Assessing Severity in Hereditary Factor X Deficiency

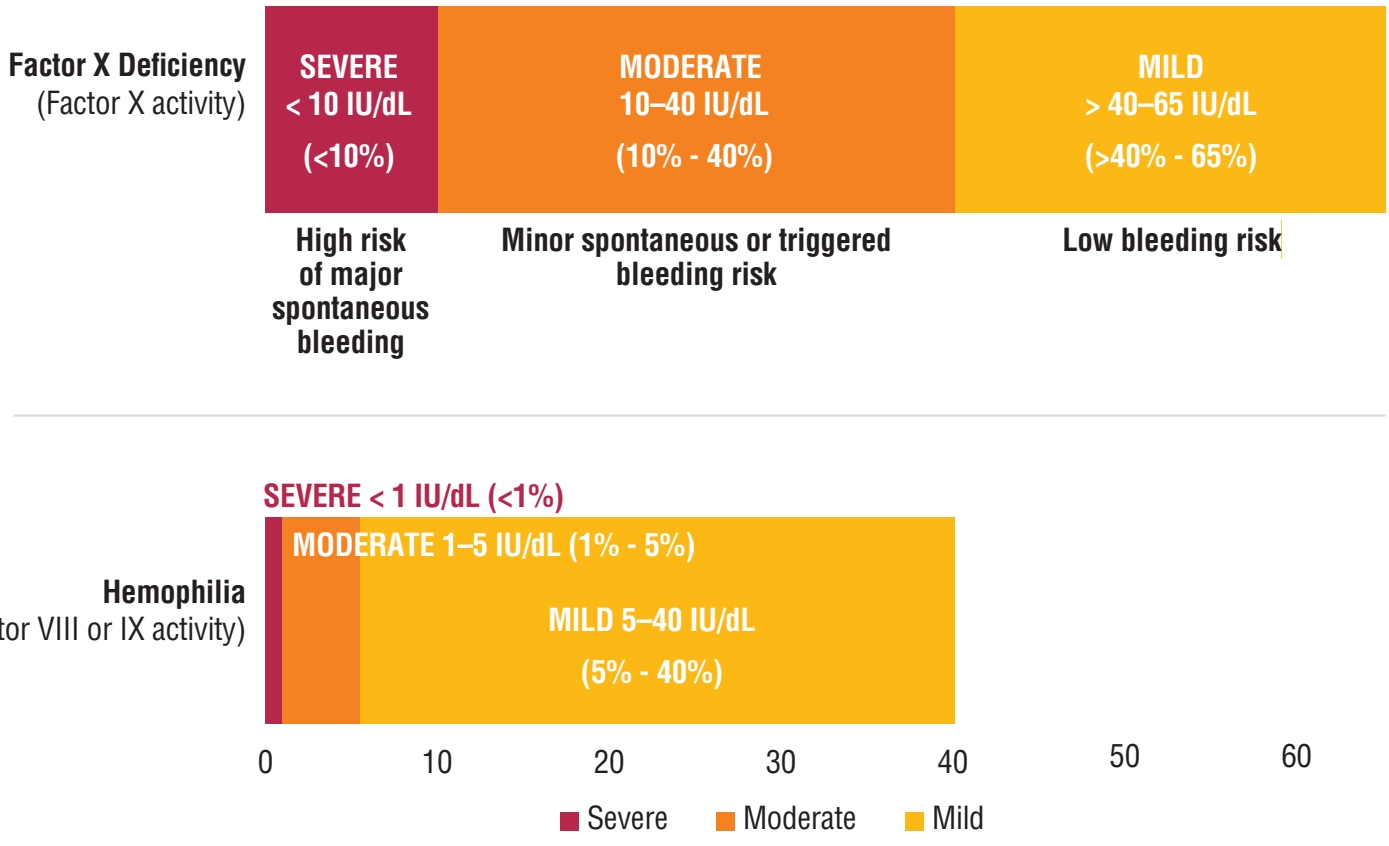
Understanding hereditary factor X deficiency severity classification and how it differs from hemophilia

Factor X Baseline Severity Classification

Determines bleeding risk based on baseline factor X activity (without treatment)[1]

Based on analysis of registry data from the European Network of Rare Bleeding Disorders (EN-RBD) Group; included 45 patients with factor X deficiency out of 592 total patients with a rare bleeding disorder and a mean age of 31 years.[1,2]

Baseline Severity Classification –
Bleeding Risk Ranges for Factor X Deficiency and Hemophilia A[1,3,4]



Factor X severity classification ranges differ markedly from hemophilia[1,3,4]

