

Please return to WFH by May 30, 2016

A. National Hemoph	ilia Org	anization
--------------------	----------	-----------

Organization name	Czech Society of Hemophilia
City	Prague
Country	Czechia
Phone	+420603580980
E-mail	info@hemofilici.cz
This form completed by:	First name Vladimír
	Last name Dolejš
	Email vladimir@dolejs.org

Please Click Here

to validate Organization contact information

The WFH would like to know how you collect the data you are providing for this survey. If you have a registry, we would like to know more about the registry. A registry is a regularly updated centralized list of identified people with hemophilia (PWH) or inherited bleeding disorders. A registry includes information on personal details, diagnosis, treatment, and complications.

What is the source of the numbers provided for this survey?	Check one ☐ Hemophilia Society and/or NMO registry or database ☐ Hospital(s)/HTC(s) registry or database ☐ Health Ministry registry or database ☐ Other (please describe):
How often is your database updated?	 ✓ Ongoing update (can be updated anytime) ✓ Yearly update (the registry is updated once each year) ✓ Other (please describe):
Who updates the database?	 ☑ Doctors update the database ☐ Patient organization updates the database ☐ Hospitals or clinics update the database ☐ Other (please describe):
What percentage of the patient population in your country are you reporting on? Please provide your best estimate	100 Percentage ☐ Not Known

B. Identified Patients

(Please DO NOT estimate or guess)	Number	Not known
1. Total number of identified people with hemophilia A or B, or type unknown (PWH)	1067	
2. Number of identified people with von Willebrand disease (VWD)	810	
3. Number of identified people with other hereditary bleeding disorders (including rare factor deficiencies and inherited platelet disorders. See question 6 for the list of specific disorders.)	91	
Do you consider these numbers to be accurate?	Yes 🛚	Not sure

Please

Please

Click Here

to validate number of patients

to validate Data source



Please return to WFH by May 30, 2016

4. Number of people with Hemophilia and von Willebrand disease by age group

Age group	Number with hemophilia A	Number with hemophilia B	Number with hemophilia type unknown	Number with VWD
0 - 4 years old	45	9	0	9
5 - 13 years old	101	20	0	64
14 - 18 years old	63	8	0	43
19 - 44 years old	432	48	0	377
45 years or older	290	51	0	317
Patients with age Unknown	0	0	0	0
No age data				

The age distribution of Hemophilia A, B and unknown should be equal to the number of PWH in question B1 The age distribution of vWD should be equal to the number of vWD in question B2

Do you consider these numbers to be accurate?	Yes 🗌	Not sure ⊠
5. Do you collect age data in a format that does not match question 4? (If you data in another format, please send it to the WFH in a separate attachment.)	do collect age	Yes 🗌

Please Click Here

to validate Age section

6. Type of hereditary bleeding disorder

The sum of Male, Female, and Gender Unknown should be equal to Total.

Diagnosis	Total	Male	Female	Gender unknown	No data
Hemophilia A	931	931	0	0	
Hemophilia B	136	136	0	0	
Hemophilia, type unknown	0	0	0	0	
von Willebrand disease	810	236	281	293	
Factor I deficiency	0	0	0	0	\boxtimes
Factor II deficiency	1	0	1	0	
Factor V deficiency	5	1	4	0	
Factor V+VIII deficiency	0	0	0	0	
Factor VII deficiency	39	17	22	0	
Factor X deficiency	4	3	1	0	
Factor XI deficiency	21	11	10	0	
Factor XIII deficiency	2	1	1	0	
Rare factor deficiency: type unknown	22	7	15	0	
Platelet disorders: Glanzmann's thrombasthenia				_	
Platelet disorders: Bernard Soulier Syndrome					
Platelet disorders: other or unknown					\boxtimes

The sum of Totals Hemophilia A, B, and type unknown should be equal to the number of PWH in question B1.

The Total of vWD should be equal to the number of vWD in question B2.

The sum of Total of the all other bleeding and platelets disorders should be equal to the number of OBD in question B3 A woman who has less than 40 percent of the normal level of clotting factor would be considered a person with hemophilia. A woman with more than 40% FVIII is considered a carrier and should not be included in this report.

