

## Documents

Mahlangu, J.<sup>a</sup>, Kaczmarek, R.<sup>b c</sup>, Von Drygalski, A.<sup>d</sup>, Shapiro, S.<sup>h</sup>, Chou, S.-C.<sup>l</sup>, Ozelo, M.C.<sup>m</sup>, Kenet, G.<sup>n x</sup>, Peyvandi, F.<sup>o</sup>, Wang, M.<sup>p</sup>, Madan, B.<sup>i</sup>, Key, N.S.<sup>q</sup>, Laffan, M.<sup>j</sup>, Dunn, A.L.<sup>r</sup>, Mason, J.<sup>s</sup>, Quon, D.V.<sup>e</sup>, Symington, E.<sup>k</sup>, Leavitt, A.D.<sup>f</sup>, Oldenburg, J.<sup>t</sup>, Chambost, H.<sup>u</sup>, Reding, M.T.<sup>v</sup>, Jayaram, K.<sup>g</sup>, Yu, H.<sup>g</sup>, Mahajan, R.<sup>g</sup>, Chavele, K.-M.<sup>g</sup>, Reddy, D.B.<sup>g</sup>, Henshaw, J.<sup>g</sup>, Robinson, T.M.<sup>g</sup>, Wong, W.Y.<sup>g</sup>, Pipe, S.W.<sup>w</sup>

### Two-Year Outcomes of Valoctocogene Roxaparvovec Therapy for Hemophilia A

(2023) *New England Journal of Medicine*, 388 (8), pp. 694-705. Cited 2 times.

DOI: 10.1056/NEJMoa2211075

<sup>a</sup> The Hemophilia Comprehensive Care Center, Charlotte Maxeke Johannesburg Academic Hospital, University of the Witwatersrand, National Health Laboratory Service, Johannesburg, South Africa

<sup>b</sup> The Department of Pediatrics, Indiana University, School of Medicine, IUPUI-Wells Center for Pediatric Research, Indianapolis, United States

<sup>c</sup> The Laboratory of Glycobiology, Hirsfeld Institute of Immunology and Experimental Therapy, Wroclaw, Poland

<sup>d</sup> The Department of Medicine, University of California, La Jolla, San Diego, United States

<sup>e</sup> The Orthopedic Hemophilia Treatment Center, Los Angeles, CA, United States

<sup>f</sup> The University of California, San Francisco, San Francisco, CA, United States

<sup>g</sup> BioMarin Pharmaceutical, Novato, CA, United States

<sup>h</sup> Oxford University Hospitals NHS Foundation Trust, The Radcliffe Department of Medicine, University of Oxford, The Oxford National Institute, Health Research Biomedical Research Centre, Oxford, United Kingdom

<sup>i</sup> Guy's and St. Thomas' NHS Foundation Trust, United Kingdom

<sup>j</sup> The Centre for Haematology, Imperial College London, London, United Kingdom

<sup>k</sup> Cambridge University Hospitals NHS Foundation Trust, Cambridge, United Kingdom

<sup>l</sup> The Division of Hematology, Department of Internal Medicine, National Taiwan University Hospital, Taipei, Taiwan

<sup>m</sup> Hemocentro UNICAMP, Department of Internal Medicine, School of Medical Sciences, University of Campinas, Campinas, Brazil

<sup>n</sup> The National Hemophilia Center, Sheba Medical Center, Tel Hashomer, Israel

<sup>o</sup> Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Angelo Bianchi Bonomi Hemophilia and Thrombosis Center and Fondazione Luigi Villa, Università degli Studi di Milano, Department of Pathophysiology and Transplantation, Milan, Italy

<sup>p</sup> The Hemophilia and Thrombosis Center, University of Colorado Anschutz Medical Campus, Aurora, United States

<sup>q</sup> The UNC Blood Research Center, University of North Carolina at Chapel Hill, Chapel Hill, United States

