## **VON WILLEBRAND DISEASE** Module 1

# When to consider von Willebrand disease?

May 2022

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## What will you learn in this micro e-learning programme about von Willebrand disease?

This micro e-learning programme consists of three modules aiming to increase awareness, knowledge and understanding of the existence, diagnosis, treatment and implications of von Willebrand disease among healthcare professionals outside of haematology.

Upon completion of the three modules, you will:

- be aware of the potential **existence of von** Willebrand disease in your patient population
- be able to recognise the signs and symptoms of von Willebrand disease

• understand how to search for von Willebrand **disease**, effectively using the screening tools available and signposting patients towards earlier diagnosis

• be aware of the **impact** of von Willebrand disease on other care

- be aware of the potential existence of von Willebrand disease among your patient population
- be able to recognise the **signs and symptoms** of von Willebrand disease

- understand you can help diagnose von Willebrand disease
- be able to effectively use the screening tools available
- understand the **next steps** to take when suspecting von Willebrand disease

- be aware of the impact of von Willebrand disease on provision of general care
- understand the key aspects of von Willebrand disease affecting your clinical practice
- understand the importance of a multidisciplinary approach in von Willebrand disease care



## **AFTER MODULE 1 YOU WILL**

Current Module

## **AFTER MODULE 2 YOU WILL**

## **AFTER MODULE 3 YOU WILL**







## This micro e-learning module has been developed by a multidisciplinary panel of experts



- **Dental** consultant medically complex patients at Dublin Dental Hospital
- Director of doctorate programme in special care dentistry, Trinity College Dublin
- Former chair of World Federation of Haemophilia Dental Committee
- Medical advisory board member of European Haemophilia Consortium (EHC)
- President of International Society for Disability and Oral Health



### **Dr. Vickie McDonald** UK

- Consultant Haematologist at the Royal London Hospital, London
- Honorary senior lecturer at Queen Mary University of London
- National chief investigator for the UK immune thrombocytopenia (ITP) registry



### Dr. Gianluigi Pasta **ITALY**

- Orthopaedic consultant at the Haemophilia Centre at Fondazione IRCCS Policlinico San Matteo di Pavia
- Chair of the Musculoskeletal Committee of the World Federation of Haemophilia (WFH)
- Coordinator of Musculoskeletal Group of Italian Haemophilia Centres Association



- Haematology consultant and health economist
- Director of the IMD Blood Coagulation Centre in Bad Homburg/Frankfurt/Wiesbaden
- Active member of German Society of Haematology and Oncology
- Member of medical advisory board German Alliance for Security of Haemophilia

The views expressed in this slide deck are the personal opinions of the experts. They do not necessarily represent the views of the experts' institutions or the rest of the HEMOSTASIS CONNECT group.







- Professor of internal medicine at the School of Medicine of the University of Zagreb, Croatia
- Specialist degrees in internal medicine and haematology
- Executive committee member of the European Association for Haemophilia and Allied Disorders (EAHAD)



### Dr. Michael A. Mazzeffi

USA

- Cardiothoracic **anaesthesiologist** and intensive care physician
- Executive vice chair and director of cardiac intensive care at George Washington University School of Medicine in Washington, DC





### Dr. Jonathan C. **Roberts** USA

- Associate medical director and associate research director at the Bleeding & Clotting **Disorders Institute (BCDI)**
- Assistant professor of **Paediatrics** and Medicine at the University of Illinois College of Medicine at Peoria in Peoria, IL
- Haematologist with BCDI

- Consultant Haematologist, director of Haemophilia Comprehensive Care Centre and medical director of **Paediatrics** at University Hospital in Brno
- Associate professor of paediatrics at Masaryk University in Brno
- Active member of International Society on Thrombosis and Haemostasis (ISTH), Vice president of EAHAD and MAG member of EHC
- Paediatric coordinator of the Czech National Haemophilia Programme









