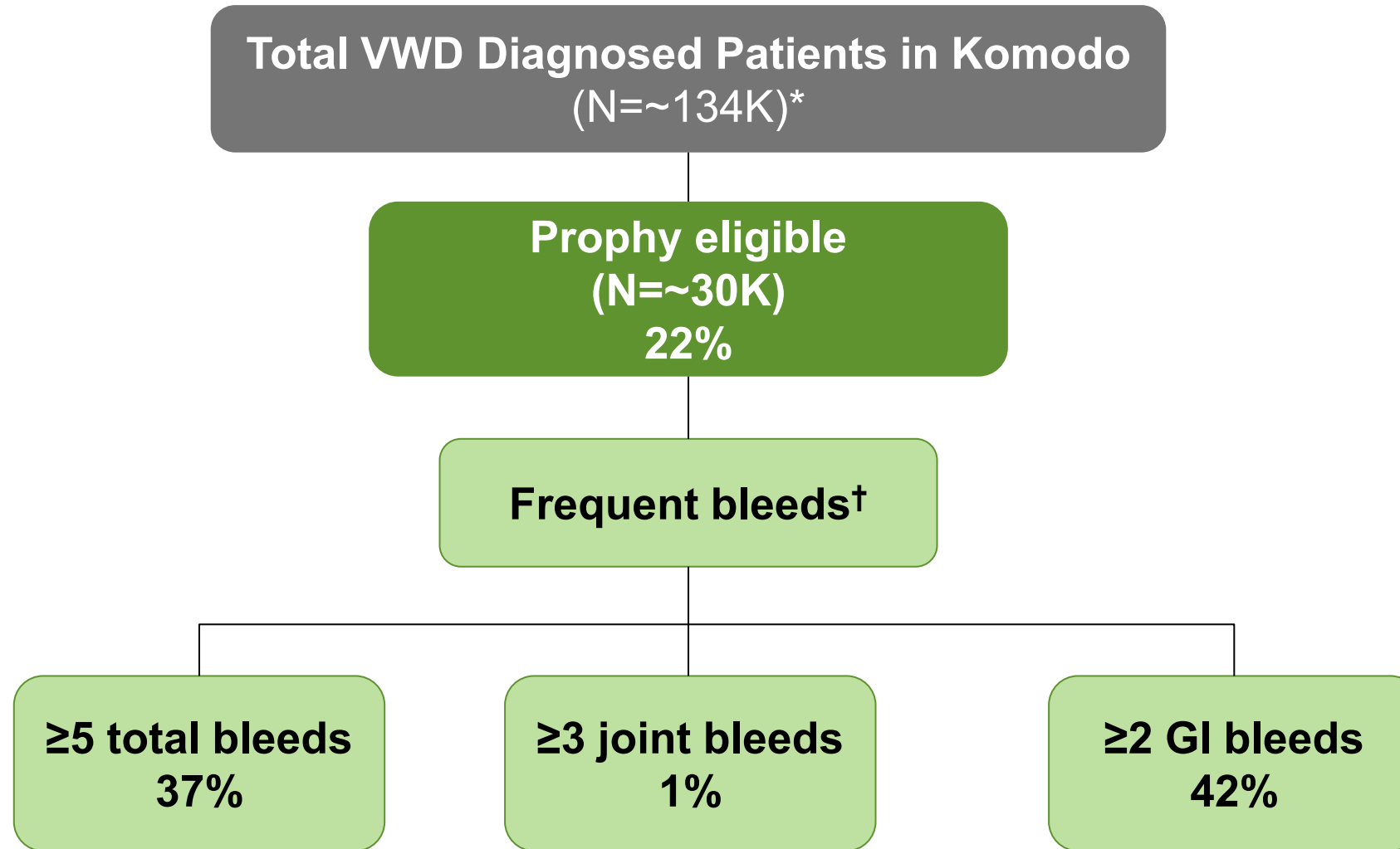
† Considers total bleed counts across all years for joint and GI bleeds, whereas the 5+ total bleeds criterion is on a calendar year basis. Trauma-related bleed events are not included.

