**Acquired haemophilia A: insight into treatment and outcomes from an Australian tertiary referral centre.**

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**Aim:**Acquired haemophilia A (AHA) is a rare autoimmune bleeding disorder associated with significant morbidity and mortality. Its rarity contributes to the limited data regarding characteristics and outcomes. We reviewed all cases of AHA managed at our institution, the state Haemophilia Treatment Centre, between 2010 and 2020.

**Method:**38 patients were identified from our database. Data regarding demographics, diagnosis, bleeding episodes, treatment and complications were collected and analysed. Patients were followed from diagnosis to end of review.

**Results:**Baseline characteristics are outlined in Table 1. The mean duration between bleeding onset and diagnosis was 15 days (range 1-180). Over 70% presented with spontaneous bleeding and common locations were subcutaneous (36%) and intramuscular (13%). 63% of bleeding episodes were classified as severe; no association was found between FVIII level or FVIII inhibitor titre and bleeding severity. 89% of patients required haemostatic therapy, most commonly rFVIIa or a combination of agents. The majority of patients (86%) received a combination of prednisone, cyclophosphamide and/or rituximab as immunosuppressive therapy (IST) for inhibitor eradication. Median follow-up time was 46.5 months during which 87% achieved a complete remission (CR) and 30% relapsed at a mean of 345 days after initial remission. No association was found between any baseline characteristics (table 1) or IST regimen and likelihood of CR or relapse. 63% had ≥1 complication, which were more likely with combination IST. There were no deaths.

Table 1

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| **Baseline characteristics** | **Data** |
| Male, n (%) | 21 (55) |
| Median age, years (range) | 73.5 (29-87) |
| Underlying diagnosis, n (%)  None  Autoimmune  Malignancy  Postpartum | 17 (45)  10 (27)  7 (18)  4 (11) |
| FVIII level (%), mean | 5.4 |
| FVIII inhibitor titre (BU/mL), mean | 20.55 |

**Conclusion:**This is the largest study of AHA in Australia reported to date. Our findings of delayed diagnosis, high complication rates and late relapses highlight the importance of improved awareness of AHA and continuing follow-up of patients.