Summer 2020

KHF Hemosphere

Mental Health During Coronavirus

Debbie de la Riva

The collective pursuit to control the spread of coronavirus has resulted in an enormous challenge for the bleeding disorder community. The economic fallout of sheltering in place has affected our need for a steady income, health insurance, access to medical treatment, and—equally important—our access to each other. The degree of impact on our families is hard to determine, but it's safe to say this pandemic has been very stressful.

But stress in not a new concept for the bleeding disorder community. In fact, our community has been dealing for years with the emotional angst of fighting for what is needed to manage our medical conditions. Remember our fight for safer products, or our fight for laws to protect us from job discrimination? Today's battle, for our community, is to deal with the stress resulting from the pandemic. So let's follow the same steps we have taken so many times before.

Let's get informed, find our resources, and stick together.

Get Informed

To learn to manage stress, we need to become familiar with how our central nervous system works. Our brain comes pre-wired with an intricate system that functions to keep the rest of our body alive. This is the limbic system, which provides the "fight-or-flight" response. If the brain determines that the body is in danger, it initiates a chemical chain reaction that gets the body ready to either fight the challenge or run from it. This response begins when sensory information is picked up by a part of the brain called the amygdala. If the amygdala determines there is a threat, it signals other parts of the brain and body to release hormones such as adrenaline and cortisol. These hormones instruct the heart and lungs to increase their output in order to create the energy needed to meet the challenge. This fight-or-flight response is extremely effective when a person needs physical energy to avoid a danger such as jumping out of the way of a car. But most of today's challenges are emotional, and they don't require the extra energy provided by the stress response. The result is a steady supply of stress hormones circulating in the body…

continued on page 6

Look for flashback photos of KHF Walks past. See page 5 for the 2020 Walk information.

Special News

Establishing a New Paradigm to Realize Health Equity in Hemophilia

A paper published in the journal Haemophilia, suggests that clinical expectations for people with hemophilia have remained relatively static for years, falling out of alignment with treatment in the 21st century and its promise of unprecedented health outcomes.

The menu of products to treat a person with hemophilia (PwH) has grown dramatically in the last several decades, as breakthroughs in research and development continue to yield novel therapies that offer both improved protection from bleeds and greater ease of administration. In 2020, innovation has made possible the realization that patients may achieve vastly enhanced outcomes, even a "functional cure" of normal hemostasis.

Unfortunately, many current prophylaxis protocols for hemophilia A are still designed to maintain very modest factor VIII (FVIII) levels of more than 1%, a conservative goal that places patients in the mild-to- moderate category. The authors posit that this represents an antiquated model, a product of a very different time when therapies were less effective and supply limitations of plasma-based treatments weighed heavily on treatment protocols. While achievement of FVIII >1% at one time signified a historic improvement, resulting in improved outcomes, it still leaves patients at risk for bleeds.

"Aspirations for better treatment up to this point in time have been stymied by economic considerations and a failure of imagination. Payers, clinicians and in many cases PwH themselves have been satisfied with very slow incremental improvement in access to treatment, explain the authors. "The objective of a 1% trough level using prophylaxis has been seen as the holy grail for far too long. With newer treatments, novel products and gene therapy on the horizon, we must set our sights at a more ambitious goal—normal haemostasis and normal and optimized Quality of Life," assert the authors.

Therefore, an updated model became necessary, one with patient outcomes that would be equivalent to other disease groups: to restore functioning to normal level comparable to the general population. A new approach first began to take shape in 2017 via an initial in person meeting of experienced clinicians and patients who concluded that a new model should align with the current treatment landscape and anticipate emerging, novel therapies. Through two subsequent global workshops in 2018 and 2019, healthcare providers and patient representatives from 24 countries developed a new treatment model. It was designed in a way that allows patients to reach a series of delineated milestones in a progressive fashion with the penultimate goal of health equity, defined by the World Health Organization as the "absence of avoidable or remediable differences among groups of people."

"Prolongation of life is admirable but without optimizing therapy, patients are living longer lives with chronic pain and disability. Recent advancements that could normalize hemostasis open up the possibility of attaining a lifestyle unimpaired by disease complications," explained the authors "Overcoming this challenge requires that PwH and physicians align their aspirations to achieve equity in their health and healthcare goals, respectively."