Prophylaxis Eligibility Criteria Met Across All VWD Types

Bleed Types of VWD Prophy Eligible Patients by VWD Type



Frequent Bleeds in VWD Prophylaxis Eligible Cohort

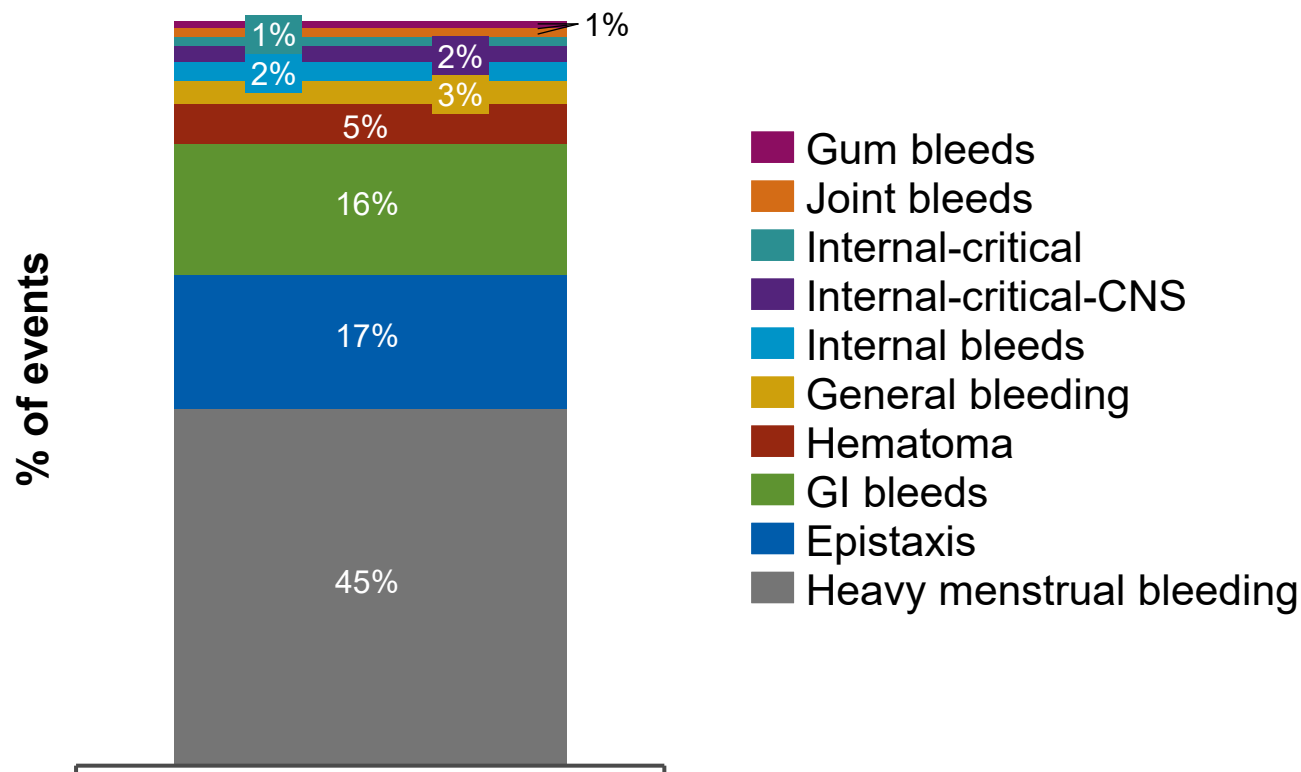


* Patients with at least 2 VWD claims 30+ days apart.

† Considers total bleed counts across all years for joint and GI bleeds, whereas the 5+ total bleeds criterion is on a calendar year basis. Trauma-related bleed events are not included.

