

Dianas terapéuticas en la hemostasia

J. Gracia

Especialista en Hematología y Hemoterapia

Especialista en Medicina Intensiva

Medical Manager Biopharma Spain

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"I think you should be more explicit here in step two."

Prothrombin  **Thrombin**

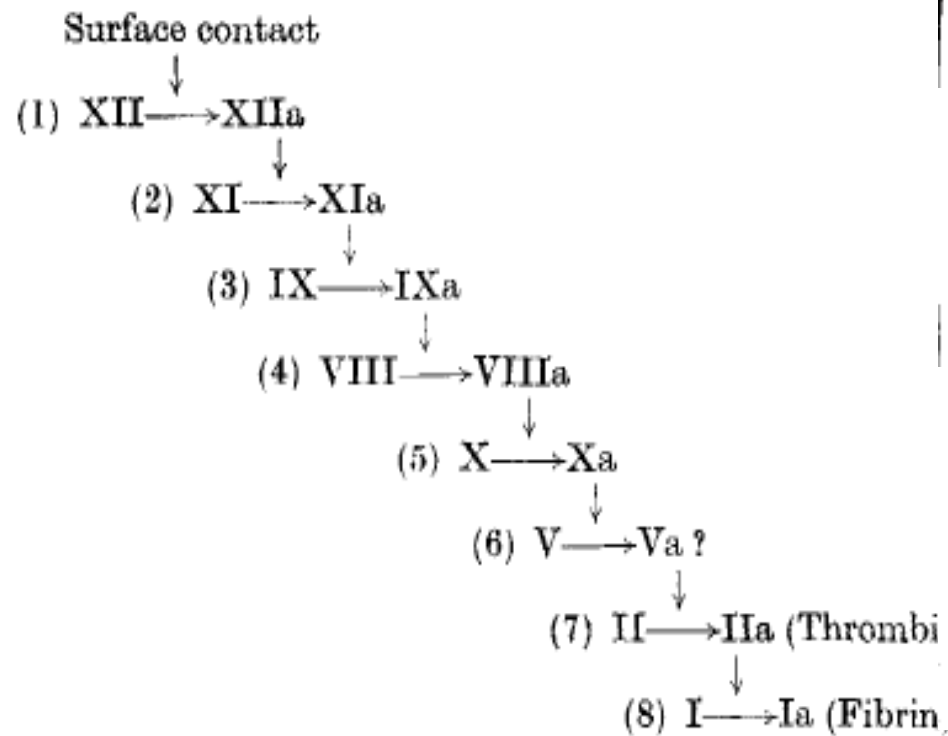
Thrombokinas
Kalzium

Fibrinogen  **Fibrin**

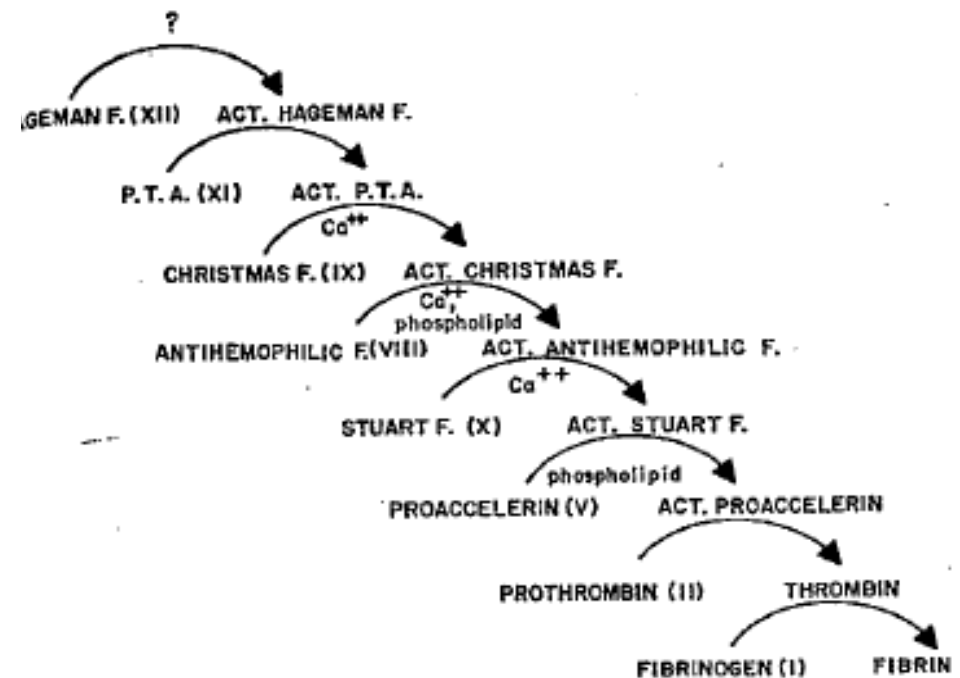
Thrombin

fibrinogen
 prothrombin
 accelerator (AC-) globulin
 Antihemophilic Factor
 Antihemophilic Factor B
 Antihemophilic Globulin (AHG)
 Antihemophilic Globulin A
 Autoprothrombin I
 Autoprothrombin II
 Autoprothrombin III
 Beta cothromboplastin
 Christmas Factor
 Contact Factor
 Cothromboplastin
 Facteur Antihemophilique A
 Fibrin Stabilizing Factor
 Thromboplastic Plasma Component
 Thromboplastinogen
 Hageman Factor
 Hemophilia A factor
 Hemophilia B Factor

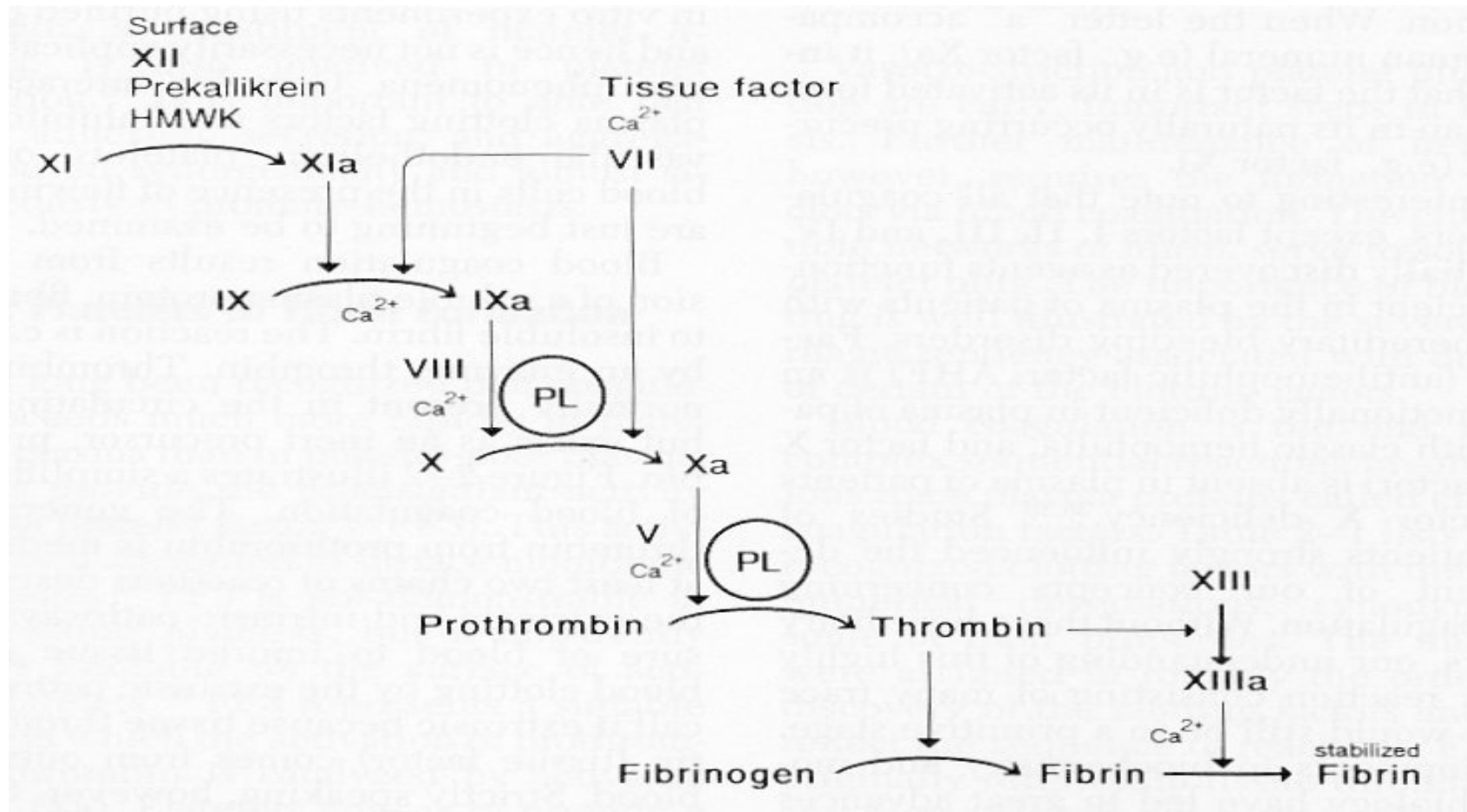
Hemophilia C factor
 Labile Factor
 Laki-Lorand Factor
 Pavlovsky Factor
 Plasma Thromboplastic Factor
 Plasma Thromboplastic Factor A
 Plasma Thromboplastin Antecedent (PTA)
 Plasma Thromboplastin Component
 Plasmakinin
 Platelet Cofactor
 Proaccelerin
 Proconvertin
 Prothrombokinas
 Protransglutamidase
 Prower Factor
 Robbins Factor
 Serum Factor
 Serum Prothrombin Conversion Accelerator (SPCA)
 Stable Factor
 Stuart Factor
 Stuart-Prower Factor



MacFarlane. *Nature* 1964, Vol 202; 498-499



Davie, Ratnoff. *Science* 1964, 145:1310-1312



The coagulation “cascade” model and PT/aPTT tests were developed in tandem

Thus, the **cascade model** is a good reflection of results obtained in these clinical lab tests that detect deficiencies of coagulation **proteins**

However, it isn't such a good model of the more complex situation of hemostasis *in vivo*...