The stepwise model includes specific, parallel clinical/patient-relevant outcomes, developed in ascending order so that each successive milestone represents an improvement on the previous, with the end goal of normal hemostasis

Establishing a New Paradigm to Realize Health Equity in Hemophilia

and a lifestyle unburdened by hemophilia-related bleeding complications. Each milestone also encompasses their current status, as described by the authors, within the existing treatment landscape.

Milestone 1. Survival/prevent premature death – Achievable with use of factor concentrates and home treatment/easy access to health care.

Milestone 2. Minimal joint impairment/improved quality of life, participation in activities of daily living - Achievable in virtually all patients with prophylaxis started early in life.

Milestone 3. Freedom from spontaneous bleeds/ability to engage in low-risk activities – Achievable in most patients with current prophylactic regimens.

Milestone 4. Attain 'normal' mobility/participation in work, school and family life without restriction – Achievable in some patients with prophylaxis but must be initiated at an early age.

Milestone 5. Able to sustain minor trauma/more unrestricted lifestyle – Current management is on-demand replacement factor and other treatments to manage bleeds.

Milestone 6. Undergo surgery or major trauma without additional intervention/not dependent on specialized health care – Managed in consultation with hemophilia treatment center and with laboratory support that can monitor, and supply required replacement factor levels.

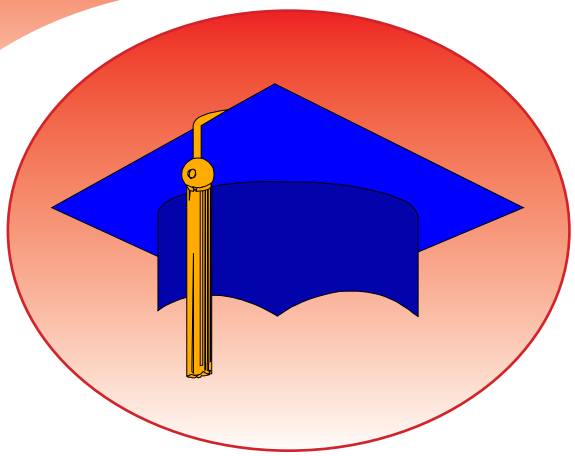
Milestone 7. Normal hemostasis/optimized health and well-being – Would require treatment (prophylaxis, gene therapy or non-replacement factor therapy) almost immediately after birth, while avoiding immune tolerance/inhibitors; promising gene therapy trials.

The workshop participants conceived of this stepwise approach for broad applicability and utility, so that regardless of an individual's unique situation or their nation's health system, a person may find their spot on the milestones staircase. Such a model could be utilized as an important advocacy tool by providing both guidance and context for the various stakeholders in the international hemophilia community including, clinicians, patients, health systems, payers, and others.

"This new treatment paradigm encompasses a shared vision by providers and patients alike, tracking clinical and patient-centric outcomes in parallel, such that value is not limited to efficacy endpoints alone, but rather provides a clear path towards normal haemostasis," concluded the authors.

Skinner M, Nugent D, Wilton P, et al. Achieving the Unimaginable: Health Equity in Haemophilia. Haemophilia. 2020 January; 26(1): 17-24.

Event News



KHF Is Honoring These Graduates

Aaron Reece Webb
Aaron graduated at the top of his class from the Phoenix School of Discovery in Louisville, KY. Aaron plans to work as a cast member at several haunted house attractions this fall.

Justin Alexander
Justin graduated from Grant County High School in Dry Ridge, KY as a member of the high school Archery Team. Justin plans to work in Electrical Construction.

Samuel James Charas
Samuel graduated from Home Schooled High School in Lexington, KY. Samuel plans to attend KWI Welding School.

John Riley Graham
John graduated from Model Laboratory High School in Richmond, KY. John Riley plans to attend Centre College this fall majoring in Finance/Economic and Politics.

Chase Ryan Hixon
Chase graduated from Graves County High School in Mayfield, KY and considers attending Culinary School.

Jacob Robert Eli Johnson
Jacob graduated from Bellarmine College in Louisville, KY with a Bachelor's degree in Exercise Science and considers pursuing Human Rights and Racial Justice issues.

Duncan E. Powell
Duncan graduated as Valedictorian from the J. Graham Brown school in Louisville. He plans to attend the University of Cincinnati this fall. Duncan will be studying Biomedical Engineering in the Honors College as an ACCEND Program Recipient. He will earn his Bachelor's and Master's degrees at the same time.