Types of Bleeds in Prophylaxis Eligible VWD Population With ≥ 5 Bleeds

Dx Codes Of Bleeds in Diagnosed Patients With ≥ 5 Bleeds



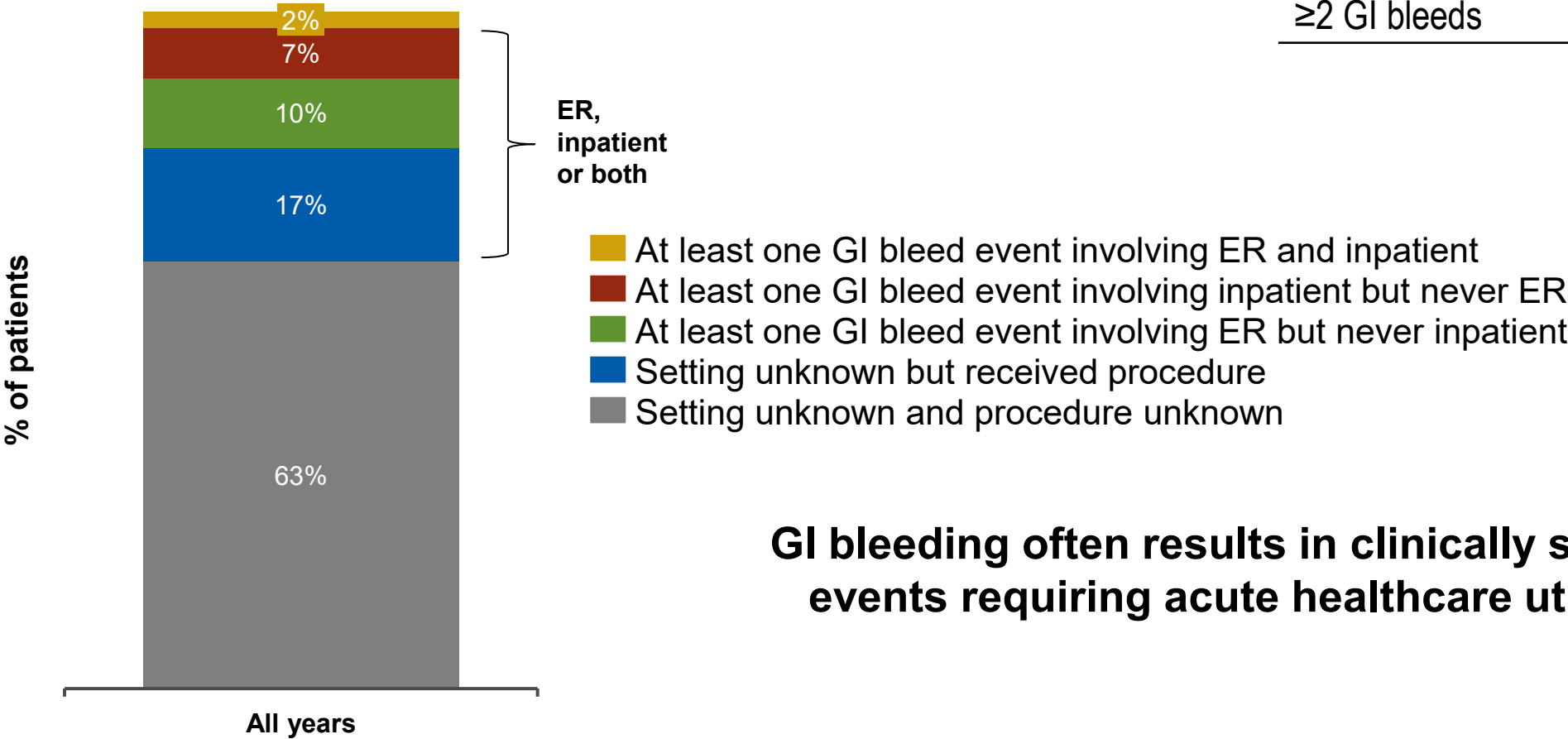
The most common type of bleeds are mucocutaneous bleeds

% of Prophy-eligible VWD patients	
≥ 5 bleeds	37%

Healthcare Utilization for GI Bleeding in the Prophylaxis Eligible VWD Population