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## Von Willebrand disease at a glance

Von Willebrand disease is the **most common inherited bleeding disorder.**<sup>1</sup>

- It is estimated to occur in 1 in 100-1000 people, although tertiary care referrals for von Willebrand disease occur at a much lower frequency (~1 in 10,000)
- von Willebrand disease occurs in men, women, and children

Von Willebrand disease is one of the most **overlooked** entities in everyday clinical practice.<sup>2</sup>

The complexity and heterogeneity of the disease and breadth of tests required for a formal diagnosis lead it to be under-diagnosed, over-diagnosed and misdiagnosed

Even if the diagnosis is made, von Willebrand disease is often **underestimated**.

It has a significant impact on quality of life and on the provision of any kind of other healthcare provided to the patient<sup>3</sup>

### It is important not to miss von Willebrand disease



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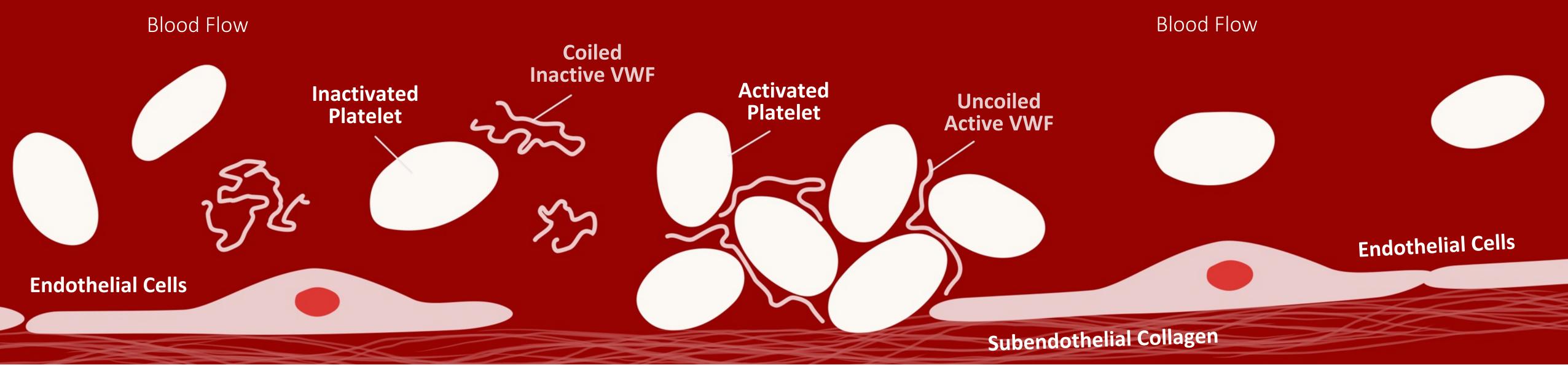






