

## **Evaluation of early prophylaxis in children with severe hemophilia in France using a prospective national cohort: “FranceCoag Network”**

Marc Trossaert<sup>1</sup>, Sandrine Meunier<sup>2</sup>, Claire Berger<sup>3</sup>, Christine Biron-Andreani<sup>4</sup>, Ségolène Donadel-Claeysens<sup>5</sup>, Claude Guérois<sup>6</sup>, Patrick Lutz<sup>7</sup>, Anne Rafowicz<sup>8</sup>, Chantal Rothschild<sup>9</sup>, Alexandra Doncarli<sup>10</sup>, Virginie Demiguel<sup>10</sup> and Hervé Chambost<sup>11</sup> for the FranceCoag Network<sup>12</sup>.

Hemophilia Treatment Centers of <sup>1</sup>Nantes, <sup>2</sup>Lyon, <sup>3</sup>Saint-Etienne, <sup>4</sup>Montpellier, <sup>5</sup>Toulouse, <sup>6</sup>Tours, <sup>7</sup>Strasbourg, <sup>8</sup>Paris Bicêtre, <sup>9</sup>Paris Necker and <sup>11</sup>Marseille, <sup>10</sup>Coordinating Center of FranceCoag Network, French Institute for Public Health Surveillance, Saint Maurice, France; <sup>12</sup><http://www.francecoag.org>.

In 2002, the French society MEDical COordination for Treatment of Hemophilia (COMETH) published national recommendations to promote “Early long term primary prophylaxis with progressive intensification in severe hemophilia A and B”. To evaluate the impact of these recommendations on clinical practice in France, we investigated medical characteristics of the hemophilic patients born after 1989 in the national cohort FranceCoag Network.

Data of 535 patients with severe hemophilia A or B and aged < 18 were analyzed. Among these patients, 100 (19%) with a personal history of inhibitor were excluded of the study. Considering the remaining 435 children, we focused on two periods (1997 and 2005) and 3 age brackets ([0-2]; [3-4] and [5-6] year-old boys). In 1997, the rates of prophylaxis according to the age were 0%, 6% and 17% respectively. In 2005, prophylaxis was radically implemented whatever the age with increased rates of 19%, 79% and 75%. Moreover, in 2005, 80% of patients aged between 7 and 10 and 83% older than 11 received prophylaxis regimen. In youngest children (age < 2), prophylaxis consisted mostly in a one infusion a week schedule (55.5%). After this age, more than 40% had a “twice a week” regimen. The modalities for start of prophylaxis remain to be detailed.

These results indicate that the national recommendations for a dose escalating regimen have been associated to a noteworthy increase of early prophylaxis in hemophilic boys in France. Furthermore, the FranceCoag Network appears as useful to analyze medical practices in patients with severe hemophilia.