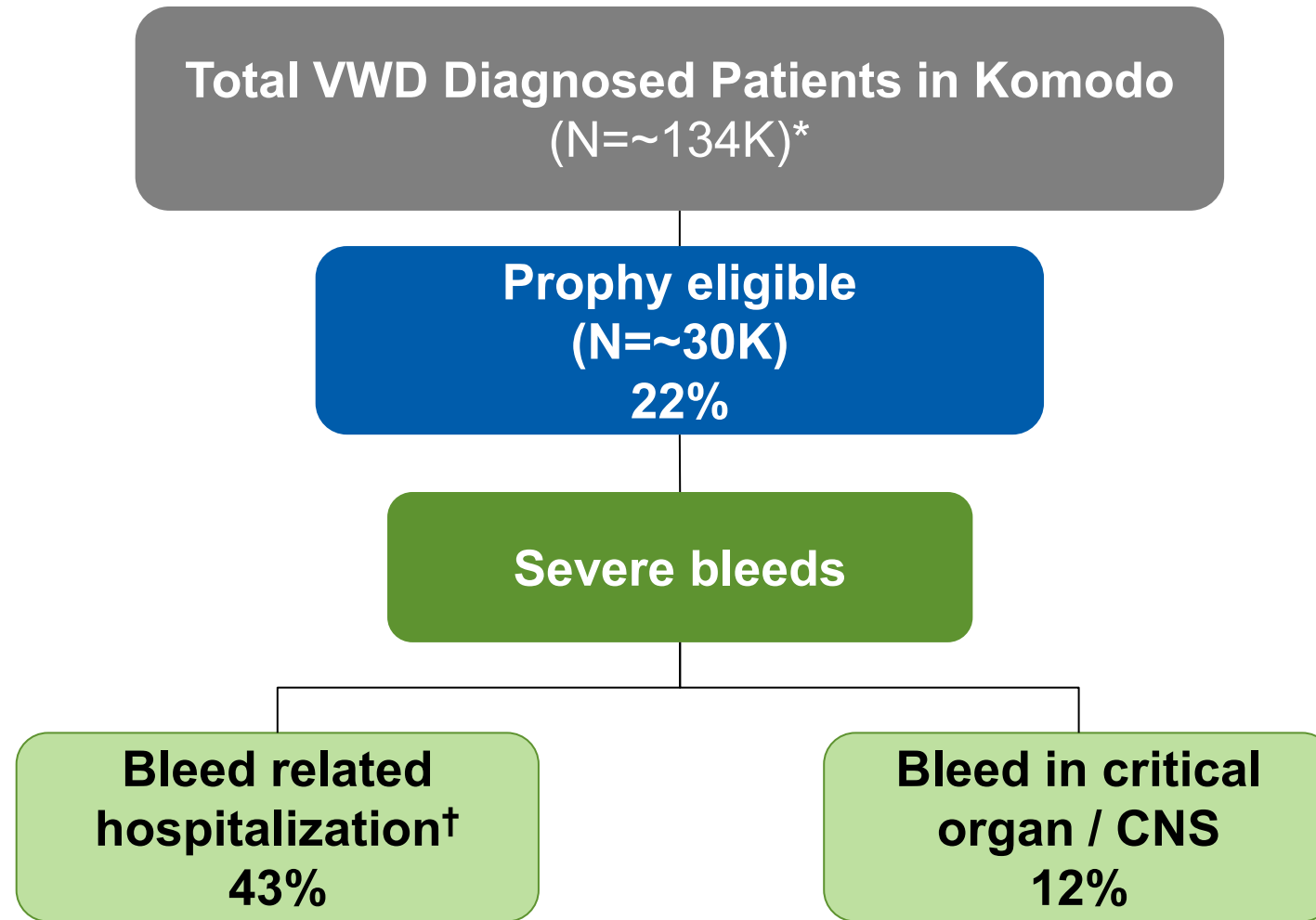
GI Bleed Treatment Setting

% of Prophy-eligible VWD patients	
≥2 GI bleeds	42%



GI bleeding often results in clinically significant events requiring acute healthcare utilization