## Von Willebrand disease is a disorder of primary haemostasis

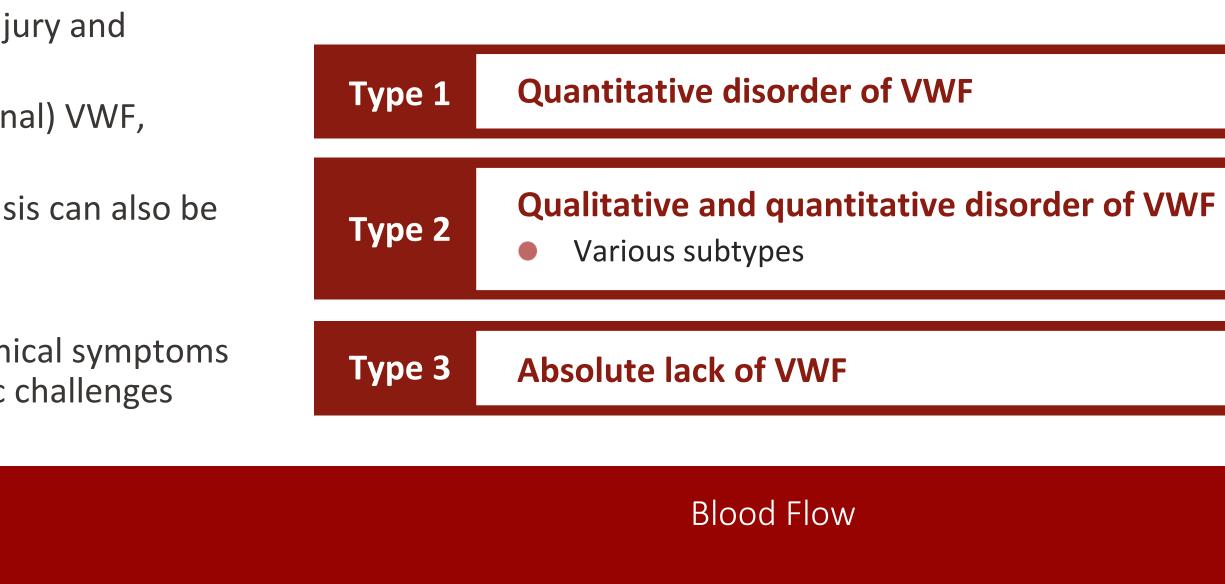
- Von Willebrand factor (VWF) binds to collagen at sites of vascular injury and mediates platelet adhesion and aggregation
- Patients with von Willebrand disease have reduced levels of (functional) VWF, leading to defective platelet adhesion and aggregation
- In patients with severe von Willebrand disease, secondary haemostasis can also be affected, as VWF is a carrier of Factor VIII
- There are various types of von Willebrand disease
- The **multifunctional nature of VWF** explains the heterogeneity in clinical symptoms and bleeding risk of von Willebrand disease, as well as the diagnostic challenges



VWF, von Willebrand factor

Colonne CK, et al. J Blood Med. 2021;12:755-68; Leebeek FWG, Eikenboom JCJ. N Engl J Med. 2016;375:2067-80