Hanna Elizabeth Terry
Hanna graduated from Stringtown Girl's Academy in Lawrenceburg, KY. Hanna plans to attend Bluegrass Community Technical College.

Michaela Moore Walker
Michaela graduated from Bluegrass Community Technical College with a degree in Applied Science. She will be working in the Pediatric Office at Clark Regional Medical Center in Winchester, KY.

Jesse Lee Brock
Jesse graduated from Bell County High School in southeastern Kentucky. His career goal is either to become a 911 dispatcher for the police department or a meteorologist.

Event News

Scholarship Award

We congratulate John Riley Graham for receiving the Theodore B. (Ted) Forcht Memorial Scholarship Award for the 2020 fall semester. John is a "Founders Scholar" freshman at Centre College in Danville and the son of John and Leah Graham from Winchester, KY. John is majoring in Finance and Economics with an emphasis on Political Science. His ultimate goal is to study and then practice law. We wish him a successful first semester!

The next deadline for submitting a scholarship application is January 15, 2021 for the spring semester. For an application form and guidelines, contact the KHF office at 502-456-3233 or 1-800-582-CURE (2873) or send an email to info@kyhemo.org.

Rember: KHF Cares

Kentucky Hemophilia Foundation continues to provide financial assistance to bleeding disorder families whose household income has decreased because of loss of job, lay off, furlough, or reduced hours during the current COVID-19 health crisis and who are unable to pay a specific household bill.

Requesting families must reside in Kentucky, and the person seeking assistance must either have a bleeding disorder or be the parent of a minor child with a bleeding disorder. Assistance is contingent on the availability of funds. Call 502-456-3233 or 800-582-CURE (2873) or send an email to info@kyhemo.org to make a request.

2020 KHF Virtual Walk

Because of the continuing COVID-19 pandemic, we needed to shift to a virtual Walk format this year to keep everyone healthy. We did not make this decision lightly. It was based on the premise of preserving our Walkers' and Walk Teams' well-being.

We are excited now about the VIRTUAL Kentucky Unite Walk and hope you will be as well. We need your support this year more than ever to allow us to continue providing assistance and programming to Kentucky's bleeding disorders community amidst diminished grant and corporate funding support.

The Virtual Walk Day Celebration will be Saturday, November 7, 2020. We will award prizes for top teams and top individual fundraisers and incentive gifts for certain dollar amount raised. We will have a costume contest for adults and kids, a drawing for door prizes, and other fun activities, such as a magic show. You don't want to miss our Virtual Walk!

Please sign up now at:
uniteforbleedingdisorders.org/event/KY20

Mental Health During Coronavirus

continued from page 1

at all times. The image that comes to mind is a person standing next to an IV pole and steadily receiving drips of adrenaline and cortisol. In others words, our body remains in a constant state of high alert.

The good news: We do have the ability to slow down the stress response. Since we now know that the brain is constantly scanning our body and our environment to determine if it should go into stress or relaxed mode, we can intentionally offer cues to indicate that we're not in danger. In fact, this is how meditation works. The first goal of meditation is to slow down your breathing rate. This is important, because once your brain receives the signal that your breathing rate is lowered, it will interpret this to mean that you're not in danger, and will turn off the stress response. The second goal of meditation involves your focus. You want to be focusing on the present—instead of musing about the past or anticipating the future—and you want to intentionally focus on words or images that evoke feelings of peace or happiness.

You can bring up images of when you felt safe and happy, or you can think of words that reassure you. This tool is like anything else in life: it requires practice and commitment. But eventually, you'll find that you can truly create a sense of well-being, no matter what's going on in your life. Sound too good to be true? Do you need proof? Ask yourself how you feel when you're watching a scary movie, and compare that to how you feel when you're watching a romantic comedy. In other words, what we focus on creates how we feel inside. That same principle is at work when we intentionally think about what we are grateful for, as opposed to what we lack or what we don't like about our lives.

Learning to handle stress is more important than ever. Let's look at the many resources that have been created since the coronavirus pandemic started.

Find Resources

National Hemophilia Foundation (NHF) and Hemophilia Federation of America (HFA) have created content to help people in the bleeding disorder community deal with both physical and emotional impacts of the pandemic. The following links will take you to the current web pages with this information.