Do you consider these numbers to be accurate?	Yes 🛚	Not sure

Please Click Here

to validate Gender section



Please return to WFH by May 30, 2016

7. How are patients with rare bleeding	disorders (deficiency in	FI, FII, F\	/, FV+VIII,	FVII, FX,	FXI FXIII)
classified?					_

classified?	iare Die	ealing aisoi	uers (de	inciency i	II F1,	FII, FV, FV+	·VIII, FVII, FX, F	ΛΙ Γ <i>Ι</i>	XIII)
Factor level measuremen	ts 🛚	Clinical dia	-			Other (please de	scribe):	No	data 🗌
How are patients with vo	n Willel	orand Disea	ıse class	ified?					
Factor level measuremen	ts 🛚	Severe bleeding symptoms Other (please describe):					No	data 🗌	
B. Number of identified p There are three levels of s on the amount of clotting fa • A person (male or femal • A person (male or femal • A person (male or femal	severity actor in t le) with > le) with b	of hemophi he person's 5-40 per cent etween 1-5 pe	lia: mild, blood. of the nore	moderate mal amoun he normal a	e, an t of cl amou	d severe. The otting factor has not of clotting factor has not of clotting factor.	as mild hemophili actor has modera t	a. t e hei	nophilia.
 A woman who has less woman with more than 4 								n wit	n hemophilia
Type of hemophilia	(fact	Mild tor level ove 5%)	Moderate (factor level (fa		Severe ctor level elow 1%)	Severity unknown		No Data	
Hemophilia A male		439	14	19		307	36		
Hemophilia A female		0 0)		0	0		\boxtimes
Hemophilia B male		33	46			49	8		
Hemophilia B female		0	0)	0 0		0		\boxtimes
The sum of Hemophilia A Male miline sum of Hemophilia A Female The sum of Hemophilia B Male miline sum of Hemophilia B Female	mild, mode d, modera mild, mode	erate, severe ar te, severe and erate, severe ar	nd unknown unknown sh nd unknown	should be ed ould be equa should be ed	qual to il to nu qual to	number of Hem umber of Hemop number of Hem	ophilia A female in c hilia B Male in quest ophilia B female in c	uestic ion 6 uestic	
Do you consider these nu	iiibeis t	o be accura	ie?	1	es	Δ	Not s	sure	
9. Number of severe VWD patients Total number of severe (type 3) VWD patients Rumber of VWD patients receiving replacement therapy Number of VWD patients with severe bleeding symptoms					No Data				
20		139 50			50				
Do you consider these nu	ımbers t	o be accura	te?	,	Yes		Not s	ure	\boxtimes
I 0. INHIBITORS: Number nhibitors. (Patients who						n current cli	nically significa	ant	
Type of hemophilia		Total nur	mber with			New cases	of inhibitors in 2015	1	No Data
Hemophilia A			19			3			

Click Here Please

Hemophilia B

to validate classification, severity and inhibitors

2



Please return to WFH by May 30, 2016

11. Availability and usage of products to treat hemophilia

Treatment product	Product is available	Product is used	Number of patients treated with product indicated	No data
Plasma				
Cryoprecipitate				
Plasma-derived concentrate	\boxtimes	\boxtimes	407	
Recombinant concentrate (excluding prolonged half-life)	\boxtimes	\boxtimes	201	
Recombinant concentrate (prolonged half-life)				
DDAVP (Desmopressin)				

PLEASE NOTE: We are asking for the number of patients treated, not a percentage. Please provide your best estimate.

12. Availability and usage of products to treat VWD

Treatment product	Product is available	Product is used	Number of patients treated with product indicated	No data
Plasma				
Cryoprecipitate				
Plasma-derived concentrate	\boxtimes	\boxtimes	139	
DDAVP (Desmopressin)				

PLEASE NOTE: We are asking for the number of patients treated, not a percentage. Please provide your best estimate.

13. HIV infection

	Hemophilia A or B, or type unknown	von Willebrand disease	Other hereditary bleeding disorders
Total number of people living with HIV	3	0	0
New HIV infections in 2015	0	0	0

14. Hepatitis C infection

	Hemophilia A or B, or type unknown	von Willebrand disease	Other hereditary bleeding disorders
Total number of people infected with hepatitis C ¹	210	2	0
Total number of people with currently active hepatitis C ²	62	1	0
New hepatitis C infections in 2015	0	0	0

¹Hepatitis C antibody positive at any time

²Still PCR positive: patients who have not cleared the virus spontaneously or after treatment



Please return to WFH by May 30, 2016

15. Number and cause of deaths of people with bleeding disorders (January 1-December 31, 2015)

Cause of death	Number of people with Hemophilia A & B	Number of people with von Willebrand disease	Number of people with other inherited bleeding disorders
Bleeding	3	0	0
HIV	0	0	0
Liver disease	0	0	0
Other causes	3	1	0

