prepared and performed all injection steps and administered an injection into an injection pad. Time to train, time to prepare and inject, and the number of complete injections were measured. Participants evaluated handling and preference via the Haemophilia Device Handling and Preference Assessment Questionnaire (HDHPA). **Results:** 80 participants were included (44 adults, 21 adolescents, and 15 caregivers; 51% factor, 49% FVIII mimetic therapy). The average time to train was 7min49s, the average time to prepare and inject was 1min21s, and 96% complete injections were achieved. 98% (95% confidence interval [CI] 91–100%) of participants found the concizumab pen-injector 'easy'or 'very easy'to use. 96% (95% CI 89–99%) reported that the concizumab pen-injector was 'easier'or 'much easier'to use compared to their existing device. 88% (95% CI 78–94%) reported a preference for the concizumab pen-injector, 4% (n = 3) reported a preference for their existing device, and 9% (n = 7) reported 'no preference'. Discussion/Conclusion(s): Patients and caregivers found the concizumab pen-injector easy to learn how to use and easy to use. Most participants reported a preference for the pen-injector compared with their current injection system.

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## HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH HEMOPHILIA A OR B WITH INHIBITORS ON CONCIZUMAB PROPHYLAXIS: RESULTS FROM THE PHASE 3 EXPLORER7 STUDY

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**Introduction:** Concizumab is a humanised, monoclonal anti-tissue factor pathway inhibitor antibody. In explorer7, a phase 3 study (NCT04083781), patients with haemophilia A or B with inhibitors (HAwI/HBwI) received once-daily subcutaneous prophylactic treatment with concizumab for prevention of bleeding episodes. Here, we present data on patient-reported health-related quality of life (HRQoL) after concizumab treatment for 24 weeks in explorer7. Methods: Male patients aged ≥12 years (n = 133) were randomised to no prophylaxis (arm 1) or concizumab (arm 2) or assigned to non-randomised concizumab arms (arms 3 or 4). All patients could complete the 36-item Short Form Health Survey (SF-36v2) and patients ≥17 years could complete the Haemophilia Quality of Life Questionnaire for Adults (Haem-A-QoL) at Weeks 0, 4, 8, 16 and 24. SF-36v2 health scales "bodily pain" (BP) and "physical functioning"(PF) were analysed as key secondary endpoints. Several patient-reported outcomes recordings were not collected due to technical reasons. Therefore, a post-hoc mixed model for repeated measures (MMRM) was used for analysis. The MMRM analysis included patients from arms 1 and 2 completing the questionnaire at baseline and at least once on the new dosing regimen. **Results:** The estimated treatment difference (ETD) on the SF-36v2 BP scale between arm 1 (n = 9) and arm 2 (concizumab, n = 23) from baseline to Week 24 was 7.0 points (95% CI: -1.6; 15.6). On the PF scale, the ETD was 3.3 points (95% CI: -3.8; 10.4). While BP and PF scores were not significantly different between both arms, the scales "general health", "mental health", "role-emotional"and "vitality"showed statistically significant differences in favour of concizumab. The total Haem-A-QoL score was significantly improved in arm 2 (n = 13) compared to arm 1 (n = 4, ETD: -22.6 points [95% CI: -42.5; -2.7]). Significant differences were observed for the domains "feeling", "treatment", "view of yourself", and "sport and leisure". Discussion/Conclusion: Patients on daily subcutaneous concizumab prophylaxis reported better scores on generic (SF-36v2) and disease-specific (Haem-A-QoL) questionnaires compared to patients treated on-demand. The largest ETDs were related to mental and general health. This reflects the potential of concizumab prophylaxis to improve HRQoL in patients with HAwI/HBwI.

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## TREATMENT BURDEN AND PATIENT PREFERENCE IN PATIENTS WITH HEMOPHILIA A OR B WITH INHIBITORS ON CONCIZUMAB PROPHYLAXIS: RESULTS FROM THE PHASE 3 EXPLORER7 STUDY

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**Introduction:** Concizumab is a humanised, recombinant monoclonal antibody administered to patients with haemophilia A/B with inhibitors (HAwI/HBwI) as a once-daily prophylaxis (PPX) in the phase 3 explorer7 study (NCT04083781).