

Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

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METHODS: INTERIM ANALYSIS

An interim analysis was performed according to a prespecified analytical plan to be evaluated by the DSMB. The analysis was performed independently from the Milan principal investigators and the Steering Committee and submitted to the DSMB, who advised to continue the study. This analysis was done when 204 patients had been randomized.

TABLE S1. FOLLOW UP IN PATIENTS WHO DID NOT DEVELOP INHIBITOR.

	Randomized to plasma-derived FVIII (96)	Randomized to recombinant FVIII (79)
Early termination, n (%)	4 (4,2%) (median ED = 25; range 20-29)	6 (7,6%) median ED = 25,5; range 8-45
3 years from randomization, n (%)	29 (30,2%) (median ED = 22; range 4-44)	23 (29,1%) median ED = 15; range 1-35
≥50 ED, n (%)	50 (52,1%)	40 (50,6%)
21-49 ED, n (%)	1 (1,0%)	1 (1,3%)
1-20 ED, n (%)	12 (12,5%)	9 (11,4%)

TABLE S2. ADJUSTED HAZARD RATIOS FOR RECOMBINANT VS PLASMA-DERIVED FACTOR VIII, FOR ALL INHIBITORS.

Adjustment variable	Hazard ratio (95% confidence interval)
None	1.87 (1.17-2.96)
Age	1.88 (1.18-2.99)
Mutation	1.97 (1.22-3.17)
Country	
5 categories	1.89 (1.19-3.00)
14 categories	1.88 (1.17-3.01)
Ethnicity	1.87 (1.18-2.97)
Family history of hemophilia	1.82 (1.14-2.89)
Family history of inhibitor	1.66 (1.03-2.67)
Previous exposure blood components	1.86 (1.17-2.95)
Treatment regimen	1.82 (1.15-2.90)
Treatment intensity	1.87 (1.17-2.97)
Surgery	1.80 (1.13-2.86)

TABLE S3. COX REGRESSION RESTRICTED TO COUNTRIES WHERE KOGENATE WAS NOT USED.

Adjustment variable	Hazard ratio (95% confidence interval)
All inhibitors	
None	1.98 (0.99-3.97)
Age, mutation	2.03 (0.96-4.30)
High-titre inhibitors	
None	2.59 (1.11-6.00)
Age, mutation	2.61 (1.06-6.41)

TABLE S4. SEVERE ADVERSE EVENTS.

	Randomized to plasma-derived FVIII, n (n of patients who developed inhibitor)	Randomized to recombinant FVIII, n (n of patients who developed inhibitor)
Death	2 (0)	0
Intracranial bleeding		
Intracerebral	2 (1, high titer)	3 (0)*
Subdural	1 (1, high titer)	2 (1, high titer)
Epidural	1 (0)	0
Gastrointestinal bleeding	1 (0)	1 (1, low titer)

* All patients were on an on-demand regimen, except one patient who developed intracerebral bleeding who was receiving prophylactic treatment