Results: The ITI started in July 2015 at the dose of 100 UI kg^{-1} day^{-1} and was given at home by a nurse through a Port-a-Cath. One month later, no inhibitor could be detected. The rate of infusion was reduced to 100 U kg^{-1} 3 times a week during 6 months and then 50 UI kg^{-1} 3x/week onwards. A full PK analysis in August 2016 showed a FVIII half-life of 11,9 h and a normal recovery supporting a full response. ITI had a major impact on his quality of life with only 1 traumatic bleeding in 12 months, no rFVIIa infusion required since initiation of ITI and a marked reduction in the use of medical resources.
Discussion/Conclusion: This case illustrates the remarkable success and unexpected rapidity of a short course and intermediate dose ITI in an adult patient with a long standing inhibitor.
Disclosure of Interest: None declared.

P036

Recording of Treated and Untreated Bleeds in Patients With Haemophilia From the Ivory Coast: Development of a New Log-Book Adapted For Emerging Countries

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Introduction: The care of patients with haemophilia (PWH) in Ivory Cost is challenging as in most developing countries. One of the challenges is the low awareness among healthcare givers, the population and the policy makers about this condition and the treatment requirements.
Methods: A twinning between the international haemophilia treatment center of Saint-Luc University Hospital, Brussels, Belgium and the haemophilia center of CHU Yopougon, Abdjan, Ivory Coast has been established in 2014 in the frame of the twinning program of the World Federation of Haemophilia. A critical step to improve the treatment for Ivorian patients with haemophilia is the collection of data providing information on the bleeding phenotype as well as the access and availability of replacement therapy. With this purpose, an original log-book has been developed to record not only treated but also and more importantly untreated bleeds and their clinical evolution. Non-substitutive therapies (rest, ice, physiotherapy, antifibrinolytics, pain killers…) are also recorded. In patients who have access to clotting concentrates, another purpose of this booklet is to increase the adherence of patients to therapy.
Results: This log-book has been launched in January 2016 and has been distributed to PWH followed in the center of Abidjan and it is planned to extend its use to the whole country.
Discussion/Conclusion: Collection and analysis of a large number of log-books should provide a better estimation of the patients' needs at a national level and allow negociations with local and national health authorities on the basis of valid and objective data reflecting existing resources and needs evaluated individually. In the future, comparison with other countries from Africa and other continents should be encouraged with a wider use of this log-book.
Disclosure of Interest: None declared.

P037

Test-Retest Reliability Analysis of The Patient Reported Outcomes Burdens and Experiences (PROBE) Study

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Introduction: Patient Reported Outcomes Burdens and Experiences (PROBE) questionnaire was developed for assessing health status in patients with bleeding disorders, specifically, hemophilia. PROBE is a research project developed with direct patient involvement in questionnaire design, conduct, and analysis using patient-centered outcomes. Phase I confirmed robustness of methodology and feasibility of the questionnaire. Phase 2 assesses reliability.
Methods: Patients and non-hemophilia individuals who attended a hemophilia related workshop were invited to participate in this study. All participants were asked to fill out the PROBE questionnaire three times. Paper-based questionnaires were collected immediately after being filled out on two consecutive days. Participants were then instructed to log onto the PROBE website within two weeks and fill out a web-based version of the questionnaire. Test-retest reliability was analyzed.
Results: A total of 63 participants were enrolled in this study with a median age of 50 (range 14–76) years. Of these, 30 (47.6%) were hemophilia patients or carriers, 33 (52.5%) were participants with no

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