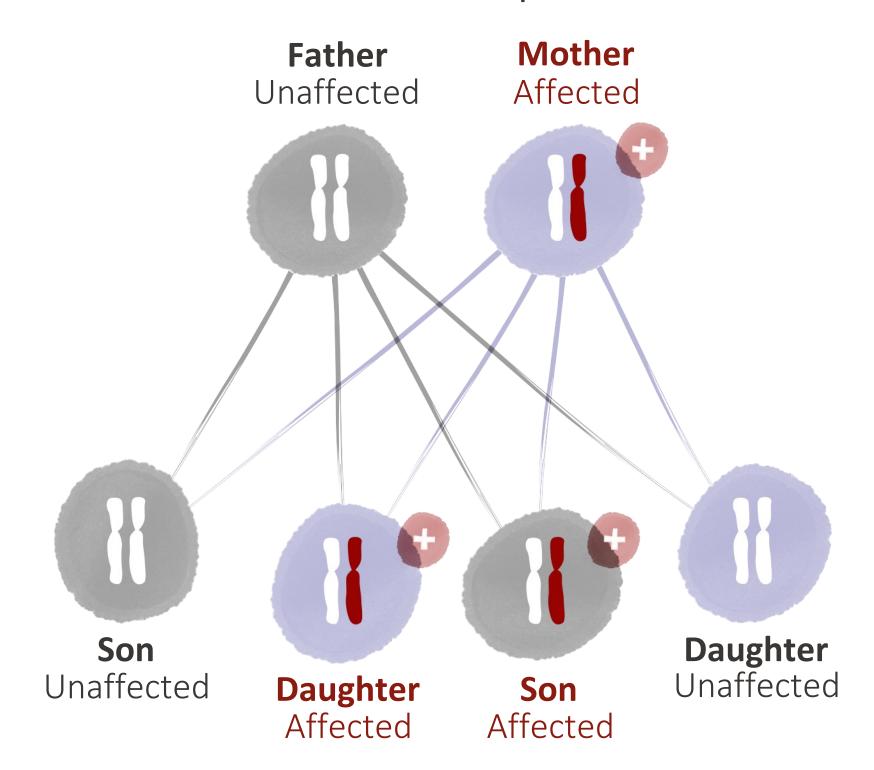






## Von Willebrand disease is a **hereditary disease** that occurs in men and women

von Willebrand disease typically has an **AUTOSOMAL DOMINANT** pattern of inheritance



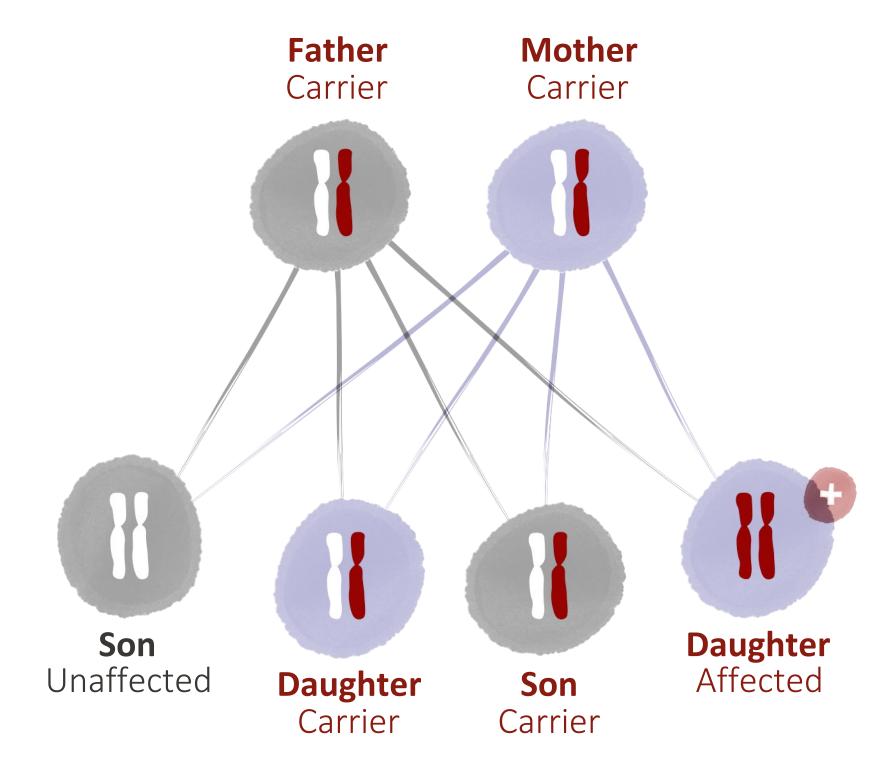
### Although a genetic mutation is not commonly found in mild cases of von Willebrand disease, it is still a familial disorder In rare cases, von Willebrand disease can be acquired later in life

Leebeek FWG, Eikenboom JCJ. N Engl J Med. 2016;375:2067-80; Eikenboom JC. Best Pract Res Clin Haematol. 2001;14:365-79; Mital A. Adv Clin Exp Med. 016;25:1337-44





