International recommendations on the diagnosis and treatment of patients with acquired hemophilia A

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Online Supplementary Table A. Questions addressed in this survey.

Diagnosis

1. Which clinical symptoms or laboratory parameters should trigger a consideration that acquired hemophilia may be present?
2. Which clinical symptoms or laboratory parameters may be employed to establish a differential diagnosis of acquired hemophilia?
3. Which aPTT level should trigger additional investigation?
4. Is FVIII:C level relevant for the diagnosis, management or prediction of bleeding in patients with acquired hemophilia?
5. Is inhibitor titer relevant for the diagnosis, management or prediction of bleeding in patients with acquired hemophilia?
6. How should a patient with suspected or confirmed acquired hemophilia be managed?
7. Under what circumstances should a patient be referred to a specialized hemophilia center?
8. Which procedures should be avoided in a patient with suspected or confirmed acquired hemophilia?
9. Which clinical parameters should receive special consideration in the management of elderly patients with unexplained bleeding?

Anti-hemorrhagic treatment

1. Which criteria can be used to define severe bleeding in the patient with acquired hemophilia?
2. Which acquired hemophilia patients require anti-hemorrhagic therapy?
3. Which anti-hemorrhagic treatment is appropriate in the bleeding patient with acquired hemophilia?
4. Which dosage is appropriate for the treatment of bleeding in acquired hemophilia?
5. Which combination therapies are appropriate for the treatment of bleeding in acquired hemophilia?
6. How long should different types of bleeding be treated in the patient with acquired hemophilia?
7. How can bleeding and response to anti-hemorrhagic therapy be monitored in the patient with acquired hemophilia?
8. Which approaches can be employed to prevent bleeding?
9. How can re-bleeding be identified in the acquired hemophilia patient?
10. How does the management of bleeding in the acquired hemophilia patient differ in the presence of significant co-morbidities?
11. Which adverse events are likely to be associated with the treatment of hemorrhagic events in acquired hemophilia patients?

Inhibitor eradication

1. Should all patients with inhibitor and a diagnosis of acquired hemophilia receive immunosuppressive therapy?
2. Is the inhibitor level a criterion that determines whether immunosuppressive therapy should be initiated?
3. At what time point should immunosuppressive therapy be initiated?
4. Which criteria can be used to assess the effectiveness of immunosuppressive therapy?
5. How can response to immunosuppressive therapy be monitored in the patient with acquired hemophilia?
6. Which criteria should be used to determine when treatment regimen should be altered?
7. At what time point should alternative regimens be considered?
8. Which immunosuppressive regimens should be considered in which patient groups?
9. How should acquired hemophilia patients be monitored following remission?
10. How should patients with excessive FVIII:C levels following eradication be managed?
11. Should ITT play a role in treating patients with acquired hemophilia?