National Hemophilia Foundation: hemophilia.org/Newsroom/COVID-19-Information

Hemophilia Federation of America:
hemophiliafed.org/news-stories/2020/04/coronavirus-covid-19-what-hfa-is-doing/

You can also purchase proven self-help workbooks on stress reduction at New Harbinger Publications: newharbinger.com

And yes, there is an app for learning to relax! Appropriately called the Calm app, it has hundreds of meditations and master classes on stress management: calm.com

You can find these resources and many others by visiting the Mental Health Matters Too website: mentalhealthmatterstoo.com

More News

Mental Health During Coronavirus

Seek Out Others

It didn't take long for our community to figure out how to be connected virtually. Though it isn't the same as being in a room together, it is nice to see familiar faces and get a chance to let someone know you are there for them.

Take a moment to check in with yourself, because it's very easy to feel lonely in isolation. If you find that you're exceptionally lonely, depressed, or anxious, it always helps to talk to someone trained to help you feel understood and supported. Online platforms like Talk Space and Better Help are reporting an exponential increase in the number of requests for counseling sessions right now.

Look for Purpose

One of the best ways to combat the feeling of helplessness that comes with a crisis is to look for a way you can help others. This sense of purpose gives people some control, and helps them feel productive and useful. For me, contributing to Save One Life is one way I fulfill my need to have purpose in my own life. Each month, I have a small sense of satisfaction knowing that there are three young people with hemophilia who feel that someone else on this planet sees them and cares about them.

So, whether it's meditating, talking with someone, or just being there for another human, there are ways to combat stress. We will get through this pandemic as a community, the way we always have. We will get informed, find resources, and seek out each other.

Debbie de la Riva, LPC, has been an active member of the bleeding disorder community since the birth of her son with severe hemophilia 25 years ago. She served as executive director of the Lone Star Chapter of NHF, was a co-chair of an NHF Annual Meeting, received a Ryan White Award for Advocacy Excellence, and has presented on mental health issues to chapter and national organizations. In 2018, Debbie founded Mental Health Matters Too as a way of combining her degree as a licensed professional counselor with her passion for helping community members who struggle with mental health challenges. To contact Debbie: www.mentalhealthmatterstoo.com or debbie@mhmtoo.com

Publication: PEN 8.20, Column: You

2020 Spring - Summer Donations

We thank the following individuals and companies for their generous support!

Donor, $7,500
Hemophilia Alliance

Donors, $1,000 – $3,750
Delta Dental of Kentucky Foundation
National Hemophilia Foundation
Chapter of Excellence Award

Donors, $200 – $260
Jennifer Hitt
Kroger Community Rewards
Don Mattingly

Donors, $100 – $199
Greg Fiscus
Tom & Alice Hendrix
19/20 Sustaining Members
Jeff Marks
Network for Good
Laura Webb

Donors, $50 – $99
Clark County REMC
Cory W. Meadows
Travis Price

Donors, Up to $49
Amazon Smiles
Glen, Sr. & Deborah Hitt
Curtis & Winnie Jacobs
Vince Poma

Do The Five

Follow these steps to prevent or reduce complications of bleeding disorders

1. **Get an annual comprehensive checkup at a hemophilia treatment center.**
2. **Get vaccinated – Hepatitis A and B are preventable.**
3. **Treat bleeds early and adequately.**
4. **Exercise to protect your joints.**
5. **Get tested regularly for blood-borne infections.**

To find out more about the National Prevention Program developed by the National Hemophilia Foundation in collaboration with the Centers for Disease Control and Prevention (CDC), click on www.hemophilia.org or call toll-free 800-42-HANDI.

KHF does not give medical advice or engage in the practice of medicine. KHF under no circumstances recommends particular treatments for specific individuals and in all cases recommends that you consult your physician or local treatment center before pursuing any course of treatment.

KOSAIR CHARITIES

WHAS CRUSADE FOR CHILDREN

We are proud of our 60 Years of Service!

Please remember KHF when doing your estate planning! This will help us continue our service to Kentuckiana's Bleeding Disorders Community.