### Type 3 von Willebrand disease typically has an **AUTOSOMAL RECESSIVE** pattern of inheritance



## Signs and symptoms von Willebrand disease

## General



**Family history** of a bleeding disorder

Notable **bruising** without injury



**Prolonged/excessive bleeding**, even from minor wounds

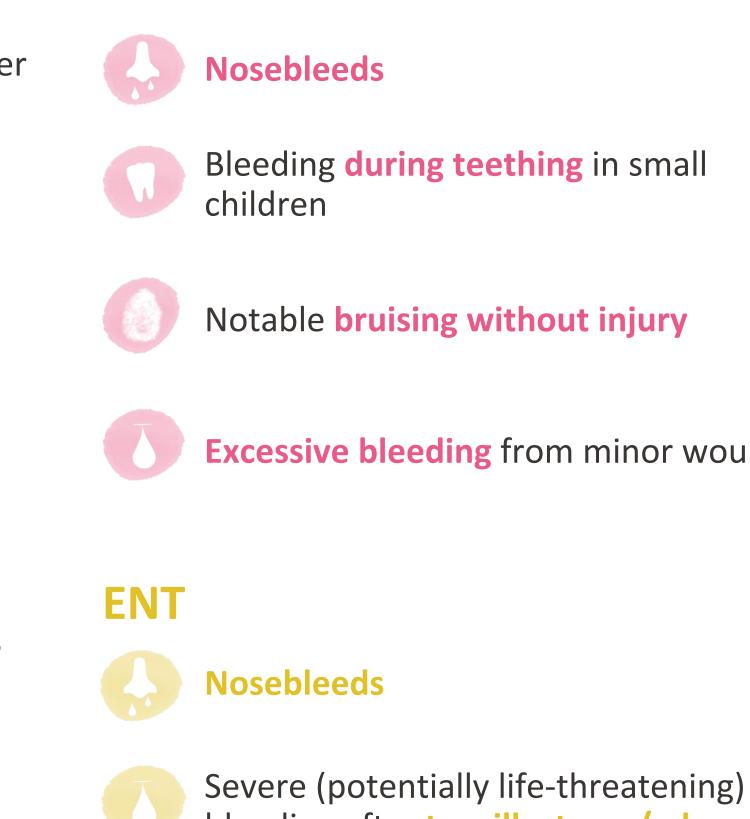
## Dental

Prolonged bleeding following invasive dental procedures

Prolonged bleeding from the gums following deep cleaning

**Recurrent ulcers and pallor** of the mucosa associated with anaemia

### **Paediatric**



### Von Willebrand disease is mainly a disorder of primary haemostasis, so the bleeding starts quickly, not delayed like in haemophilia

ENT, ear, nose, and throat This slide is based on the clinical experience of the authors



## **Gynaecological**



Heavy menstrual bleeding, especially since menarche



Bleeding during ovulation

Primary and late **post-partum** haemorrhage

## Surgical



Joint pain and/or bleeds



Prolonged and/or severe bleeding after minor or major surgery

bleeding after tonsillectomy/adenoidectomy

### Gastrointestinal



Bleeding of gastrointestinal tract with or without an obvious anatomic lesion in adults

**Excessive bleeding** from minor wounds



## Next steps when suspecting von Willebrand disease

It is not easy to diagnose von Willebrand disease, as there is a large variability in symptoms and interpretation of laboratory tests is complex.

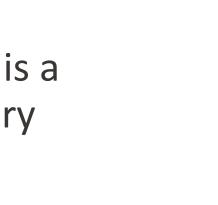
When suspecting von Willebrand disease, refer the patient to a haematologist for diagnostic laboratory assessment.

> Please refer to the **other modules of this micro e-learning** programme for more information on:

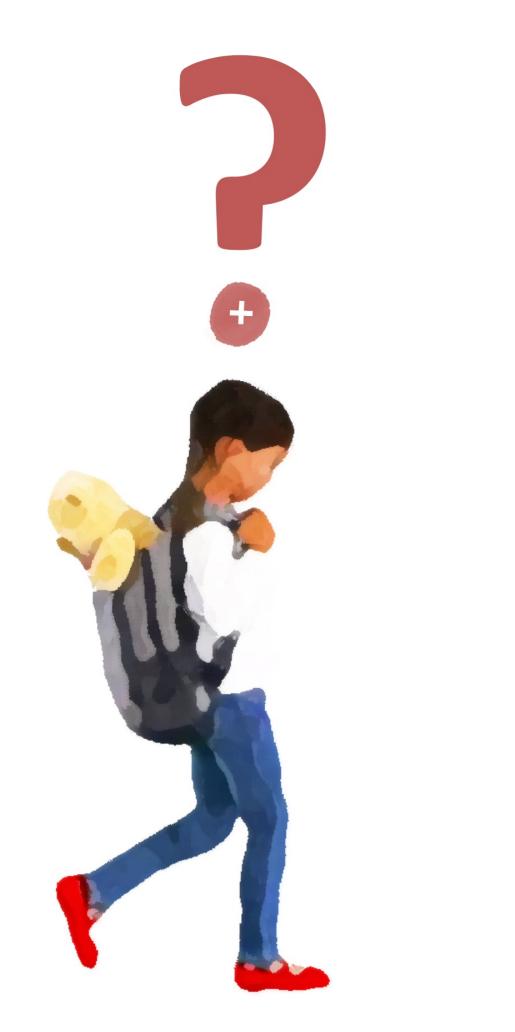


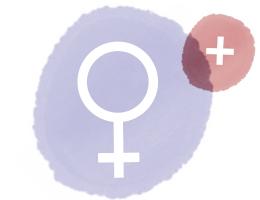
- Module 2: Screening and next steps
- Module 3: A multidisciplinary approach: impact of von Willebrand disease on the provision of general care











von Willebrand disease is the **most common inherited bleeding disorder,** occurring in men, women and children



**Signs and symptoms** of von Willebrand disease include easy bruising, heavy menstrual bleeding, nosebleeds and prolonged bleeding after surgery



When suspecting von Willebrand disease, **refer to a haematologist** for diagnostic laboratory assessment



## Next steps

Please now proceed to the **assessment quiz** in the e-learning to test your knowledge.

Visit **Module 2** of this micro e-learning programme to learn more about:

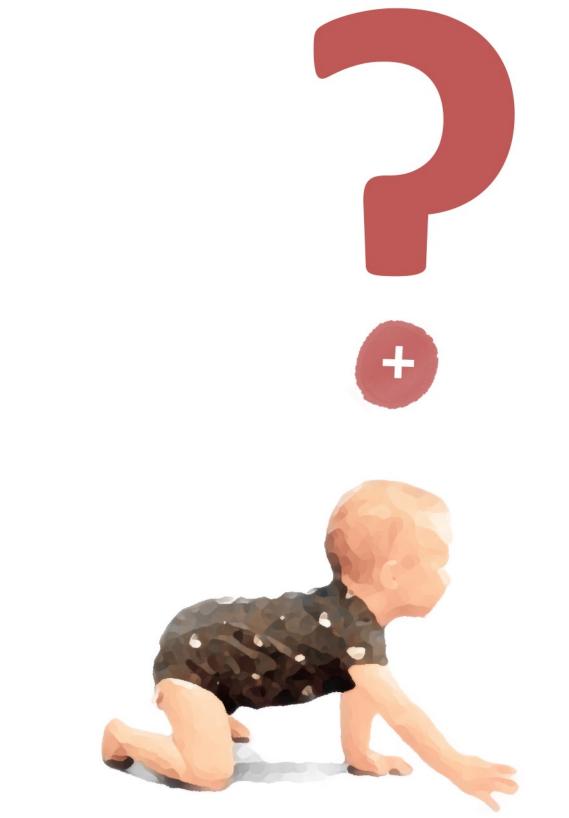
- how you can help diagnose von Willebrand disease
- how to effectively use the screening tools available
- the next steps to take when suspecting von Willebrand disease

Visit **Module 3** of this micro e-learning programme to learn more about:

- the impact of von Willebrand disease on provision of general care
- the key aspects of von Willebrand disease affecting your clinical practice
- the importance of a multidisciplinary approach

Note: you will be able to claim your CME credit after passing at least 2 of the 3 modules





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