The “cascade” model also doesn't explain why FVIII or FIX deficiency results in a severe bleeding



Harold R. Roberts,
MD



Dougald "Mac" Monroe,
PhD

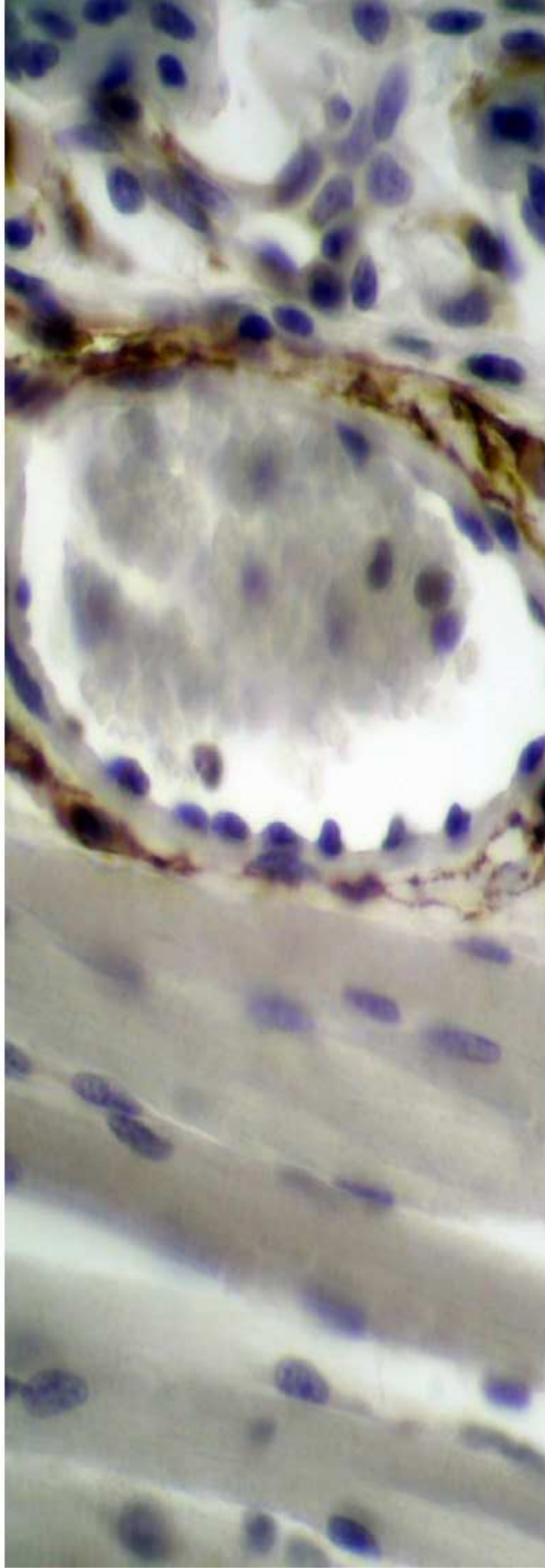
Review Article

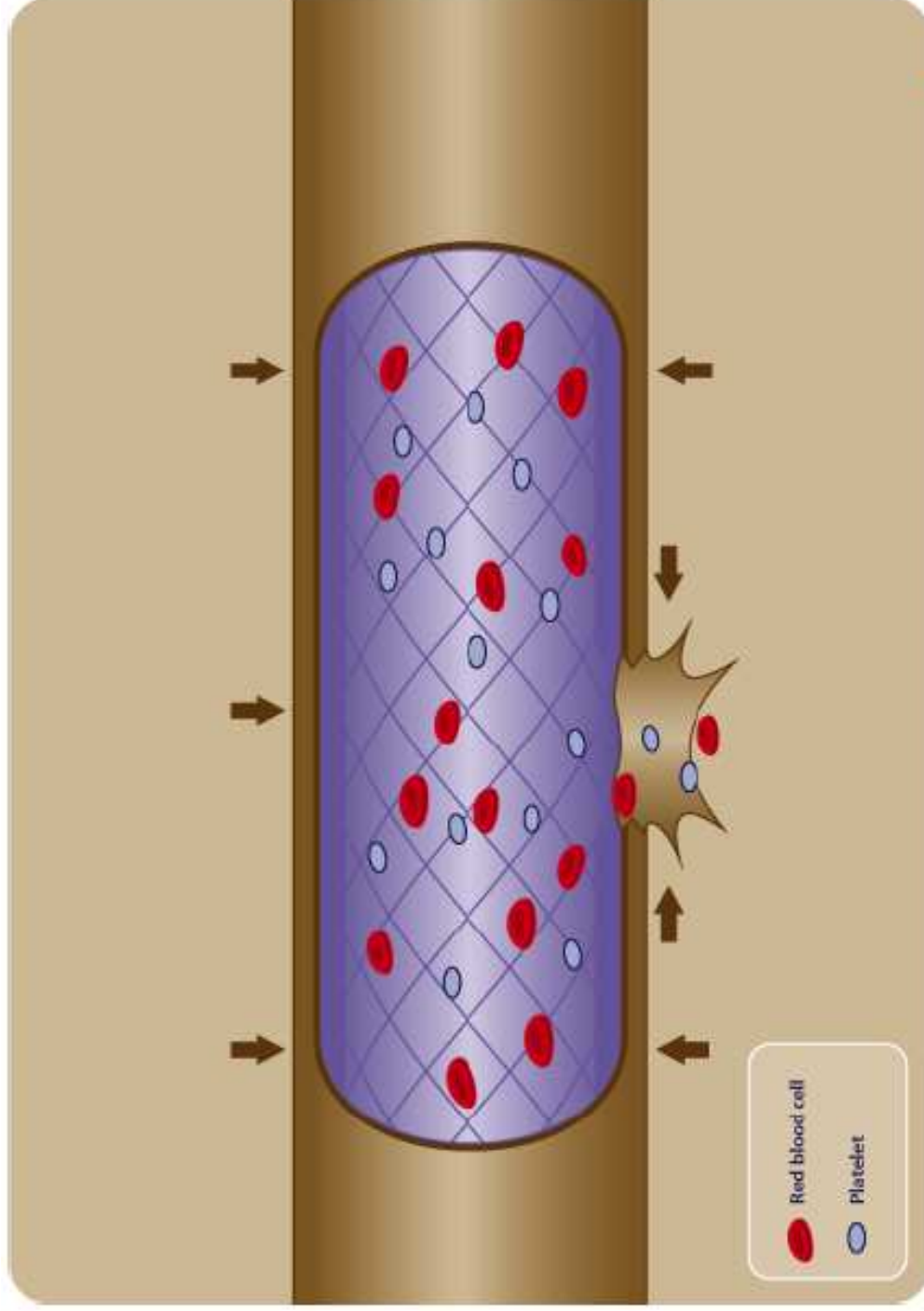
A Cell-based Model of Hemostasis

Maureane Hoffman, Dougald M. Monroe III

Pathology and Laboratory Medicine Service, Durham VA and Duke University Medical Centers,
Durham, NC, USA, and Division of Hematology/Oncology, Department of Medicine,
The University of North Carolina, Chapel Hill, NC, USA

