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ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

Moving Forward—What Is on the Horizon? Personalized Therapies for Patients

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. McDaniel:

This is CME on ReachMD. I'm Dr. Jenny McDaniel, and I'm joined today by Dr. Stephanie Ambrose. Dr. Ambrose, how do you align your patients to the right therapy while navigating this rapidly changing landscape for hemophilia treatment?

Dr. Ambrose:

That is a fantastic question. So you're right, everything has rapidly changed. We have moved into an era where patients have gone from having simply factor replacement as a treatment option to having so many different treatments available to them.

So it really, truly is our job and responsibility to make sure that patients are aware of each of the different treatments that are available. And then once we give an overview of the treatments available, then we really try to break it down for patients based on how they're currently doing on the therapy that they're on. If there is certainly room for improvement from a bleeding perspective, then that is certainly an opportunity as a provider to suggest alternative treatments to patients. If a patient expresses that they want a lifestyle change, maybe they are having significant difficulties with venous access and want to move away from peripheral infusions, then all of those are things that can help guide the discussion. I can't stress enough how important it is to truly have shared decision-making.

Dr. McDaniel, what are some strategies you use when discussing these options with your patients?

Dr. McDaniel:

Absolutely agree. We want to, as best we can, allow patients and families the opportunity to at least have awareness of the available treatment options. It may not always be that in-depth, very detailed discussion, but at least giving them an overview of the available treatment options will help enable them to determine the best course of action for themselves or their child.

Also, it's of the utmost importance that we monitor the efficacy of whatever treatment the patient is on. We generally do that by evaluating interval bleeds, joint bleeds especially, or other significant bleeds.

It's also critical that we evaluate the patient's ability to adhere to their treatment. If they're not able to infuse or they're not able to receive their injections for whatever reason, then certainly their outcomes may be suboptimal.

And then the other aspect that is coming into play now with more and more therapeutic options is what is the impact of the patient's hemophilia treatment on their quality of life? And are they able to live as they want to live and hope to live? And so that also is just an important factor that I hope we are able to emphasize more and more as we get better treatment options for these patients. Our HTC team always tracks bleeding events, and we also try to track, as best we can, their adherence to treatment. And so at their visits, we generally do evaluate that at those timepoints, but sometimes, if we're seeing interval bleeds in between visits, we may have the patient come in sooner than planned, so that we can address: Are there barriers to treatment? Are you having problems with adherence? Or do

we need to consider a change in your therapy?

We strongly encourage patient involvement in decisions regarding their care, and that helps us prioritize treatment goals and promote autonomy, and also helps the patient understand their treatment and adhere to that therapy. We know with this changing landscape and therapeutic options that we are going to have future challenges. We may have to manage more patients with a variety of different treatment options, and it's going to be more complex to remember who's on what and what lab test do we use to monitor this therapy. It could be overwhelming for providers and certainly could be an overwhelming landscape for our patients. I think about our patients that may come to us that are newly diagnosed with hemophilia, who have no family history, and there is an overwhelming number of treatment options that might be available for patients, and so making sure that we do that in a way that is manageable for patients and families, we can try to deliver this information in understandable ways also.

Dr. Ambrose, what do you have to add to that?

Dr. Ambrose:

Yeah, so what Dr. McDaniel said in a prior session, this is such an exciting time to be a provider for patients with hemophilia. But despite the treatment advances, there are still unmet needs that remain. Normal hemostasis is not consistently achieved with each of these therapies. So as always, we're aiming for a functional cure where patients can live active lives without bleeding concerns, so that they can have that hemophilia-free mind that we all strive to be able to give them. It's such an exciting time, and I believe that we will continue to evolve, and that the treatment landscape will continue to grow within hemophilia.

Well, this has been another great bite-sized discussion. Please make sure to tune in to the rest of the microlearning activities in this series for more information. Thanks for listening.

Announcer:

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