MEDICAL BREAKTHROUGHS
RESEARCH SUMMARY

TOPIC: ATLANTA PROTOCOL STOPS THE BLEED FOR HEMOPHILIA A
REPORT: **MB #4764**

BACKGROUND: Hemophilia A, also called factor VIII (FVIII) deficiency or classic hemophilia, is a genetic bleeding and clotting disorder caused by missing or defective factor VIII, a clotting protein. Although it's passed down from parents to children, about one-third of cases are caused by a spontaneous mutation, a change in a gene. According to the U.S. Centers for Disease Control and Prevention, hemophilia occurs in approximately 1 in 5,000 live births. There are about 20,000 people with hemophilia in the U.S. with all races and ethnic groups affected. Hemophilia A is four times as common as hemophilia B and more than half of patients have a severe form of hemophilia.
(Source: https://www.hemophilia.org/Bleeding-Disorders/Types-of-Bleeding-Disorders/Hemophilia-A)

DIAGNOSING: It is vital to have an accurate diagnosis of hemophilia so it's important to determine if other relatives have been diagnosed with a bleeding disorder or have experienced symptoms. Three ways to determine if you are a hemophilia carrier are checking your family tree, getting a clotting factor test, and a DNA Test. A clotting factor test, called an assay, determines the type of hemophilia and its severity. If your level is below 50 percent, you have mild hemophilia. If the level is above 50 percent, you still might have hemophilia; that's why the three tests are important.
(Sources: https://www.hemophilia.org/Bleeding-Disorders/Types-of-Bleeding-Disorders/Hemophilia-A, https://www.ucsfhealth.org/conditions/hemophilia/diagnosis)

NEW TECHNOLOGY: Glaivy Batsuli, MD, the team at Children's Healthcare of Atlanta and researchers from Emory University School of Medicine developed the "Atlanta Protocol" which involves treating patients with high dose factor VIII concentrates along with Emicizumab/Hemlibra. Over the course of a year, doctors collected data on seven patients ranging in age from 21 months to 12 years old. Patients were started on the combination of immune tolerance induction (ITI - can effectively remove an inhibitor in about 70% of patients with hemophilia A), FVIII infusions three times a week and Emicizumab/Hemlibra. They were followed for roughly 35 weeks. The findings demonstrated that three of the seven patients rid their bodies of the inhibitor or reduced the inhibitor to an unmeasurable level. There was also minimal bleeding events and no adverse effects such as blood clots. Six patients underwent surgery during this time and hospital stays decreased from the average stay of three to seven days down to one to two days.
(Sources: https://news.emory.edu/stories/2019/08/hematology_atlanta_protocol/index.html, https://www.hemophilia.org/Bleeding-Disorders/Inhibitors-Other-Complications/Inhibitors-for-Consumers/Immune-Tolerance)

FOR MORE INFORMATION ON THIS REPORT, PLEASE CONTACT:

ALLYSON WRIGHT
SENIOR PUBLIC RELATIONS COORDINATOR
CHILDREN'S HEALTHCARE OF ATLANTA

ALLYSON.WRIGHT2@CHOA.ORG

If this story or any other Ivanhoe story has impacted your life or prompted you or someone you know to seek or change treatments, please let us know by contacting Marjorie Bekaert Thomas at mthomas@ivanhoe.com