KENTUCKY HEMOPHILIA FOUNDATION
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Louisville, KY 40213-1594

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Hemdifferently

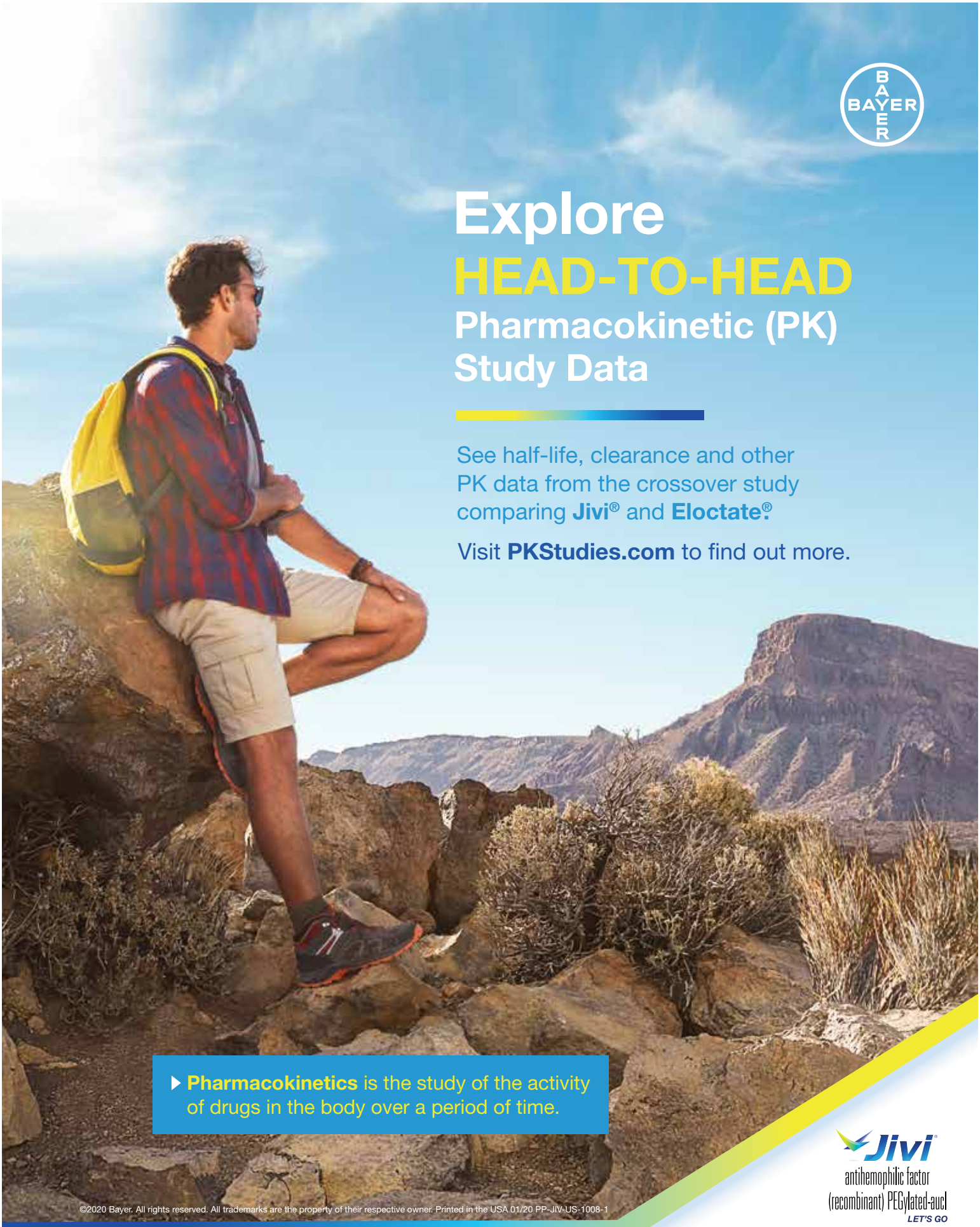
Exploring the science behind gene therapy research

Gene therapy research has the potential to bring an entirely new option to people with specific genetic conditions. Many gene therapies are in clinical trials to evaluate the possible risks and benefits for a range of conditions, including hemophilia. HemDifferently is here with gene therapy education, providing accurate information in a way you can understand.

Let's explore gene therapy together at **HemDifferently.com**

No gene therapies for hemophilia have been approved for use or determined to be safe or effective.

BIOMARIN®



Dana Clemmans

Patient supporter

About Dana

Dana is a Hemophilia Community Liaison who is driven by her passion to help patients. Her greatest contribution comes from letting those in the Greater Midwest area know she is there for them as a resource when they need it.

Connect with Dana

DLRC@novonordisk.com
(630) 291-3714

Hemophilia Community Liaison

esperoct®

antihemophilic factor (recombinant), glycopegylated-exei

Brief Summary information about ESPEROCT® [antihemophilic Factor (recombinant), glycopegylated-exei]

This information is not comprehensive.

