Median overall/complex lower extremity/basic lower extremity HAL scores (range, 0-100) were 65.2/62.5/66.7. On IPAQ, 94% reported activity during the past week (40% vigorous). Most PWH-B reported a negative impact of hemophilia on work/activity (95%/98%); most caregivers reported a negative impact on their CWH-B's engagement in activity (90%).

Conclusions: Cross-sectional studies using different methodologies and overlapping PROs consistently indicate functional limitations among adults and children with even mild-moderate hemophilia and suggest the importance of using validated functional assessments as part of comprehensive care across hemophilia severities.

Conflicts of Interest: GH has received grant/research support from Bayer and Novo Nordisk and has served on advisory boards for Biogen Idec and on the speakers bureau for Emergent BioSolutions. KB has served as a consultant for Bayer and Novo Nordisk and as a speaker for Baxter, Bayer, and Novo Nordisk. MW has served as a consultant for Novo Nordisk, Baxalta, CSL Behring, and Biogen. MR has received grant/research support from Baxter, Biogen Idec, Pfizer, and Novo Nordisk, and served as a consultant to Kedrion and Novo Nordisk. WO has nothing to disclose. CLK has served as a consultant for Baxalta, Hoffmann La Roche, Biogen, CSL Behring, and Kedrion, and received grant/research support from Novo Nordisk. DLC is an employee of Novo Nordisk Inc.

T-P-082 (584) | Cross-cultural adaptation of a Quality of Life measure (CHO-KLAT) for boys with haemophilia in the Ivory Coast

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Introduction and Objectives: In the Ivory Coast (IC), access to clotting factor concentrates is limited and the majority of persons with haemophilia (PWH) are treated with factor replacement on demand. This results in repeated bleeding episodes that may have a negative impact on Health-Related Quality of Life (HRQoL). HRQoL is an important outcome measure in PWH. However, few disease-specific measures of HRQoL are available in developing countries. The Canadian Haemophilia Outcomes-Kids Life Assessment tool (CHO-KLAT) is a child-centric disease-specific measure of HRQoL for boys with haemophilia (BWH) aged 4 to 18 years. This project aimed to adapt the CHO-KLAT$_{2.0}$ for use in BWH in the IC and to initiate collection of HRQoL data in this population. We choose to adapt the CHO-KLAT because of its strong measurement properties and the availability of a validated French version (the national language in IC).

Methods: Step 1: The French for France version of the CHO-KLAT was reviewed by local clinicians and minor changes were made, mainly to prepositions. Back-translation to the original English version and harmonization resulted in the initial Ivorian version of the CHO-KLAT. Step 2: Cognitive debriefing interviews were conducted with 5 BWH (mean age 13.4 years, 3 severe and 2 moderate haemophilia A, 1 case inhibitor positive), their parents and care-givers to ensure the initial Ivorian version of the CHO-KLAT was well understood. The information collected during the interviews was used to identify problems in understanding questions and to propose revisions to enhance accurate comprehension. The interviews were conducted by local clinicians, a partner from the Belgian HTC twinning team with guidance from a member from the Canadian CHO-KLAT development team.

Results: All CHO-KLAT items were well understood by the participants; however, 6 items were modified based on the interview results. The mean CHO-KLAT score was 56.7 (SD 6.1) for BWH and 47.7 (SD 15.6) for parents.

Conclusions: The Ivorian CHO-KLAT$_{2.0}$ was finalized in September 2017 and is available for larger scale use in BWH in the IC. Assessment of HRQoL in this population could be used to advocate for improved access to clotting factor concentrates in PWH in the IC.

T-P-086 (33) | Steps toward healthy coagulation

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Introduction and Objective: Hemophilia has undergone vast transformations over the past century, evolving from a condition associated with early death to one where afflicted individuals achieve nearly the same lifespan as their unaffected peers. Unlike other disorders (eg, metabolic disorders, immune deficiency), where the goal of therapy is to restore deficient enzymes or immunoglobulins to normal ranges, the goal of prophylaxis for hemophilia patients has been to achieve a minimum factor trough level of 1%, such that persons with severe hemophilia may achieve a mild/moderate phenotype but falls short of normal hemostasis. This minimal treatment mindset was largely driven by supply/storage issues with costly products. With imminent entry of new therapies (eg, enhanced half-life products and gene delivery), treatment goals are evolving from that of simply treating or preventing bleeds to one where cure, defined as normal hemostasis, is feasible in the foreseeable future. A new treatment paradigm is needed, both to accommodate the changing landscape of hemophilia care and to replace the irrelevant "minimal treatment" mindset. The