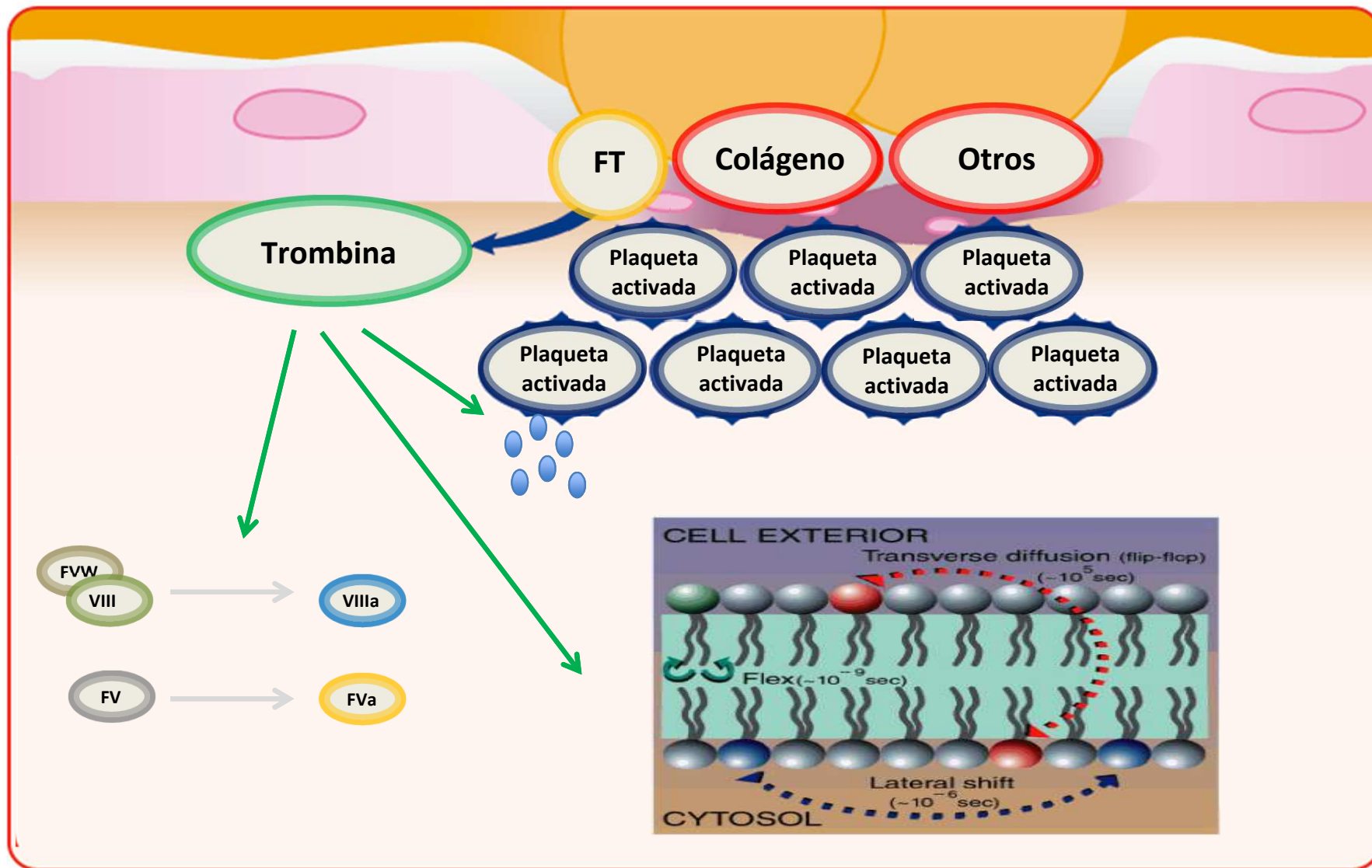
TF-bearing cells form a “hemostatic envelope” around vessels



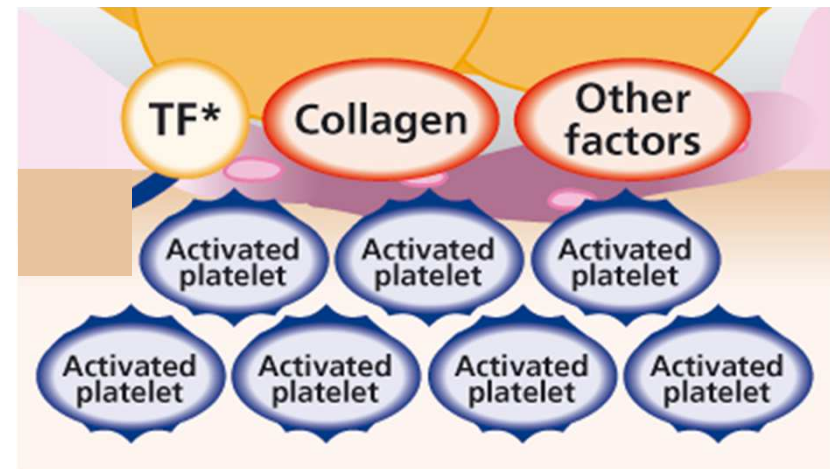
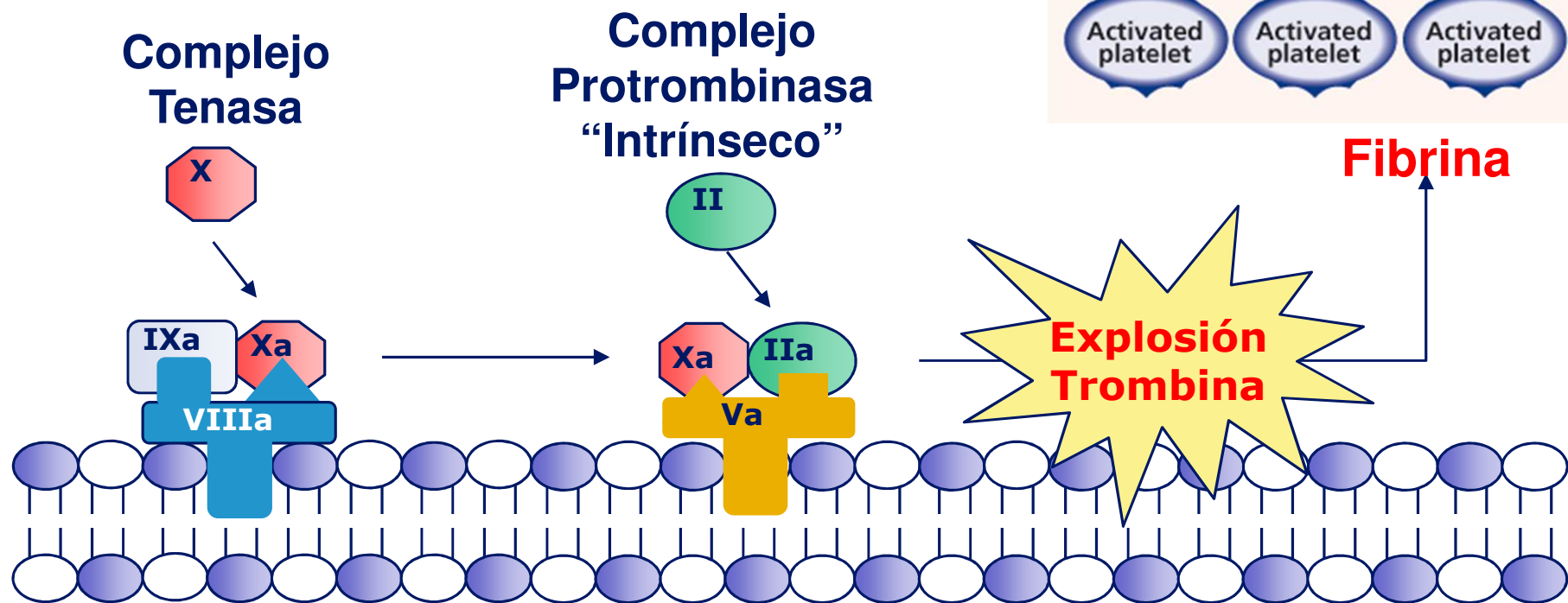








