

TABLE 2. Spiking of Novoseven® in vitro and TG ex vivo with Novoseven®

1. Spiking of NOVOSEVEN in-vitro few weeks before surgery (in-vivo)				PRP at basal (T0)	PRP 30µg/kg NOVOSEVEN*	PRP 45µg/kg NOVOSEVEN*	PRP 90µg/kg NOVOSEVEN*	PRP 120µg/kg NOVOSEVEN*	Normal PRP 40 healthy volunteers (men from 18-43 y.o.) (5-95 percent)	
	Case n°1	ETP (nM*min)		895	1199	1159	1219	1153	1041-1574	
		Peak (nM)		39.7	47.8	47.6	55	57	68-150	
	Case n°2	ETP (nM*min)		949	928	990	939	1069	1041-1574	
Peak (nM)			49.1	45	48.8	54.5	69	68-150		
2. Ex-vivo TGA			TGA just before 4 th 3mg/kg emicizumab injection (TGA residual rates)	TGA at T0 (under emicizumab at 1.5 mg/kg/wk)			Day of surgery at T30 minutes			
			one month before surgery	the day of surgery	% of variability at T0		after 45 µg/kg of NOVOSEVEN	after 90 µg/kg of NOVOSEVEN		
	Case n°1	ETP (nM*min)	1041	895	796.48		11	937.65		
		Peak (nM)	50.1	39.7	36.12		9			
	Case n°2	ETP (nM*min)	844	949	1012		6			1134
		Peak (nM)	35.6	49.1	63.9		23			

† 1. Novoseven®'spiking in vitro using TGA to choose appropriate dose for surgery. Case n°1 : spiking made on patient PRP 6 days after 1.5 mg/kg of emicizumab. Case n°2 : spiking made on patient PRP 3 days after 1.5 mg/kg of emicizumab.

‡ 2. Ex-vivo TGA at T0 on surgery' day and at T30 min after Novoseven®. On surgery' day, case n°1 had 1.5 mg/kg of emicizumab 5 days before ; case n°2 had 1.5 mg/kg of emicizumab 2 days before