The evolving landscape of gene therapy for congenital severe hemophilia: a 2024 state of the art

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Supplementary Material

Additional information to Table 1:

KEY CLINICAL INFORMATION (yes/no): hepatic steatosis (on imaging), alcohol abuse, obesity, type-2 diabetes mellitus, metabolic syndrome.

FIB4-Index: index composed of age along with the serum markers of platelets, ALT, and AST. The FIB4-index is calculated as Age × AST (IU/L)/platelet count ($\times 10^9$/L) × √ALT (IU/L).[1]

AAR (AST/ALT ratio): Two cut-offs of 0.8 or 1 are used to exclude or include advanced fibrosis among persons with NAFLD. One of the simplest methods to assess hepatic fibrosis using a widely available blood test.

NFS* (NAFLD fibrosis score):* based on age, BMI, impaired fasting glucose or diabetes mellitus, AST/ALT ratio, platelet count, and the serum level of albumin. NFS is calculated as 1.675 + 0.0373 × age (years) + 0.0943 BMI (kg/m^2) + 1.133 × impaired fasting glycaemia or diabetes (yes = 1, no = 0) + 0.993 × AST/ALT ratio − 0.0133 × platelet ($\times 10^9$/L) − 0.663 × albumin (g/dL).[2]

TE **(transient Elastography [on Fibroscan]):** measures the liver parenchyma in an area 1 cm wide and 4 cm long. A reliable value is obtained from ≥10 valid measurements with a success rate of >60%. TE provides the value of liver stiffness in kilopascals (kPa). The major limitations of TE include obesity, significant ascites, and the results being influenced by significant inflammation or congestion along with a post-prandial state.[3]

MRE **(Magnetic Resonance Elastography)*:*** processes every 6–10 mm of liver parenchyma *to* measure liver stiffness (with a non-invasive MRI-based method that uses a low frequency propagating wave [60 Hz vibrations]) with phase-contrast).[4]

References

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Additional information to Table 3:

Data from: *KAI 1 2024 Valoktokogeeniroksaparvo-veekki (BMN 270) vaikean A-hemofilian hoidossa.pdf (julkari.fi)*
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