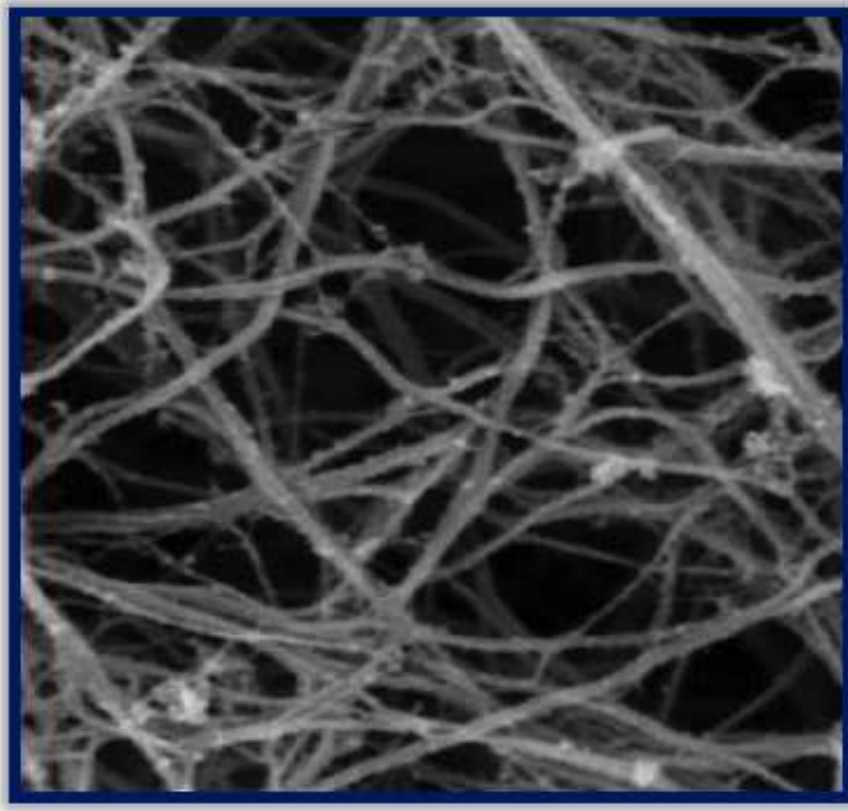
Modelo celular coagulación

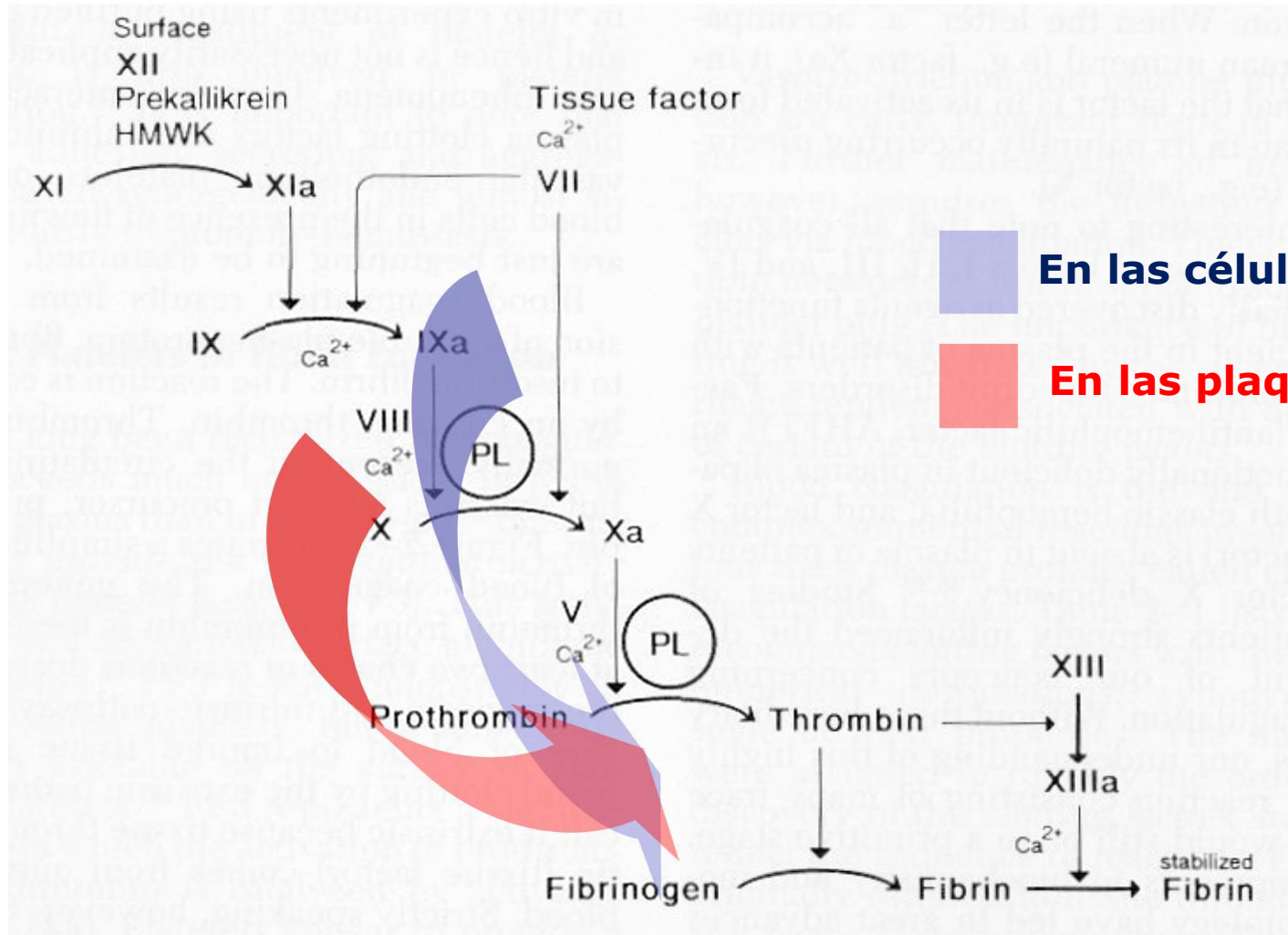


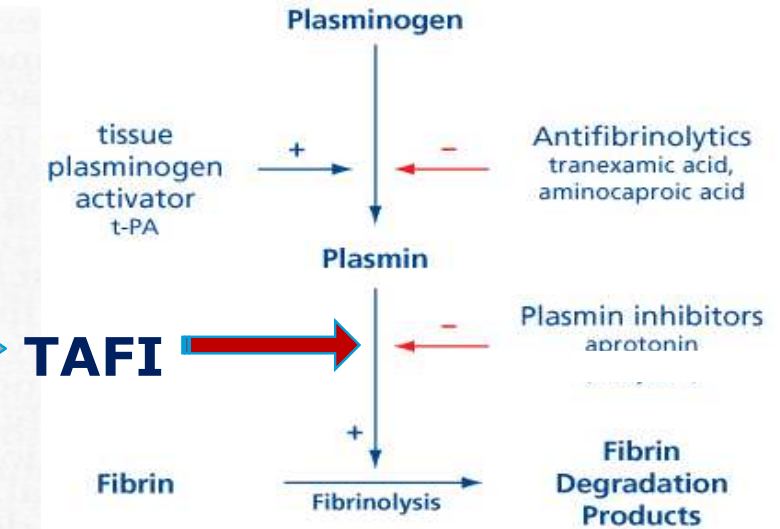
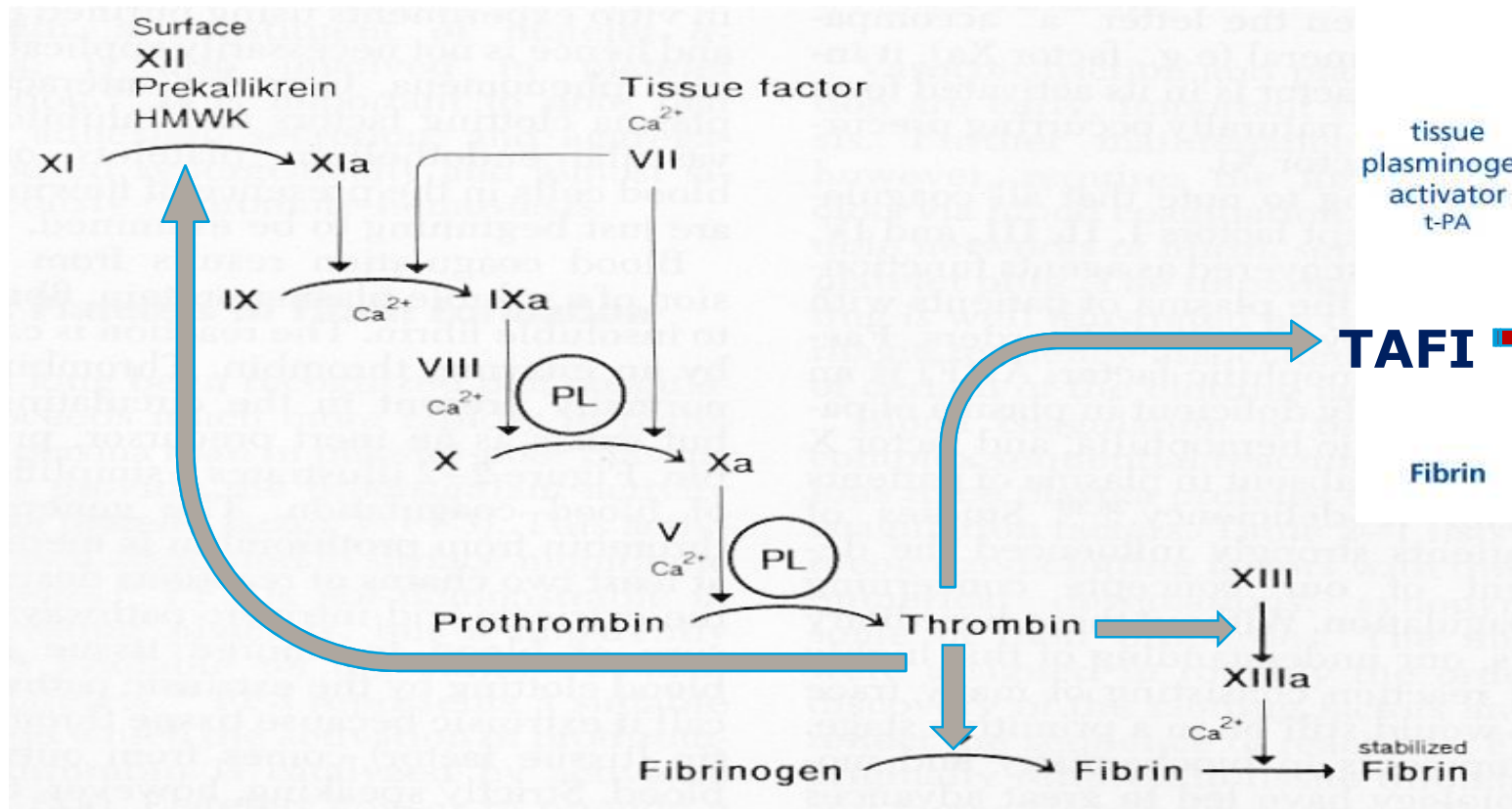
IIa

