Consequently, actual treatment patterns and the impact of CHwI on patients and their families are not well understood. This study assessed the feasibility of daily collection of treatment outcomes as reported by CHwI patients and/or their caregivers. METHODS: Frequently bleeding patients with CHwI (average of ≥4 bleeds over a 3-month period) prescribed rFVIIa as first-line therapy were recruited. Each day, patients/caregivers recorded daily activities, QoL (EQ-SD, VAS health/pain), planned work or school for the patient/caregiver, family assessment of anxiety/stress and activity changes via paper diary, and optional electronic interface. When acute bleeds occurred, they recorded symptoms, treatment decisions, and absenteeism/lost productivity. Each medication dose was recorded on an hourly grid including subjective status, pain score, and mixing/administration time. Treatments were verified by comparison of product box-tops to diaries. RESULTS: From 52 enrolled patients, 39 patients (75%) completed the diary for a mean of 103.5 days (median:71; range:60–180). Patient participation was facilitated by an average of 13 calls/emails per patient by a dedicated patient support representative. On average, 13.9% of days were bleed days (median:8.2%; range=17–72%). The diary captured 194 bleeding events in 38 patients; 176 treated hemarthroses (158 rFVIIa-treated). Most bleeds were spontaneous (57.4%) and involved joints (69.7%). Thirty-eight patients provided QoL data on 3771 of 3777 eligible days. CONCLUSIONS: This study demonstrated the feasibility of a daily diary completion by patients/caregivers with CHwI, providing insights into home treatment of CHwI and its impact on patients and their families. High completion rates were facilitated by dedicated patient support and motivated participants.

**IMPACT OF ACUTE BLEEDING AND ADMINISTRATION OF BYPASSING AGENTS (BPA) ON DAILY ACTIVITIES OF PATIENTS WITH CONGENITAL HEMOPHILIA WITH INHIBITORS (CHwI) AND THEIR CAREGIVERS AND FAMILIES: OBSERVATIONS FROM THE DOSING OBSERVATIONAL STUDY IN HEMOPHILIA (DOSE)**

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**OBJECTIVES:** Patients experience acute bleeding episodes that can be managed with infusions of BPAs. The study aims to assess impact of hemorrhages on patient/caregiver daily activities (absenteeism/productivity), and time spent mixing/administering recombinant factor VIII (rFVIIa) and plasma-derived activated prothrombin complex concentrates (pd–pACC). METHODS: Frequently bleeding CHwI patients (≥4 bleeds in 3 months) prescribed rFVIIa as first-line treatment, or their caregivers, recorded treatment and daily activity changes for ≥3 months including time spent mixing/administering treatments. RESULTS: For 39 diary patients with 188 initial day of bleeds, 53.7% were reported with activity unchanged, 31.9% slightly changed, 10.6% significantly rearranged, and 3.7% majorly changed for patients/caregivers. For bleed days 3+, 59.6% reported activity unchanged, 17.0% slightly changed, 7.0% significantly rearranged, and 16.4% majorly changed. On a 10-point scale, median (range) interference was: day 1, 2.0 (0–10); day 2, 3.0 (0–10); and days 3+, 4.0 (0–10). Only 230 of 491 bleeding days were patient/work/school days, with 13.5% fully missed, 3.5% partially missed, and 3.9% unproductive. Only 118 of 229 caregiver bleeding days were work/school days, with 9.3% fully missed, 7.6% partially missed, and 0.8% unproductive. Of 176 BPA-treated bleeding episodes, mixing/administration times were reported for 1270 rFVIIa and 80 pd–pACC injections. Median mixing/administration times were 5.0/5.0 min for rFVIIa and 29.0/24.5 min for pd–pACC. Both mixing and administration times were significantly shorter for rFVIIa (p < 0.0001). The differences were similar for both hemorrhages and muscle bleeds and for on-demand only patients (p < 0.0001 for all). CONCLUSIONS: Acute bleeding episodes interfere with patient/caregiver/family activities. However, patients doble by frequent joint bleeds, and non-working caregivers with multiple children with hemophilia may confound simple analysis of work/school interference. An important contributor to the impact of CHwI is burden of treatment; results demonstrate a significant difference per infusion between rFVIIa and pd–pACC, which parallels the package insert recommendations, although limited patient sample size should be noted.

**EFFECT OF ACUTE BLEEDING EPISODES ON QUALITY OF LIFE (QOL) IN PATIENTS WITH CONGENITAL HEMOPHILIA WITH INHIBITORS (CHwI) AND THEIR FAMILIES: OBSERVATIONS OF BLEED VS. NON-BLEED DAY QOL FROM THE DOSING OBSERVATIONAL STUDY IN HEMOPHILIA (DOSE) AND IMPLICATIONS FOR ASSESSMENT AND PREDICTION**

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**OBJECTIVES:** Acute bleeding episodes interfere with patient/caregiver/family activities. However, patients doble by frequent joint bleeds, and non-working caregivers with multiple children with hemophilia may confound simple analysis of work/school interference. An important contributor to the impact of CHwI is burden of treatment; results demonstrate a significant difference per infusion between rFVIIa and pd–pACC, which parallels the package insert recommendations, although limited patient sample size should be noted.

**THE VALUE TO PATIENTS OF TREATING PLAQUE PSORIASIS**

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**OBJECTIVES:** To quantify the value to patients of reducing the severity and size of plaque psoriasis (PsO) skin lesions. METHODS: Individuals with a self-reported diagnosis of PsO were recruited from a nationally representative household panel. Individuals completed a web-based choice-format conjoint analysis survey and were