- Talk to your healthcare provider or pharmacist
- Visit www.novo-pi.com/esperoct.pdf to obtain FDA-approved product labeling
- Call 1-800-727-6500

Patient Information

ESPEROCT®
[antihemophilic factor (recombinant), glycopegylated-exei]

Read the Patient Information and the Instructions For Use that come with ESPEROCT® before you start taking this medicine and each time you get a refill. There may be new information.

This Patient Information does not take the place of talking with your healthcare provider about your medical condition or treatment. If you have questions about ESPEROCT® after reading this information, ask your healthcare provider.

What is the most important information I need to know about ESPEROCT®?

Do not attempt to do an infusion yourself unless you have been taught how by your healthcare provider or hemophilia treatment center.

You must carefully follow your healthcare provider's instructions regarding the dose and schedule for infusing ESPEROCT® so that your treatment will work best for you.

What is ESPEROCT®?

ESPEROCT® is an injectable medicine used to replace clotting Factor VIII that is missing in patients with hemophilia A. Hemophilia A is an inherited bleeding disorder in all age groups that prevents blood from clotting normally.

ESPEROCT® is used to treat and prevent or reduce the number of bleeding episodes in people with hemophilia A.

Your healthcare provider may give you ESPEROCT® when you have surgery.

Who should not use ESPEROCT®?

You should not use ESPEROCT® if you

- are allergic to Factor VIII or any of the other ingredients of ESPEROCT®
- if you are allergic to hamster proteins

If you are not sure, talk to your healthcare provider before using this medicine.

Tell your healthcare provider if you are pregnant or nursing because ESPEROCT® might not be right for you.

What should I tell my healthcare provider before I use ESPEROCT®?

You should tell your healthcare provider if you:

- Have or have had any medical conditions.
- Take any medicines, including non-prescription medicines and dietary supplements.
- Are nursing.
- Are pregnant or planning to become pregnant.
- Have been told that you have inhibitors to Factor VIII.

How should I use ESPEROCT®?

Treatment with ESPEROCT® should be started by a healthcare provider who is experienced in the care of patients with hemophilia A.

ESPEROCT® is given as an infusion into the vein.

You may infuse ESPEROCT® at a hemophilia treatment center, at your healthcare provider's office or in your home. You should be trained on how to do infusions by your hemophilia treatment center or healthcare provider. Many people with hemophilia A learn to infuse the medicine by themselves or with the help of a family member.

Your healthcare provider will tell you how much ESPEROCT® to use based on your weight, the severity of your hemophilia A, and where you are bleeding. Your dose will be calculated in international units, IU.

Call your healthcare provider right away if your bleeding does not stop after taking ESPEROCT®.

If your bleeding is not adequately controlled, it could be due to the development of Factor VIII inhibitors. This should be checked by your healthcare provider. You might need a higher dose of ESPEROCT® or even a different product to control bleeding. Do not increase the total dose of ESPEROCT® to control your bleeding without consulting your healthcare provider.

Use in children

ESPEROCT® can be used in children. Your healthcare provider will decide the dose of ESPEROCT® you will receive.

If you forget to use ESPEROCT®

If you forget a dose, infuse the missed dose when you discover the mistake. Do not infuse a double dose to make up for a forgotten dose. Proceed with the next infusions as scheduled and continue as advised by your healthcare provider.

If you stop using ESPEROCT®

Do not stop using ESPEROCT® without consulting your healthcare provider.

If you have any further questions on the use of this product, ask your healthcare provider.

What if I take too much ESPEROCT®?

Always take ESPEROCT® exactly as your healthcare provider has told you. You should check with your healthcare provider if you are not sure. If you infuse more ESPEROCT® than recommended, tell your healthcare provider as soon as possible.

What are the possible side effects of ESPEROCT®?

Common Side Effects Include:

- rash or itching
- swelling, pain, rash or redness at the location of infusion

Other Possible Side Effects:

You could have an allergic reaction to coagulation Factor VIII products. **Call your healthcare provider right away or get emergency treatment right away if you get any signs of an allergic reaction, such as:** hives, chest tightness, wheezing, dizziness, difficulty breathing, and/or swelling of the face.

Your body can also make antibodies called "inhibitors" against ESPEROCT®, which may stop ESPEROCT® from working properly. Your healthcare provider may need to test your blood for inhibitors from time to time.

