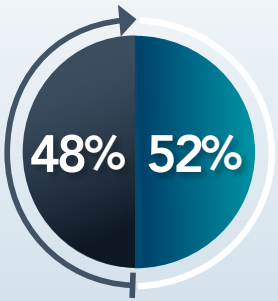
Frequently Asked Questions for **Acquired Hemophilia A**

What is AHA?

- Acquired Hemophilia A (AHA) is a rare bleeding disorder characterized by abnormal, uncontrolled bleeding.[1]
- Under normal circumstances, when bleeding occurs in the body, proteins known as clotting factors help clot the blood at that specific location to stop the bleed. [1]
- Patients with AHA develop antibodies that inactivate a specific clotting factor (Factor VIII [FVIII]).[1]
- When FVIII activity is decreased, blood does not clot properly, and the patient can bleed easily.[1]
- AHA occurs in patients with no personal or family history of hemorrhages. It therefore cannot be passed down to children or grandchildren.[1]

48% of study patients developed AHA due to an underlying cause, such as a malignancy or autoimmune disorder. In the other 52%, the cause was unknown.[2]

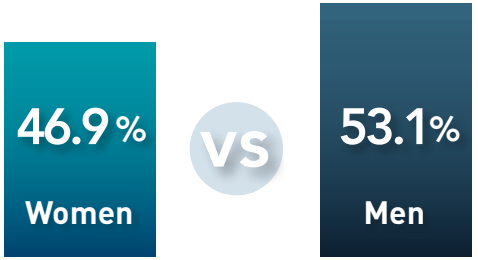


1 Results based on a European survey conducted between 2003 and 2008.

Who does AHA affect?

- Per year in Canada, AHA affects 0.3-14.7 people aged 16 or over per million. The chance of developing AHA increases with age.[3]
- AHA tends to occur in older individuals.[4]
- Younger women can also develop AHA after giving birth (during the post-partum period).[4]

In one study, AHA was shown to affect men and women almost equally.[3]



Results based on a European survey conducted between 2003 and 2008.

What are common symptoms of AHA?

- People with AHA often experience severe bleeding, which can occur spontaneously (without an apparent cause) or following trauma (e.g. an injury or surgery).[1]
- Symptoms of AHA include:[1,4]
  - Bleeding under the skin (bruising)
  - Nosebleeds
  - Blood in the urine, stool, mouth or phlegm
  - Swelling or skin discoloration in the joint areas, which may cause limited mobility

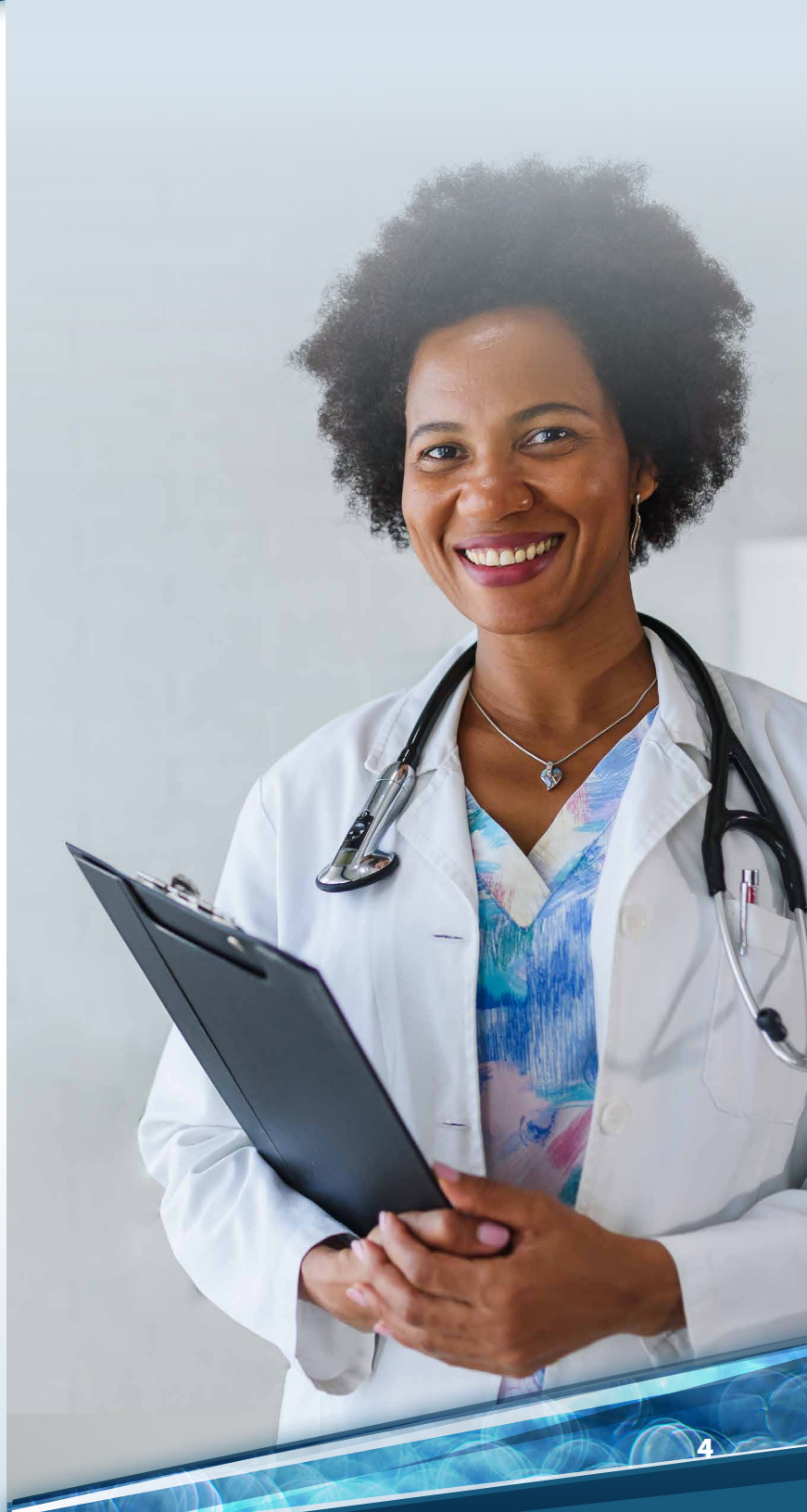
How is AHA managed/treated?

