

TRANSITION FROM A PAEDIATRIC REFERRAL CENTER TO AN ADULT CENTER IN INHERITED BLEEDING DISORDERS: A REAL-WORLD COHORT STUDY

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Background and Aims. Transition from paediatric to adult care represents a pivotal phase in the management of inherited bleeding disorders, with potential implications for treatment adherence, continuity of care, and bleeding control. This study aimed to evaluate the clinical impact of transition from a regional paediatric referral center to an adult center, focusing on adherence and annualized bleeding rate (ABR) before and after transfer.

Materials and Methods. A retrospective observational cohort study was conducted in patients transferred from the Expert Center for Congenital Bleeding Disorders (MEC), Pediatric Unit, of Turin to the Thrombotic and Hemorrhagic Disorders Center, Transfusion Service, ASLTO4, up to May 2026. Demographic and clinical variables included type of bleeding disorder, age, adherence before and after transition, ABR before and after transfer, and treatment changes following transition. The transition pathway was based on structured collaboration between paediatric and adult teams

to ensure continuity of care throughout the transfer process.

Results. Twenty-two patients were included, with a mean age of 30 years (range 17-58). The cohort comprised 17 patients with haemophilia A, 3 with haemophilia B, and 2 with von Willebrand disease type 3. Adherence improved from 19/22 patients (86.4%) before transition to 20/22 (90.9%) after transition. Mean ABR decreased from 0.64 ± 0.90 before transfer to 0.23 ± 0.75 after transfer. Treatment was modified in 9/22 patients (40.9%) following transfer, mainly because innovative therapeutic options had become available. No loss to follow-up was documented.

Conclusions. In this real-world cohort, transition from a paediatric to an adult center was associated with preserved or improved adherence and reduced bleeding burden. These findings suggest that a structured, network-based transition model can maintain clinical stability and support continuity of care in inherited bleeding disorders.