Types of Severe Bleeds in Prophylaxis Eligible VWD Population

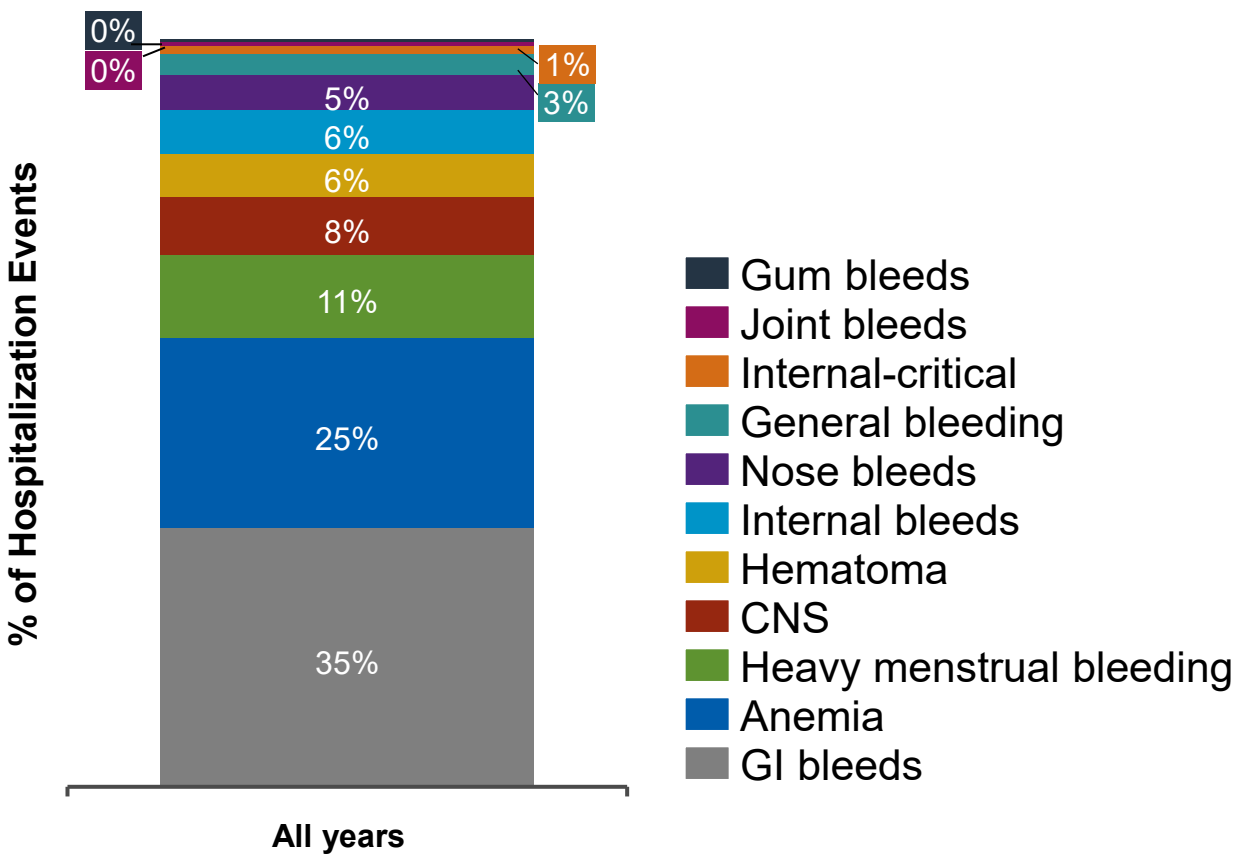


* Patients with at least 2 VWD claims 30+ days apart.

† Lists all bleed events experienced by patients who has ever had a bleed related hospitalization.