Acquired Hemophilia A is a disease in which antibodies, specialized proteins involved in immune response, attack the clotting factors which help blood clot.[1,4]

The goals for AHA management may include:

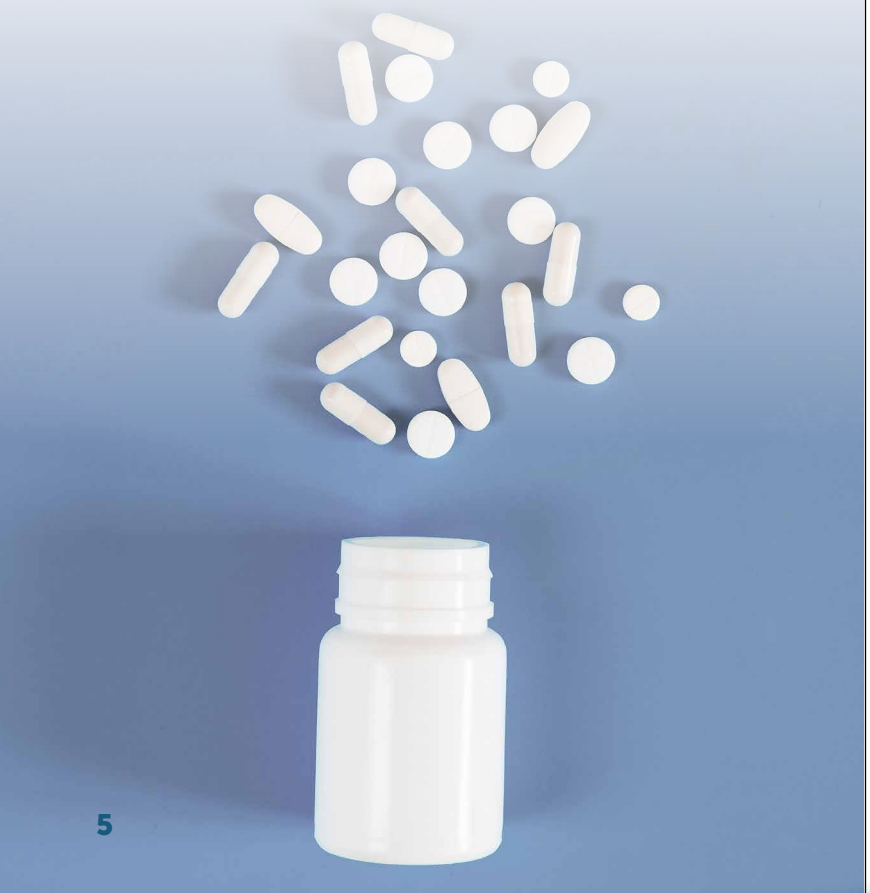
1. **Stopping/controlling the bleeding**
2. **Eliminating the antibodies that reduce the number of clotting factors**

- Treatment for AHA should be personalized to each unique patient; speak to your healthcare professional to find out what treatment is best for you.



Are there any types of medications I should avoid if I have AHA?

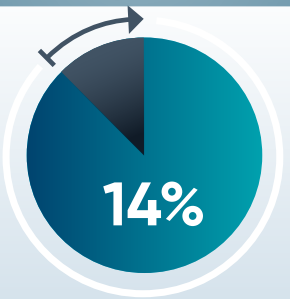
- Some pain medications can worsen bleeding. It is recommended to consult your doctor prior to taking any medication.[5]
- Blood-thinning medication prevents blood from clotting properly. Ask your doctor about what these may be.[5]



What do I do in case of relapse?

- Since AHA is caused by a temporary malfunctioning of the immune system, remission can occur.[6]
- While the definition of remission can vary, it typically means FVIII levels are normal, there are no detectable antibodies against FVIII and therapies have been stopped.[6,7]
- Relapse may still occur after remission is achieved.[6]

A Québec study observed about 14% of people experienced at least one relapse following remission.[6]



- According to this study, relapsing patients tended to be older.[6]
- People who relapsed typically responded well to further treatment and their relapse(s) was(were) not associated with a worse overall survival.[6]

If you experience symptoms after stopping or reducing therapy, contact your doctor immediately.

References:

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