			3
Bleeding	3	0	0
HIV	0	0	0
Liver disease	0	0	0
Other causes	3	1	0

Click Here to validate products, HIV, HCV, and cause of death sections **Please**

C. Hemophilia Care System in Your Country

We define as Hemophilia Treatment Centre (HTC) a medical centre providing any level of care (including basic diagnosis and treatment) for inherited bleeding disorders. Please provide the number of all such centres in your country. Please also indicate how many of those centers have direct access, within the same structure, to at least the following: hemophilia doctor, nurse, physiotherapist, social worker, and special coagulation laboratory.

16. How many hemophilia treatment centres are there in total in your country?	9
How many of the hemophilia treatment centres you have indicated above have <u>direct</u> <u>access, within the same structure,</u> to a hemophilia doctor, nurse, physiotherapist, social worker, and special coagulation laboratory?	9
Which percentage of the hemophilia patients in your country has access to a hemophilia treatment centre:	100

Prophylaxis is regular, long-term treatment with clotting factor concentrates to prevent bleeds. Please indicate if the percentage provided is precise or an estimate.

17. What percentage of children (under age 18) with severe hemophilia are on prophylaxis?	92	Precise: 🔀 Estimate: 🗌	Not known 🗌
What percentage of adults (over age 18), with severe hemophilia are on prophylaxis?	55	Precise: 🖂 Estimate: 🗌	Not known 🗌
What is the most common dose (IU/kg) of factor administered and frequency?	18	3 IU/kg 3 times per	weeek

Immune tolerance induction (ITI) is the administration of FVIII or FIX concentrate in patients with inhibitors to eradicate the inhibitors. Please indicate the total percentage of patients with inhibitors receiving ITI in your country and the number of patients having received ITI during last year and indicate if what you provided is precise or an estimate.

18 . What percentage of patients with inhibitors are receiving or have ever received immune tolerance induction?	30	Precise:	Not known 🗌
How many patients with inhibitors have received immune tolerance induction in the last year?	4	Precise: Estimate:	Not known 🗌

Please .	Click Here	to validate Care section



19 A. Annual usage of purchased factor

Please

Annual Global Survey 2015

Please return to WFH by May 30, 2016

D. The Cost and Use of Factor Concentrates

to validate Factors section

humanitarian aid)	nclude	Factor VIII	Not known	Factor IX	known
IN TOTAL how many internation factor concentrates were used in 2015 (excluding humanitarian	your country	51 064 250		6 816 005	
How many international units of derived concentrates were used country in 2015 (excluding huma	in your	27 295 500		6 460 496	
How many international units of concentrates were used in your (excluding humanitarian aid)?		23 768 750		355 509	
The Total of FVIII should be equal to a The Total of FIX should be equal to so					
19 B. Annual usage of donated concentrates	d factor	Factor VIII	Not known	Factor IX	Not known
	humanitarian nant)	Factor VIII	Not known	Factor IX	
How many international units of aid (plasma-derived or recombin concentrates were used in your	humanitarian nant) country in	0	Not known		known
How many international units of aid (plasma-derived or recombin concentrates were used in your 2015?	humanitarian nant) country in to be accurate?	0 Ye	s 🖂	0 Not sure	known
How many international units of aid (plasma-derived or recombin concentrates were used in your 2015? Do you consider these numbers	humanitarian nant) country in to be accurate?	0 Yested, please add it at	s 🖂	0 Not sure	known



Please return to WFH by May 30, 2016

20. Factor VIII Concentrates used in 2015

(Please check the box on the left if a product is used, and if known, fill out the cost per international unit in the currency used to purchase the product. Please indicate if this price includes tax.)