These are not all of the possible side effects from ESPEROCT®. Ask your healthcare provider for more information. You are encouraged to report side effects to FDA at 1-800-FDA-1088.

Tell your healthcare provider about any side effect that bothers you or that does not go away.

What are the ESPEROCT® dosage strengths?

ESPEROCT® comes in five different dosage strengths. The actual number of international units (IU) of Factor VIII in the vial will be imprinted on the label and on the box. The five different strengths are as follows:

Cap Color Indicator	Nominal Strength
Red	500 IU per vial
Green	1000 IU per vial
Gray	1500 IU per vial
Yellow	2000 IU per vial
Black	3000 IU per vial

Always check the actual dosage strength printed on the label to make sure you are using the strength prescribed by your healthcare provider.

How should I store ESPEROCT®?

Prior to Reconstitution (mixing the dry powder in the vial with the diluent):

Protect from light. Do not freeze ESPEROCT®.

ESPEROCT® can be stored in refrigeration at 36°F to 46°F (2°C to 8°C) for up to 30 months from the date of manufacture until the expiration date stated on the label.

ESPEROCT® may be stored at room temperature (not to exceed 86°F/30°C), for up to 12 months within the 30-month time period. Record the date when the product was removed from the refrigerator. The total time of storage at room temperature should not exceed 12 months. Do not return the product to the refrigerator.

Do not use this medicine after the expiration date which is on the outer carton and the vial. The expiration date refers to the last day of that month.

After Reconstitution:

The reconstituted (the final product once the powder is mixed with the diluent) ESPEROCT® should appear clear and colorless without visible particles.

The reconstituted ESPEROCT® should be used immediately.

If you cannot use the reconstituted ESPEROCT® immediately, it must be used within 4 hours when stored at or below 86°F (30°C) or within 24 hours when stored in a refrigerator at 36°F to 46°F (2°C to 8°C). Store the reconstituted product in the vial.

Keep this medicine out of the sight and out of reach of children.

What else should I know about ESPEROCT® and hemophilia A?

Medicines are sometimes prescribed for purposes other than those listed here. Do not use ESPEROCT® for a condition for which it is not prescribed. Do not share ESPEROCT® with other people, even if they have the same symptoms that you have.

Revised: 02/2019

For Patent Information, refer to: http://novonordisk-us.com/patients/products/product-patents.html

Manufactured by:
Novo Nordisk A/S
Novo Allé
DK-2880 Bagsværd, Denmark

More detailed information is available upon request. Available by prescription only.

For information about ESPEROCT® contact:
Novo Nordisk Inc.
800 Scudders Mill Road
Plainsboro, NJ 08536, USA
1-800-727-6500

US19ESP00010 August 2019

novo nordisk®

To me, it's personal.

As a Community Relations and Education Manager for Sanofi Genzyme, I'm here to help provide support and resources for you and the Kentucky hemophilia community.

John Martinez
CoRe Manager for Kentucky & Illinois

Let's connect.

Call, text,video chat: 617-301-2485
Email: john.martinez@sanofi.com
Facebook: @HemophiliaCoRes

SANOFI GENZYME

Not an actual patient.

Talk to your doctor and see if **ADVATE® is right for you.**

ADVATE
[Antihemophilic Factor (Recombinant)]

For more information, please visit AdvateRealLife.com

Takeda

DEDICATION and PERSONAL SUPPORT

Your Pfizer Patient Affairs Liaison is a professional dedicated to serving you and the hemophilia community by connecting patients and caregivers with Pfizer Hemophilia tools and resources. We are committed to continuing Pfizer's more than 20 years of listening to the hemophilia community and working to meet its needs.

Chris Liddell

Southern OH, MI, KY, IN

"I've worked in rare disease for 15 years, and I have experience collaborating with and advocating for different members of this community."

PATIENT AFFAIRS LIAISONS

Pfizer Hemophilia

248-660-7384 chris.liddell@pfizer.com

MY WORK IS GUIDED BY:

Compassion

Listening to your needs and addressing questions and concerns that you may have

Commitment

Educating you about Pfizer's tools and resources, including the Pfizer Community Connections Program, the HemMobile® app for logging bleeds and infusions, B2B materials, and more

Connection

Connecting you with hemophilia advocacy groups and programs like Leading Edge, the National Hemophilia Foundation, the Coalition for Hemophilia B, and others

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