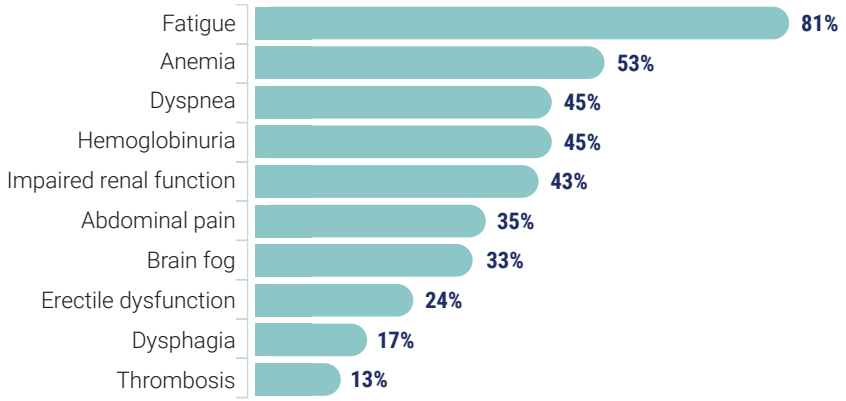
Recognizing PNH: The Importance of a Timely Diagnosis and Effective Management

Variability of PNH symptoms and patient presentation can contribute to diagnostic delays[1,2]

Common signs and symptoms of PNH include[3-5]:



Lab parameter	In PNH
Absolute reticulocyte count (ARC)	↑
Haptoglobin	↓
Hemoglobin	↓
Lactate dehydrogenase (LDH)	↑
Total bilirubin	↑

An accurate **PNH diagnosis** may take an **average of 2 years**[6]

- In one study, which surveyed 163 patients with PNH[2,7]

<40%
of patients were diagnosed within 12 months of symptom onset

~38%
of patients saw ≥5 HCPs prior to diagnosis

24%
of patients were diagnosed after >5 years

Biomarker testing is a fundamental component of the diagnostic workup for hematologic diseases[1,8-10]

- PNH, AA, and MDS share similar symptoms but have distinct prognoses and treatment options[1,8,9]
- Because PNH can coexist with other BMF diseases, accurate diagnosis is crucial—**flow cytometry is the only test that can differentiate PNH**[1,8-10]

If your patient has relevant symptoms or abnormal lab values, consider PNH in the differential diagnosis and confirm with high-sensitivity flow cytometry with FLAER for timely and accurate detection[3-5,11,12]

Timely and accurate diagnoses are crucial in making appropriate treatment decisions for patients with PNH[1,8-10,13,14]

PULSE CHECK

Signs and symptoms
- ☐ Are any of your patients presenting with common signs or symptoms of PNH?

Diagnosis
- ☐ Have you considered checking your patients for PNH with high-sensitivity flow cytometry?

Monitoring and treatment
- ☐ Are any of your patients experiencing continued symptoms?

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AA, aplastic anemia; BMF, bone marrow failure; FLAER, fluorescein-labeled proaerolysin; HCP, health care professional; MDS, myelodysplastic syndrome; PNH, paroxysmal nocturnal hemoglobinuria.

Understanding the Needs for Early Intervention and Patient Monitoring/Management

Treatment is critical for PNH—initiating appropriate PNH-specific therapy promptly may improve prognosis[1,14]

- **If left untreated, PNH can be fatal,** with ~35% of patients dying within 5 years and a median survival of 10 to 15 years[15]

Without appropriate treatment, hemolysis in PNH can lead to **anemia associated with fatigue, iron deficiency, thrombosis, and end-organ damage,** including chronic kidney disease and pulmonary hypertension[16]

Thrombotic events
affect 13% to 44% of patients and cause 40% to 67% of deaths[3,16]

Chronic kidney disease
causes 8% to 18% of deaths and is the second leading cause of death in untreated PNH[16]

Pulmonary hypertension
affects ~50% of patients[15]

- **Larger clone sizes increase symptom burden and thrombotic risk[17]**
- **Monitoring of PNH clones by high-sensitivity flow cytometry can identify increases in clone size[5,11,12]**
- **Routine monitoring of clone size and clinical status is essential to detect potential progression[11,12]**

PNH clone size may be analyzed every 6 months, based on patients' clinical profiles, for the first 2 years and then once a year thereafter if the disease is being treated and is stable[5,18]

PULSE CHECK

For your patients who are…

newly diagnosed or **diagnosed but treatment naive** or **on therapy**

…how are you monitoring their PNH?

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