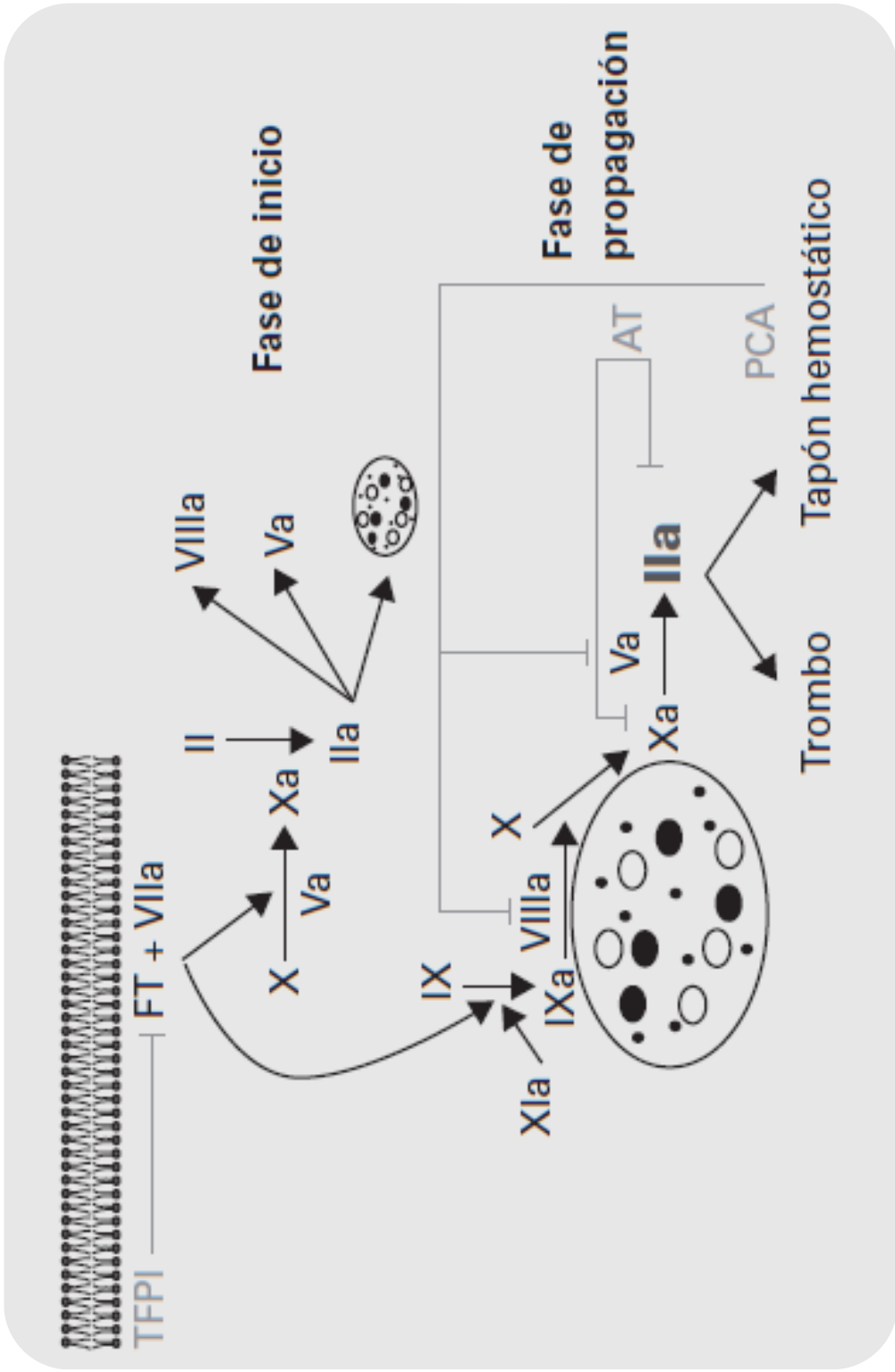


Fibrinogen





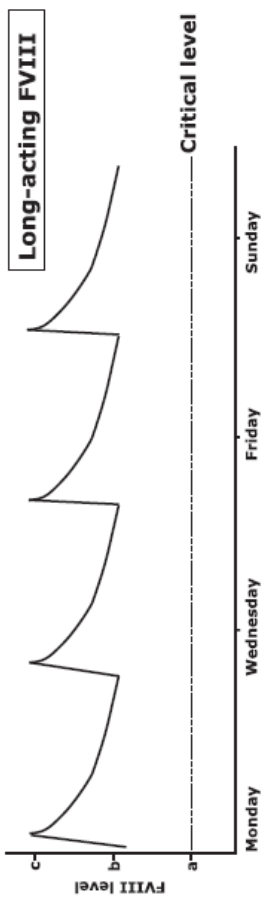
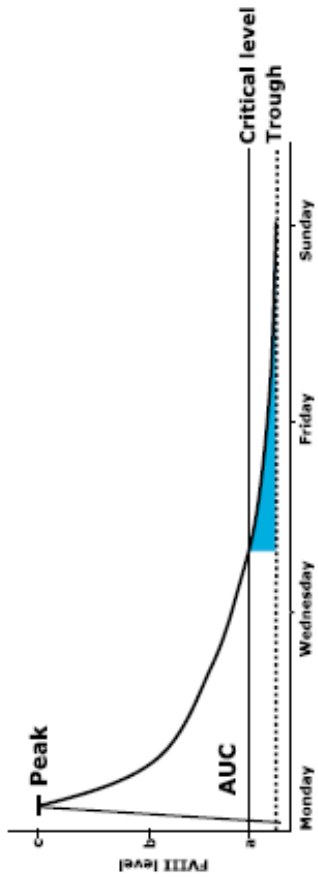
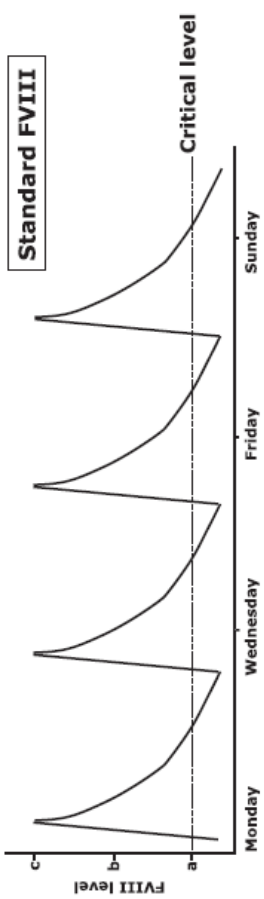
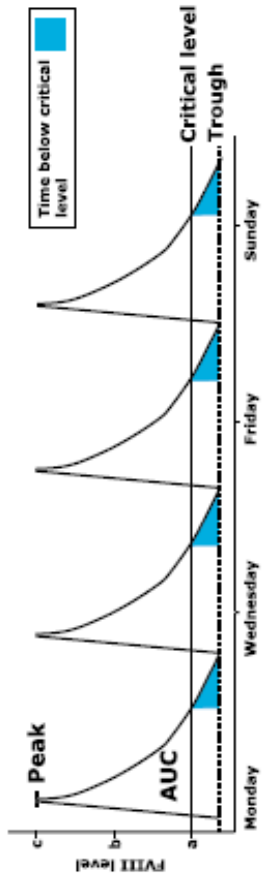




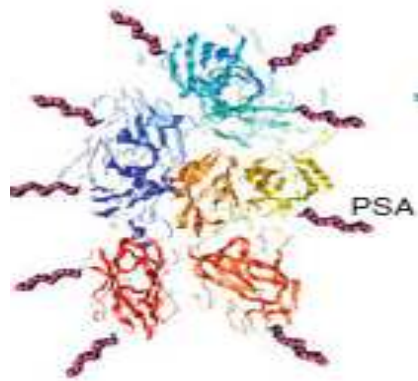
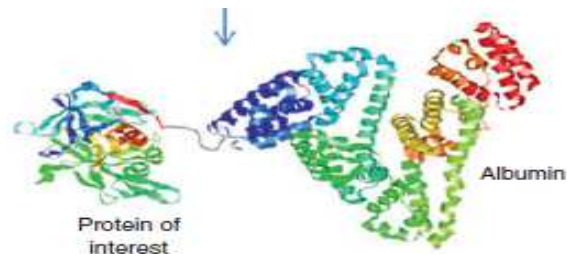


TERAPIA SUSTITUTIVA

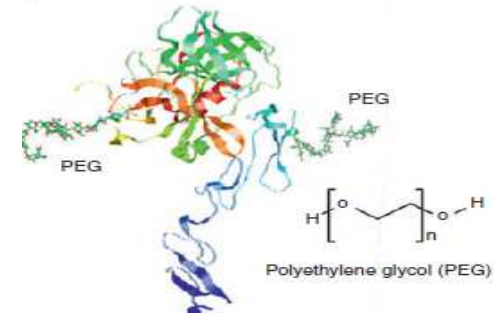
- Plasma fresco congelado
- PCC
- Fibrinógeno
- Concentrados de factor



