

“These results, for the first time, provide proof of concept that targeting higher FVIII troughs can benefit severe hemophilia A patients with no adverse event profile change. The next step will be to characterize the relationships between

pharmacokinetic profiles, FVIII activity levels and bleeding events, so that we can understand more about the optimal approach for personalized prophylaxis in hemophilia A and help more patients reach zero bleeds,” said PD Dr. med. Robert Klamroth, Head of the Department of Internal Medicine Angiology and Coagulation Disorders and Director of the Comprehensive Care Haemophilia Treatment Center and the Haemostasis and Thrombosis Unit at the Vivantes Klinikum in Berlin, Germany.

“The PROPEL data confirm the critical role of FVIII replacement therapy and demonstrate that with PK-guided prophylaxis with ADYNOVATE individualized FVIII levels of 8–12% can be reliably achieved to improve the outcomes for some patients. Hence, the study reinforces Takeda’s leadership in advancing treatment for hemophilia A, which also includes a comprehensive gene therapy clinical trial program,” said Dr. med. Wolfhard Erdlenbruch, Vice President Head of Global Medical Hematology, Takeda. “ISTH provides a great opportunity for us to demonstrate our ongoing commitment to the hemophilia community and we are excited to be sharing several important updates from our R&D portfolio this week.”

In addition to PROPEL, Takeda are presenting 47 other data updates across the hematology portfolio. Most notably, 14 presentations will unveil some of the foundational work being carried out within the Takeda Hematology gene therapy pipeline, looking at ways to help hemophilia patients naturally produce factor VIII or IX, in order to eliminate or experience fewer bleeding episodes.