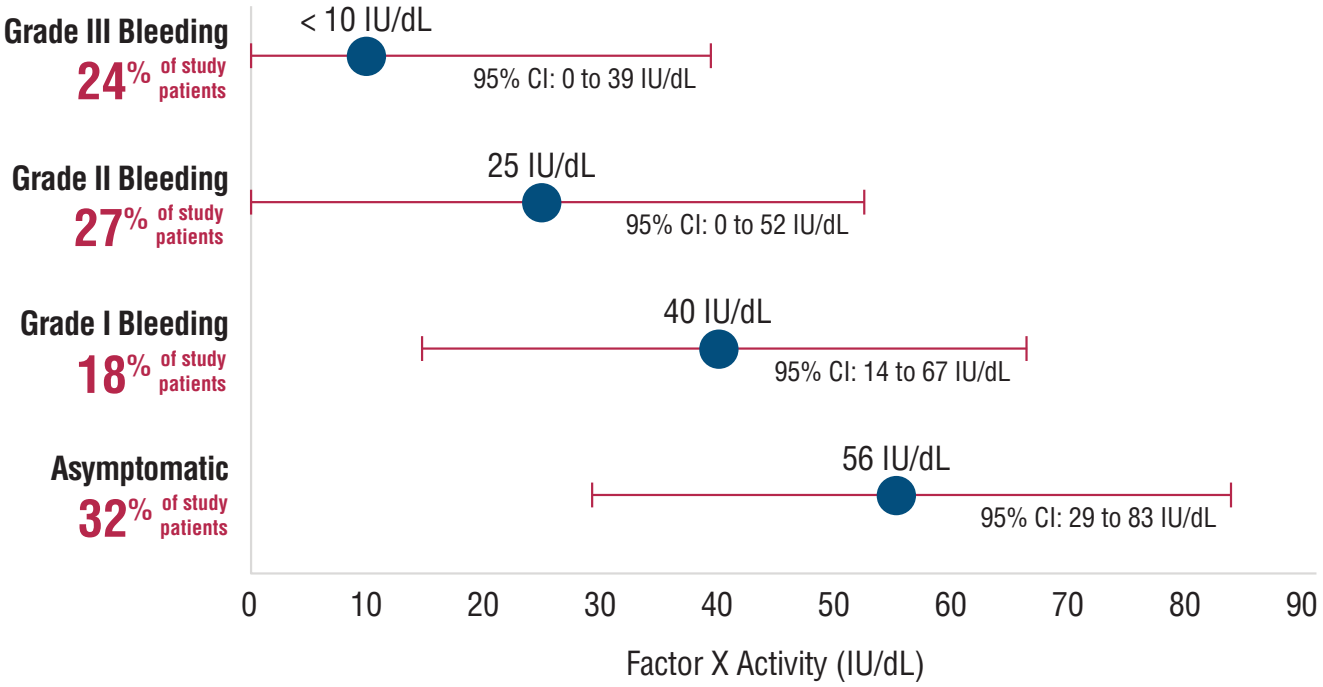
Understanding clinical bleeding severity grades in hereditary factor X deficiency

Factor X Clinical Bleeding Severity[2]

Assigns clinical bleeding grade based on documented bleeds*

From a cross-sectional study using EN-RBD data from 34 patients with hereditary factor X deficiency.[2]

Clinical Bleeding Severity Grades and Factor X Activity[2]
(mean, 95% confidence interval [CI])



Grade III: Spontaneous major bleeding—hemarthrosis, CNS, GI, umbilical cord, intramuscular hematomas requiring hospitalization.
Grade II: Spontaneous minor bleeding—bruising, ecchymosis, minor wounds, oral cavity, epistaxis, menorrhagia.
Grade I: Bleeding after trauma or drug ingestion (antiplatelet or anticoagulant therapy).
Asymptomatic: No documented bleeding episodes.

Clinical bleeding severity strongly correlates with factor X activity[2]

However, patients may vary in their bleed severity relative to factor X level, so ongoing monitoring for bleed occurrence is crucial[2]

*Bleeding episodes were classified into four bleeding severity categories relying on bleed location, potential clinical impact, and spontaneity; patients were assigned to a category if they had at least one documented bleeding episode matching the defined bleeding severity and no episode matching the higher severity grade. Linear regression analysis was performed, adjusting for age at data collection, sex, and center where diagnosis was made.[2]

References: 1. Peyvandi F, et al. *J Thromb Haemost.* 2012;10:1938-1943. **2.** Peyvandi F, Palla R, et al. *J Thromb Haemost.* 2012;10:615-621. **3.** Srivastava A, et al. *Haemophilia.* 2020;26(Suppl 6):1-158. doi: 10.1111/hae.14046. **4.** Peyvandi F, et al. *Brit J Haematol*. 1998;102:626-628.