Métodos para prolongar la vida media

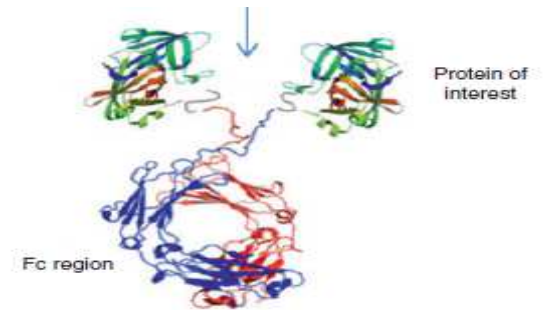


Pegilación



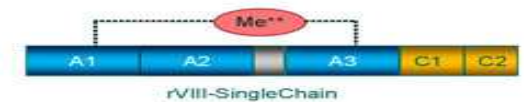
Unión a albúmina

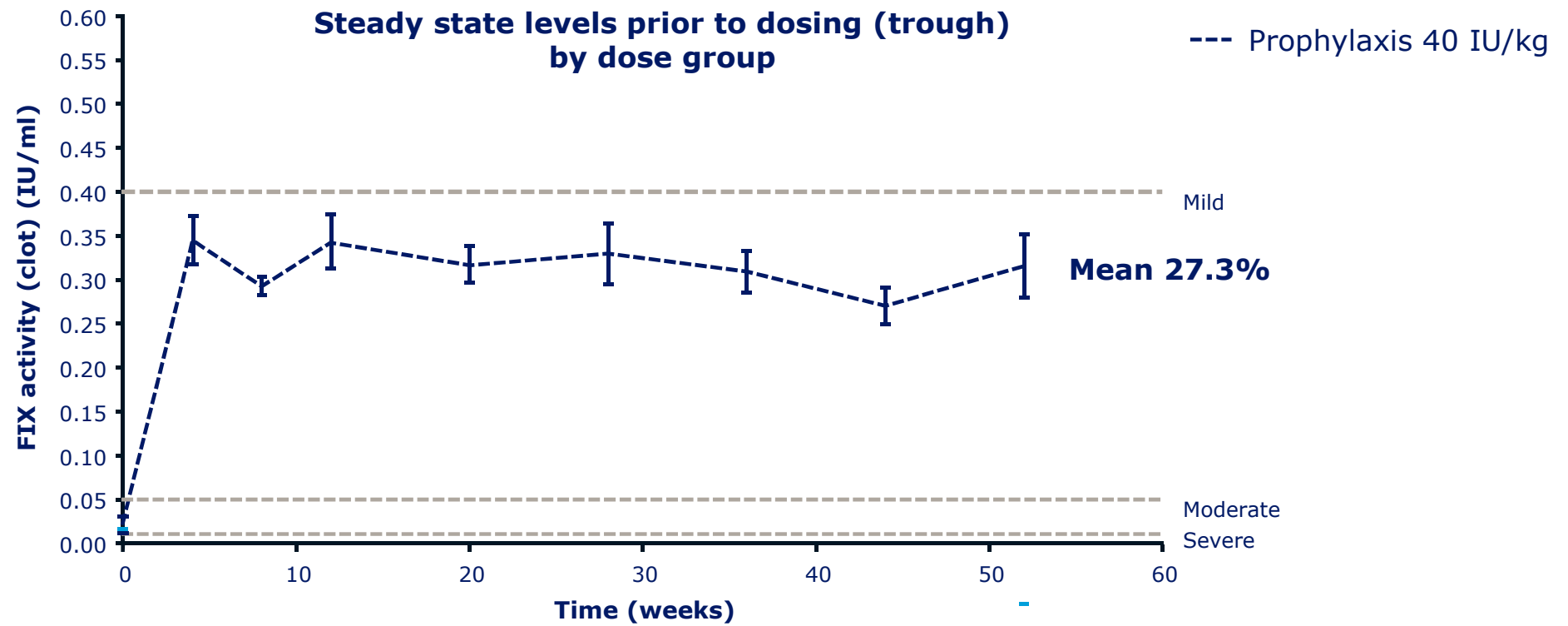
Unión a Fc-IgG1

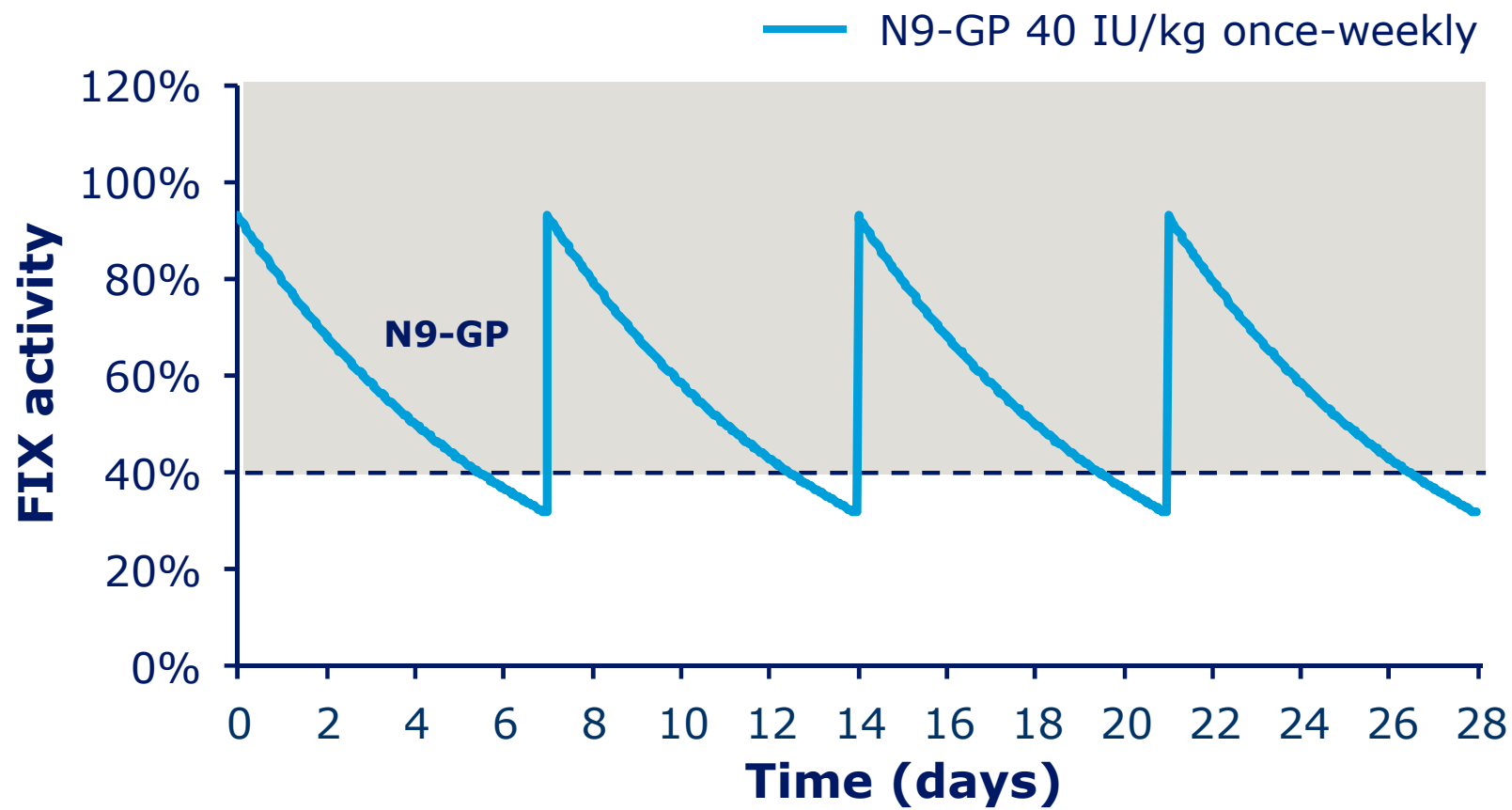


Unión a Ac. polisiálico

Modificación secuencia proteica









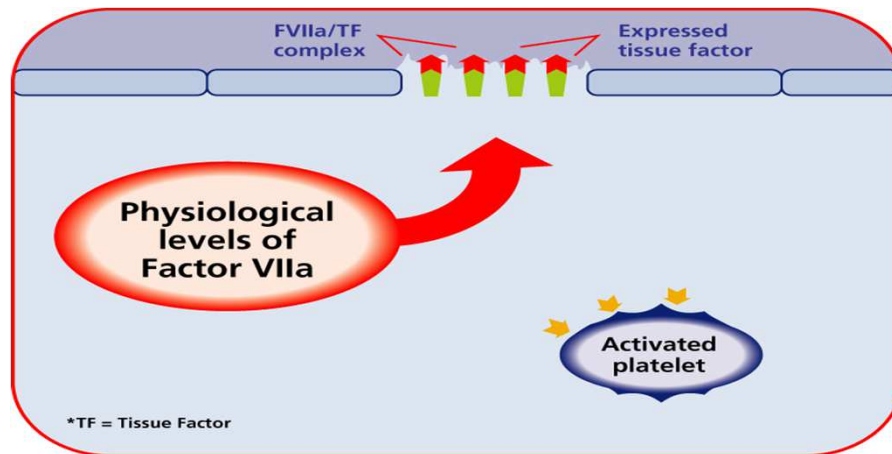
TERAPIA SUSTITUTIVA

- Plasma fresco congelado
- PCC
- Fibrinógeno
- Concentrados de factor

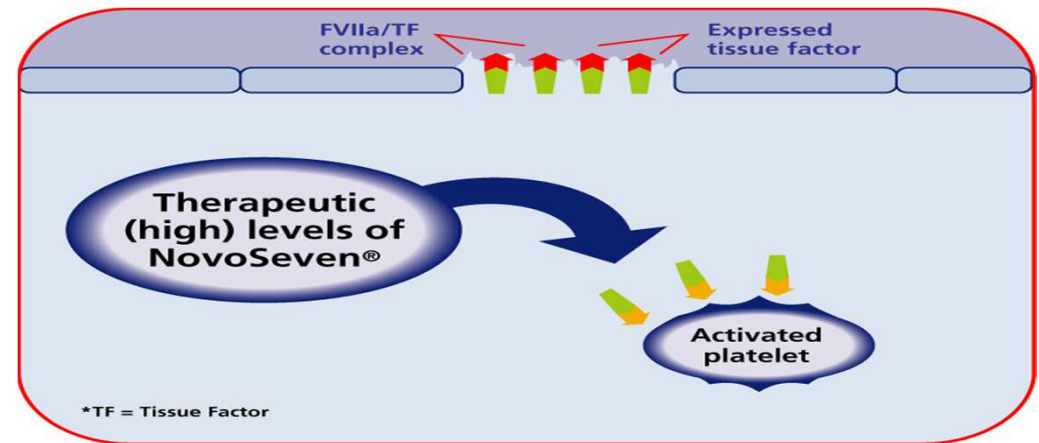
AGENTES BY-PASS

- rFVIIa
- PCCa
- rpFVIII

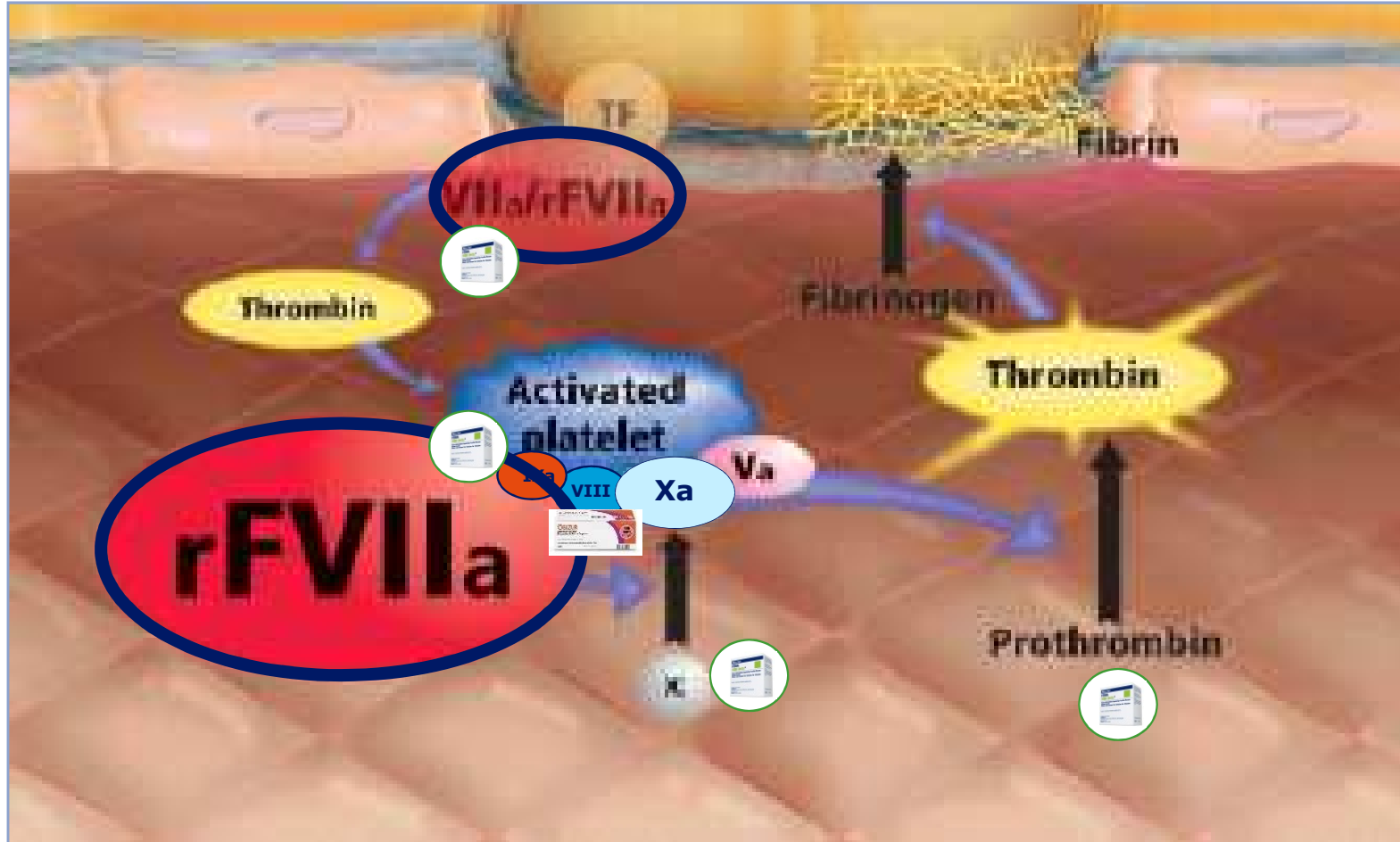
rFVIIa. Mecanismos de acción



- NovoSeven® se une al FT expuesto con gran afinidad.
- Dosis "fisiológicas"
- Mecanismo de acción sustitutivo



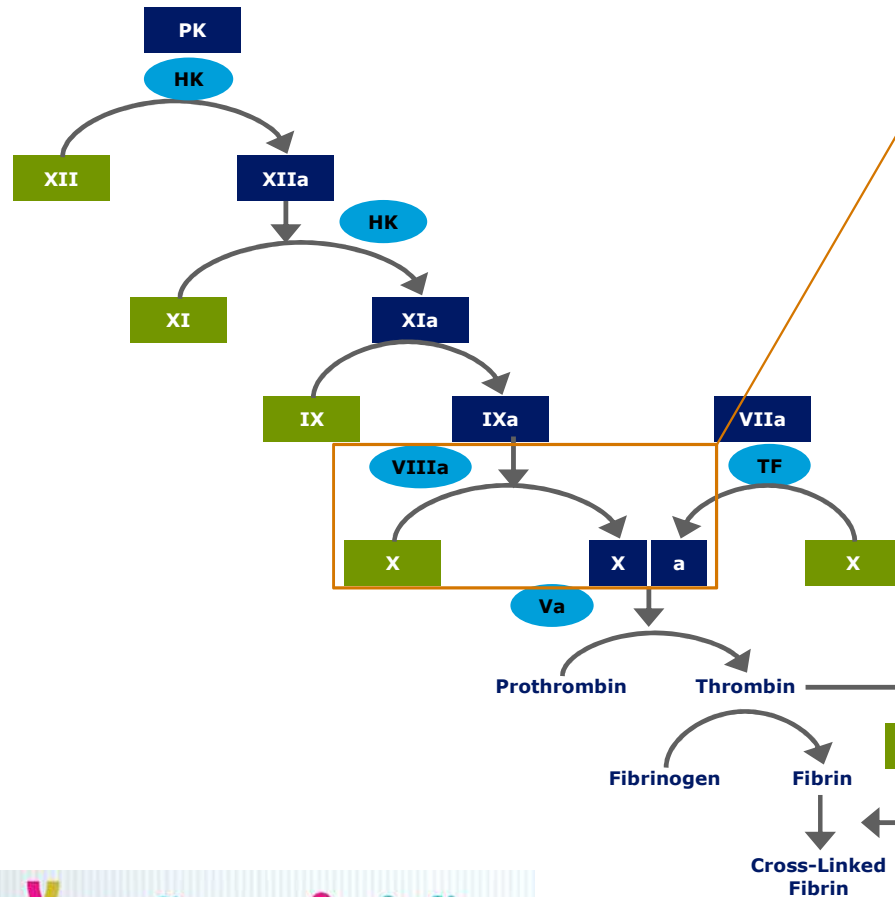
- Una concentración mayor activa el complejo protrombinasa intrínseco plaquetario
- Efecto by-pass con dosis "farmacológicas"
- Perfil de seguridad



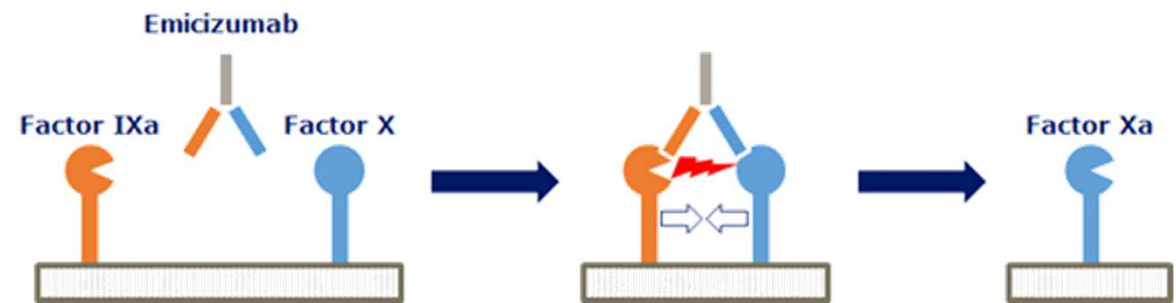
Nuevas dianas terapéuticas

Product	Company	Technology	Stage of development	Main characteristics
rFVIIa-FP	CSL Behring (Marburg, Germany)	Fusion protein with albumin	Phase II/III study ongoing	Prolonged half-life (8.5 h)
ACE910	Chugai Pharmaceuticals/La Roche Hoffman (Tokyo, Japan)	Chimeric bispecific humanized antibody	Phase I study ongoing (interim analysis published)	Prolonged half-life (2 wk) SC weekly administration reduced ABR in hemophiliacs
Concizumab	Novo Nordisk (Bagsvaerd, Denmark)	Humanized monoclonal antibody	Phase I studies (Explorer 1-3)	Prolonged half-life (31.1-74.2 h) SC or IV administration improved thrombin generation and reduced TFPI levels for ≥ 14 d in hemophiliacs
ALN-AT3	Alnylam Pharmaceuticals (Cambridge, MA)	siRNA	Phase I study (interim analysis published)	SC administration improved thrombin generation, whole blood clot formation, and reduced antithrombin levels to 20% in hemophilia patients