Used	Brand Name	Manufacturer	Price per IU
	Aafact	Sanquin	
	Advate rAHF PFM	Baxalta (Baxter Bioscience)	
	Adynovate	Baxalta (Baxter Bioscience)	
	Aleviate	CSL Behring	
	Alphanate	Grifols	
	Amofil	Sanquin OY	
	Beriate P	CSL Behring	
	BIOSTATE	CSL Bioplasma	
	Conco-eight-HT	Benesis	
	Confact F	Kaketsuken	
	Cross Eight M	Japanese Red Cross	
	Elocta/Eloctate	Biogen Idec	
	Emoclot D.I.	Kedrion	
	FACTANE	LFB	
	Factor 8 Y	BioProducts Lab.	
	Faktor VIII SDH Intersero	Intersero	
	Fanhdi	Grifols	
	GreenEight	GreenCross	
	GreenGene	GreenCross	
	GreenMono	Greencross Corp	
	Haemate P (= Haemate HS)	CSL Behring	
	Haemoctin SDH	Biotest	
	Haemosolvate Factor VIII	National Bioproducts	
	Helixate NexGen = Helixate FS	CSL Behring	
	Hemofil M AHF	Baxalta (Baxter Bioscience)	
	HEMORAAS SD plus H	Shanghai RAAS	
	HEMORAAS-HP, SD plus H	Shanghai RAAS	
	HEMORAAS-IP, SD plus H	Shanghai RAAS	
	Humate P	CSL Behring	
	Humafaktor 8	Human BioPlazma	
	Human Coagulation Factor VIII	Baltijas Terapeitiskais Serviss	
	Immunate	Baxalta (Baxter Bioscience)	
	Koate DVI	Talecris	
	Kogenate FS = KOGENATE Bayer (in EU)	Bayer	



Please return to WFH by May 30, 2016

Monoclate P	CSL Behring
Novoeight	NovoNordisk
Nuwiq	Octapharma
Octanate	Octapharma
Octanativ-M	Octapharma
Octavi SD	Octapharma
Optivate	Bio Products Laboratory
FVIII by Quimbiotec	Quimbiotec
Recombinate rAHF	Baxalta (Baxter Bioscience)
ReFacto AF	Pfizer (Wyeth)
Replenate	Bio Products Laboratory
UNC Hemoderivados	Laboratorio de Hemoderivados de Universidad Nacional de Córdoba
Voncento	CSL Behring
Wilate	Octapharma
Xyntha	Pfizer (Wyeth)
Other:	

PLEASE NOTE: For "Other", please provide the Brand Name and Manufacturer.

21. Factor IX Concentrates used in 2015

(Please check the box on the left if a product is used, and if known, fill out the cost per international unit in your currency.)

Used	Brand Name	Manufacturer	Price per IU
	Aimafix	Kedrion	
	AlphaNine SD	Grifols	
	Alprolix	Biogen Idec	
	BeneFIX	Wyeth	
	Berinin-P = Berinin HS	CSL Behring	
	BETAFACT	LFB	
	Christmassin-M	Benesis	
	Factor IX Grifols	Grifols	
	Faktor IX SDN	Biotest	
	Fixnove	Baxalta (Baxter Bioscience)	
	Hemo-B-RAAS	Shanghai RAAS	
	Haemonine	Biotest	
	Humafactor IX	Kedrion	
	Immunine	Baxalta (Baxter Bioscience)	
	MonoFIX-VF	CSL Bioplasma	
	Mononine	CSL Behring	
	Nanofix	Octapharma	
	Nanotiv	Octapharma	
	Nonafact	Sanquin	



Please return to WFH by May 30, 2016

Novact M	Kaketsuken	
Octafix	Octapharma	
Octanine F	Octapharma	
Replenine – VF	BioProducts Lab.	
Other:		

PLEASE NOTE: For "Other", please provide the Brand Name and Manufacturer.

22. Prothrombin Complex Concentrates used in 2015

(Please check the box on the left if a product is used, and if known, fill out the cost per international unit in your currency.)

Used	Brand Name	Manufacturer	Price per IU
	Bebulin VH	Baxalta (Baxter Bioscience)	
	Beriplex P/N	CSL Behring	
	Cofact	Sanquin	
	Facnyne	Greencross Corp	
	Haemosolvex Factor IX	National Bioproducts	
	HT DEFIX	SNBTS	
	Kanokad Confidex	LFB	
	KASKADIL	LFB	
	Octaplex	Octapharma	
	PPSB-HT	Nihon Pharmaceutical	
	PPSB-human SD/Nano 300/600	German Red Cross NSTOB	
	Profilnine SD	Grifols	
	Proplex – T	Baxalta (Baxter Bioscience)	
	Prothrombinex PXT	CSL Bioplasma	
	Prothrombinex- VF	CSL Bioplasma	
	Prothromplex-T	Baxalta (Baxter Bioscience)	
	Prothroraas	Shanghai RAAS	
	UMAN Complex D.I.	Kedrion	
	Other:		

PLEASE NOTE: For "Other", please provide the Brand Name and Manufacturer.

23. Other Products used in 2015

(Please check the box on the left if a product is used, and if known, fill out the cost per international unit in your currency.)