Bleed Related Hospitalizations: >50% Driven by GI Bleeding and Anemia

Dx Codes of Hospitalizations in Diagnosed Patients

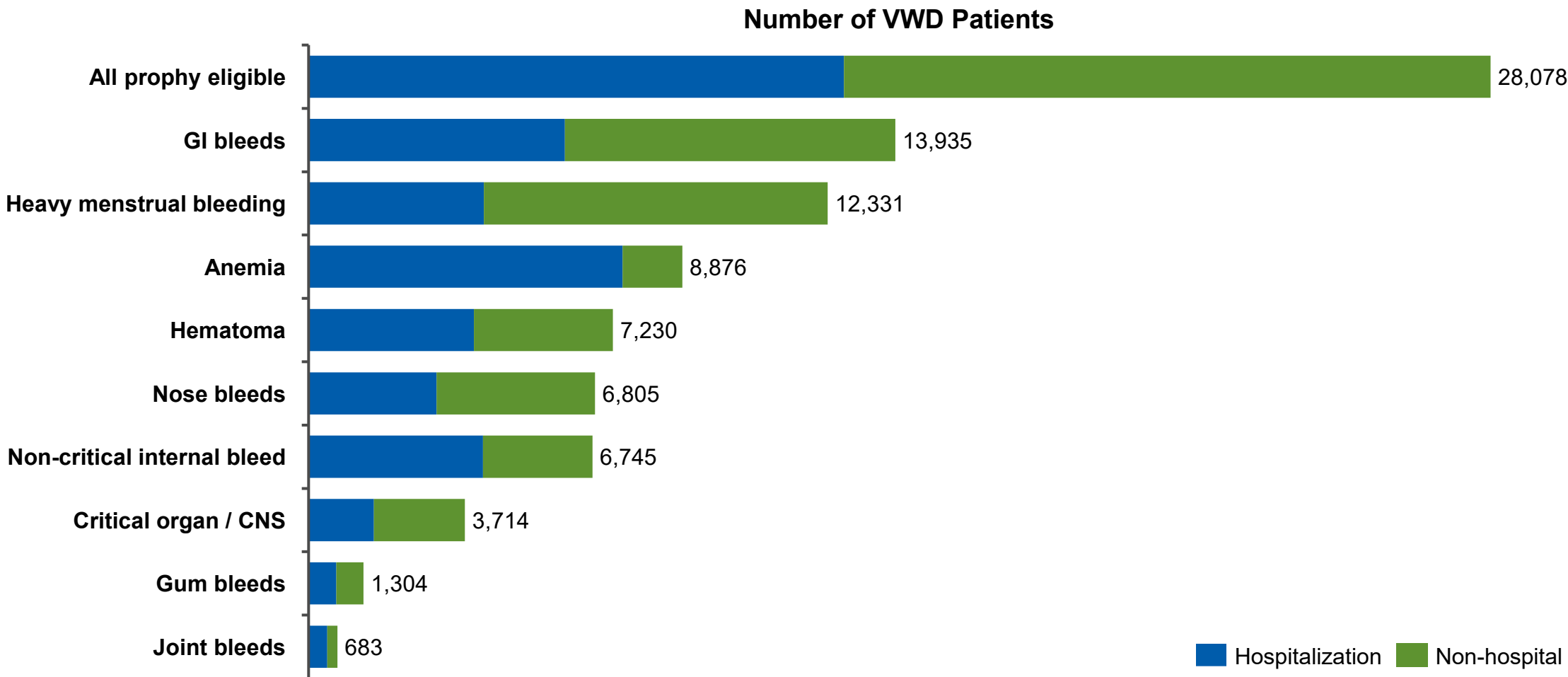


% of Prophy-eligible VWD patients	
≥1 Bleed-related hospitalization	43%

Inpatient statistics	
Mean hospital stay days	9.4
Median hospital stay days	4
Mean years between hospitalizations	1.3
Median years between hospitalizations	1

Hospitalizations Highest for Anemia and GI bleeding

Prophy Eligible Patients by Bleed Type, Including Anemia (2016-2025)



Conclusion

- In a large US claims dataset, ~30K patients (~22% of diagnosed VWD) were identified as eligible for prophylaxis according to bleeding-based criteria based on ASH/ISTH 2021 guidelines
- Prophylaxis-eligible patients were characterized by recurrent and severe bleeding manifestations, identifying a large high-burden subgroup of patients with VWD
- Mucocutaneous bleeds were common among prophylaxis-eligible VWD patients and were associated with health care utilization
- Recurrent GI bleeding and anemia identify a significant unmet need despite currently available treatment approaches