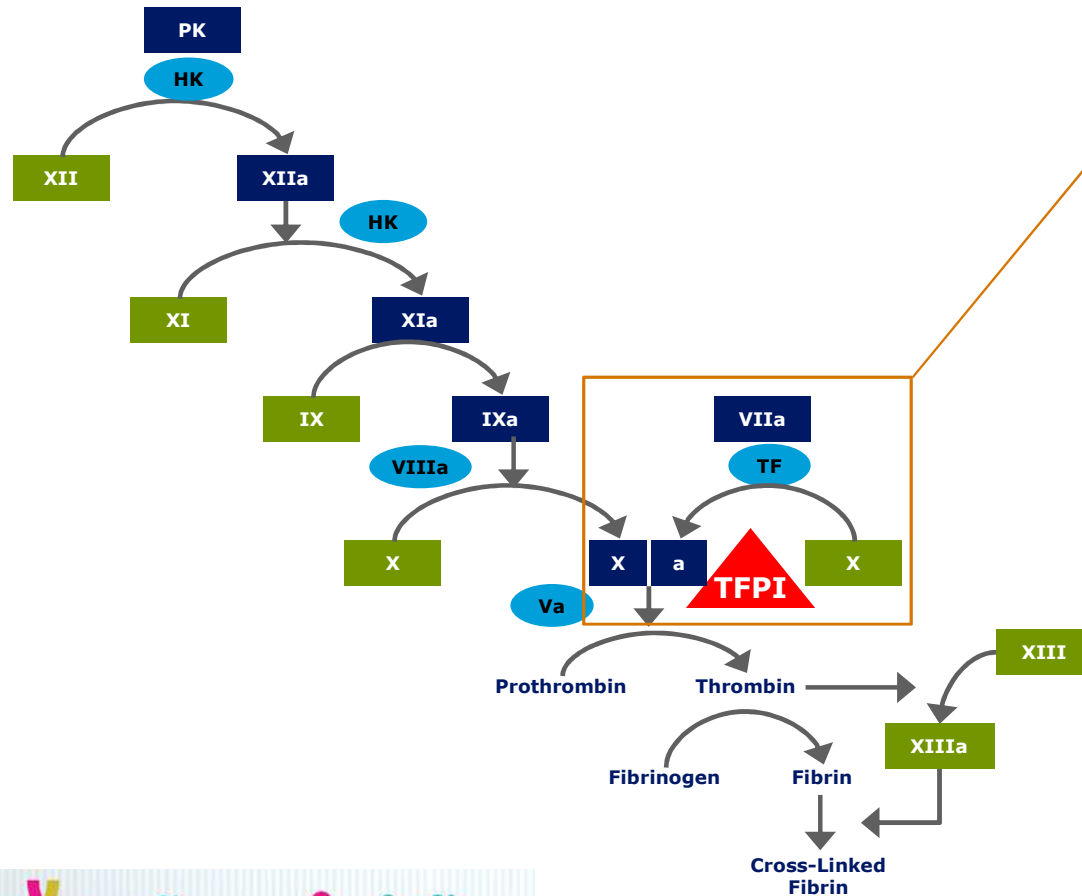
Pipeline haemophilia therapies: Emicizumab



Emicizumab mimics the action of FVIIIa by bridging between FIXa and FX to promote the FIXa-catalysed activation of FX.

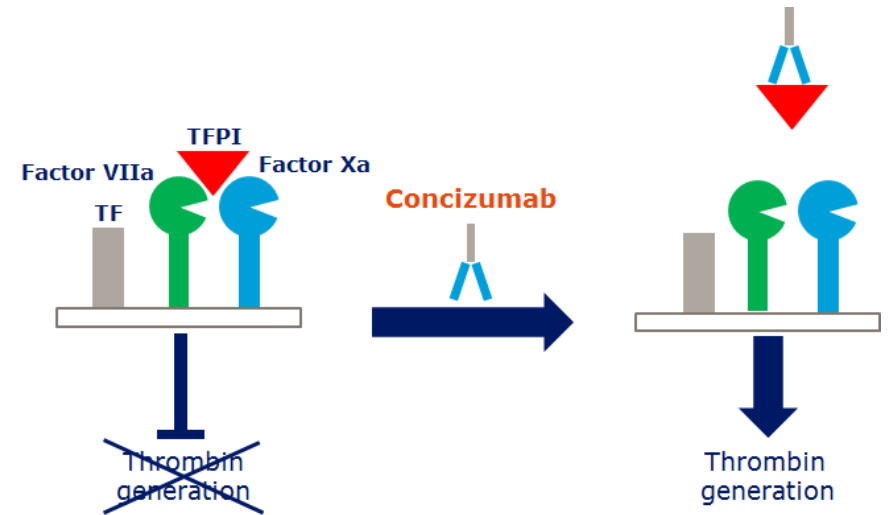


Pipeline haemophilia therapies: Concizumab

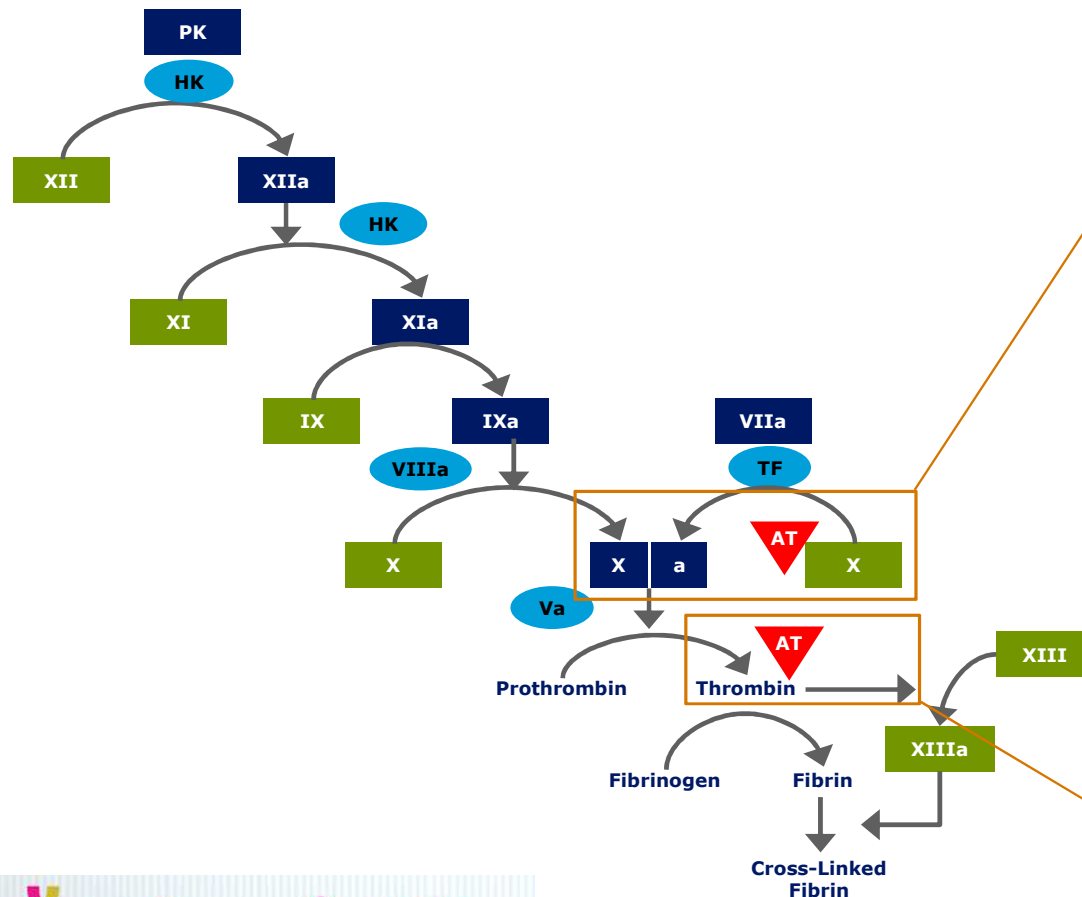


Tissue factor pathway inhibitor (TFPI) can reversibly inhibit FXa and subsequently the FVIIa-TF complex.

Concizumab inhibits TFPI, allowing sufficient thrombin generation to overcome a deficit in FVIII or FIX.

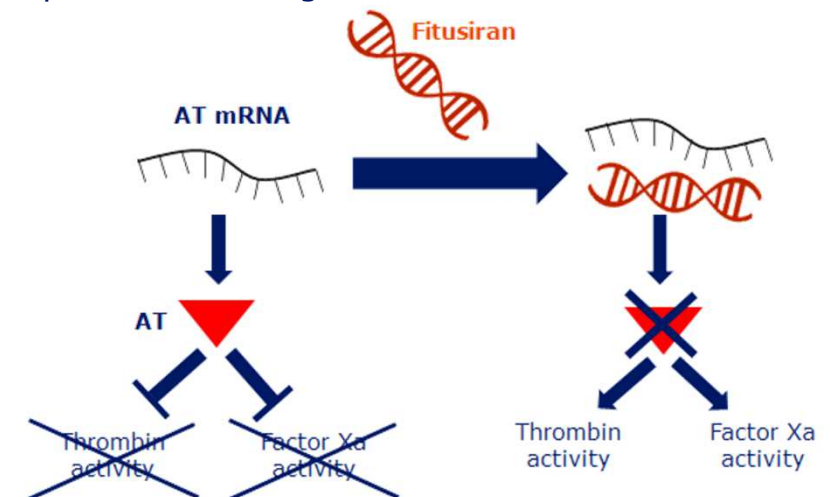


Pipeline haemophilia therapies: Fitusiran*



Antithrombin (AT) inhibits the activity of thrombin and FXa to regulate blood coagulation.

Fitusiran is a small interfering RNA (siRNA) therapeutic that blocks production of AT. Reduced levels of AT promote thrombin generation to restore haemostasis and prevent bleeding.



*In September 2017 the fitusiran clinical development plan was suspended due to a patient suffering a fatal thrombotic event. The suspension was lifted in December 2017.

Nuevas dianas terapéuticas

^{super} FXa	–	Bioengineered FXa variant	Preclinical phase	Increased thrombin generation in acquired hemophilia models Synergistic effect with rFVIIa
FXa ^{I16L}	–	Bioengineered zymogen-like FXa variant	Preclinical phase	Longer lasting plasma activity than wild-type FXa (60 min Vs. 1 min) Increased thrombin generation in hemophilia models

The NEW ENGLAND JOURNAL of MEDICINE

EDITORIAL



Merry Christmas for Patients with Hemophilia B

Katherine P. Ponder, M.D.



GRACIAS