<sup>r</sup> Nationwide Children's Hospital, The Ohio State University, College of Medicine, Columbus, United States

<sup>s</sup> The Queensland Haemophilia Centre, Cancer Care Services, Royal Brisbane and Women's Hospital, The University of Queensland, Brisbane, QLD, Australia

<sup>t</sup> The Institute of Experimental Haematology and Transfusion Medicine, Center for Rare Diseases, University Hospital Bonn, Bonn, Germany

<sup>u</sup> Assistance Publique- Hôpitaux de Marseille, Department of Pediatric Hematology Oncology, Children's Hospital La Timone, Aix Marseille University, INSERM, Institut National de la Recherche Agronomique, Center for Cardiovascular and Nutrition Research, Marseille, France

<sup>v</sup> The Center for Bleeding and Clotting Disorders, University of Minnesota, Minneapolis, MN, United States

<sup>w</sup> The Departments of Pediatrics and Pathology, University of Michigan, Ann Arbor, MI, United States

<sup>x</sup> The Amalia Biron Research Institute of Thrombosis and Hemostasis, Tel Aviv University, Tel Aviv, Israel

### Abstract

**Background:** Valoctocogene roxaparvovec delivers a B-domain-deleted factor VIII coding sequence with an adeno-associated virus vector to prevent bleeding in persons with severe hemophilia A. The findings of a phase 3 study of the efficacy and safety of valoctocogene roxaparvovec therapy evaluated after 52 weeks in men with severe hemophilia A have been published previously. **Methods:** We conducted an open-label, single-group, multicenter, phase 3 trial in which 134 men with severe hemophilia A who were receiving factor VIII prophylaxis received a single infusion of 6×10<sup>13</sup> vector genomes of valoctocogene roxaparvovec per kilogram of body weight. The primary end point was the change from baseline in the annualized rate of treated bleeding events at week 104 after receipt of the infusion. The pharmacokinetics of valoctocogene roxaparvovec were modeled to estimate the bleeding risk relative to the activity of transgene-derived factor VIII. **Results:** At week 104, a total of 132 participants, including 112 with data that were prospectively collected at baseline, remained in the study. The mean annualized treated bleeding rate

decreased by 84.5% from baseline ( $P < 0.001$ ) among the participants. From week 76 onward, the trajectory of the transgene-derived factor VIII activity showed first-order elimination kinetics; the model-estimated typical half-life of the transgene-derived factor VIII production system was 123 weeks (95% confidence interval, 84 to 232). The risk of joint bleeding was estimated among the trial participants; at a transgene-derived factor VIII level of 5 IU per deciliter measured with chromogenic assay, we expected that participants would have 1.0 episode of joint bleeding per year. At 2 years postinfusion, no new safety signals had emerged and no new serious adverse events related to treatment had occurred. Conclusions: The study data show the durability of factor VIII activity and bleeding reduction and the safety profile of valoctocogene roxaparvovec at least 2 years after the gene transfer. Models of the risk of joint bleeding suggest that the relationship between transgene-derived factor VIII activity and bleeding episodes is similar to that reported with the use of epidemiologic data for persons with mild-to-moderate hemophilia A. © 2023 Massachusetts Medical Society.

**Author Keywords**

Coagulation; Genetics; Genetics General; Hematology/Oncology

**Correspondence Address**

Mahlangu J.; Faculty of Health Sciences, 7 York Rd., Parktown 2194, South Africa; email: johnny.mahlangu@nhls.ac.za

**Publisher:** Massachusetts Medical Society

**ISSN:** 00284793

**CODEN:** NEJMA

**Language of Original Document:** English

**Abbreviated Source Title:** New Engl. J. Med.

2-s2.0-85149465324

**Document Type:** Article

**Publication Stage:** Final

**Source:** Scopus

---

**ELSEVIER**

Copyright © 2023 Elsevier B.V. All rights reserved. Scopus® is a registered trademark of Elsevier B.V.

 **RELX** Group™