Used	Brand Name	Manufacturer	Price per IU
	Aryoseven	Aryogen	
	Clottafact Wilstart	LFB	
	Clottagen (fibrinogen)	LFB	
	Coagil 7 (activated factor VII)	Pharmstandard	Price per vial: Vial size:
	FACTEUR VII	LFB	
	Factor VII	Baxalta (Baxter Bioscience)	



Please return to WFH by May 30, 2016

		1 12 22 2 1 2 2 2 1 1 2 2 2 2 2 2 2 2 2			
	Factor VII	Bio Products			
	Factor X P Behring	CSL Behring			
	Factor XI	Bio Products			
	FEIBA	Baxalta (Baxter Bioscience)			
	Fibrinogen HT	Benesis			
	Fibrogammin P (=Fibrogammin HS) (Factor XIII)	CSL Behring			
	FIBRORAAS (fibrinogen)	Shanghai RAAS			
	Haemocomplettan P = Haemocomplettan HS (fibrinogen)	CSL Behring			
	HEMOLEVEN (Factor XI)	LFB			
	NovoSeven (=Niastase) (activated factor VII)	NovoNordisk	Price per vial: Vial size:		
	Riastap	CSL Behring			
	Tretten rXIII	NovoNordisk			
	WILFACTIN (Von Willebrand Factor)	LFB			
	Other:				
PLEASE NOTE: For "Other", please provide the Brand Name and Manufacturer. Please return to: Email: globalsurvey@wfh.org Fax: 514-875-8916 Address: World Federation of Hemophilia					
Please provide your feedback on the WFH Annual Global Survey data collection system.					
Comments:					



Please return to WFH by May 30, 2016

Glossary of terms

Bernard-Soulier syndrome: A severe congenital bleeding disorder characterized by thrombocytopenia and large platelets, due to a defect in the platelet glycoprotein 1b/V/IX receptor.

Cryoprecipitate: A fraction of human blood prepared from fresh plasma. Cryoprecipitate is rich in factor VIII, von Willebrand factor, and fibrinogen (factor I). It does not contain factor IX.

Desmopressin (DDAVP): A synthetic hormone used to treat most mild cases of von Willebrand disease and mild hemophilia A. It is administered intravenously or by subcutaneous injection or by intranasal spray.

Factor concentrates: These are fractionated, freeze-dried preparations of individual clotting factors or groups of factors derived from donated blood.

Glanzmann's thrombasthenia: A severe congenital bleeding disorder in which the platelets lack glycoprotein IIb/IIIa, the blood platelet count is normal, but their function is very abnormal.

Hemophilia A: A condition resulting from factor VIII deficiency, also known as classical hemophilia.

Hemophilia B: A condition resulting from factor IX deficiency, also known as Christmas disease.

Hemophilia treatment centre: A specialized medical centre that provides diagnosis, treatment, and care for people with hemophilia and other inherited bleeding disorders.

HIV: Human immunodeficiency virus. The virus that causes AIDS.

Identified person: A living person known to have hemophilia, von Willebrand disease, or another bleeding disorder.

Inhibitors: A PWH has inhibitors when their body's immune system attacks the molecules in factor concentrate, rendering it ineffective.

International Unit (IU): A standardized measurement of the amount of factor VIII or IX contained in a vial. Usually marked on vials as 250 IU, 500 IU, 1000 IU or 2000 IU.

Mild hemophilia: Condition resulting from a level of factor VIII or factor IX clotting activity below normal but above 5% of normal activity in the bloodstream. (National definitions differ on the upper limit for mild hemophilia, ranging from 24% to 50%. The normal range of factor VIII or IX is 50 to 200%)

Moderate hemophilia: Condition resulting from a level of factor VIII or factor IX clotting activity between 1 to 5 % of normal activity in the bloodstream.

Plasma-derived products: Factor concentrates that contain factor VIII or IX that have been fractionated from human blood.

PWH: Person with hemophilia

Recombinant products: Factor concentrates that contain factor VIII or IX that have been artificially produced and are, therefore, not derived from human blood.

Registry: A database or record of identified people with hemophilia or inherited bleeding disorders. A registry includes information on personal details, diagnosis, treatment and complications.

Severe hemophilia: Condition resulting from a level of factor VIII or factor IX clotting activity of less than 1 % in the bloodstream.

von Willebrand disease (VWD): An inherited bleeding disorder resulting from a defect or deficiency of von Willebrand factor.