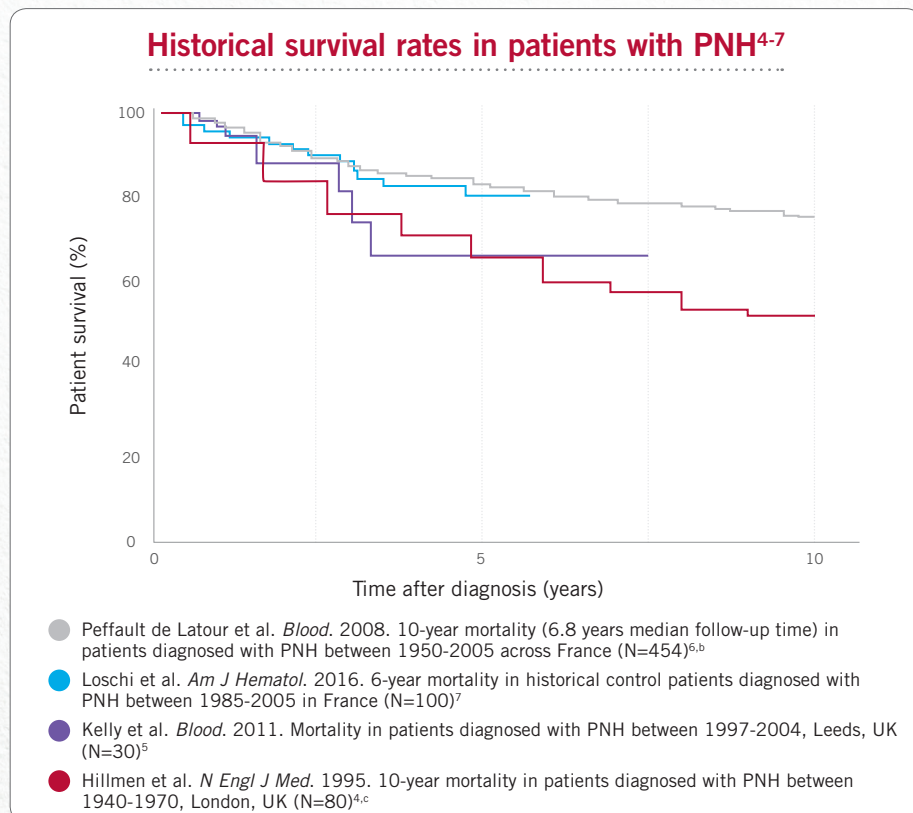


PNH is a progressive disease with life-threatening consequences¹⁻³

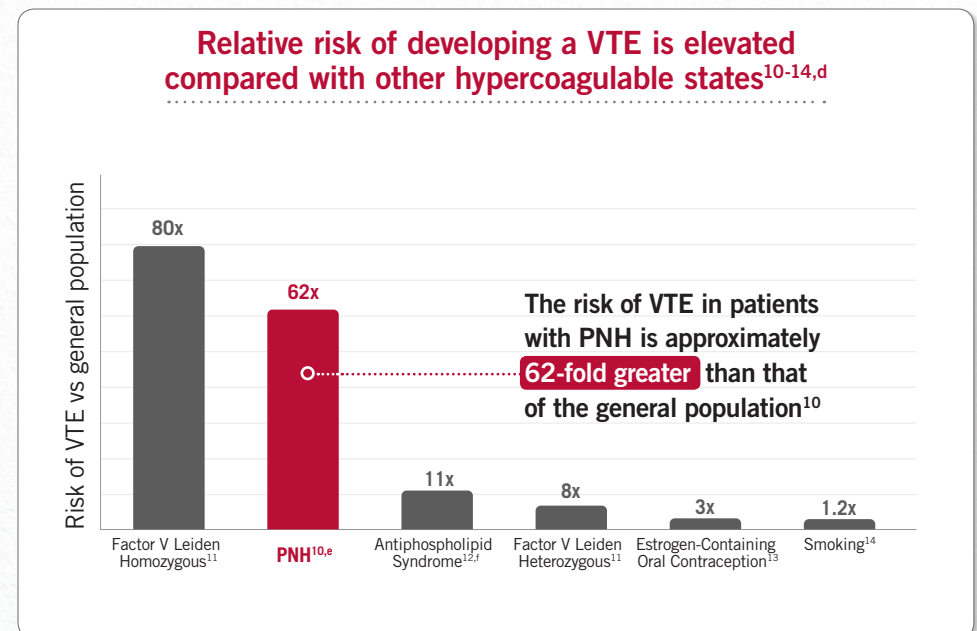
Approximately 20% to 35% of patients with PNH (receiving historical supportive care) die within 5-10 years of diagnosis^{4-7,a}



^aHistorical supportive care includes oral anticoagulant therapy and transfusions. ^bPatients in the Peffault de Latour 2008 study were followed up to 40 years. ^cPatients in the Hillmen 1995 study were followed up to 25 years.

Thrombosis is the leading cause of death in PNH⁸

- 40% to 67% of deaths in patients with PNH are due to venous or arterial thrombosis⁸
- Patients with **LDH $\geq 1.5 \times$ ULN** and abdominal pain, chest pain, dyspnea, or hemoglobinuria have a significantly increased risk ($p < 0.05$) of developing a TE compared with patients with LDH $< 1.5 \times$ ULN and no symptoms⁹



^dRelative risk graph developed based on data from different studies. ^eVTE event rate (no. per 100 patient-years) is based on 105 VTE events in 1683.4 patient-years and a VTE rate in the general population of 0.001 per year. ^fExcludes patients with anticardiolipin antibodies.

“We can safely say that PNH is the most vicious acquired thrombophilic state known in medicine”^{8,15}

-Luzzatto, *Blood*. 2013

Thrombosis in patients with PNH is multifactorial and results from the impact of complement dysregulation⁸

Anticoagulation does not address the underlying disease process of chronic, complement-mediated hemolysis and may be insufficient to prevent recurrent thrombotic events⁸

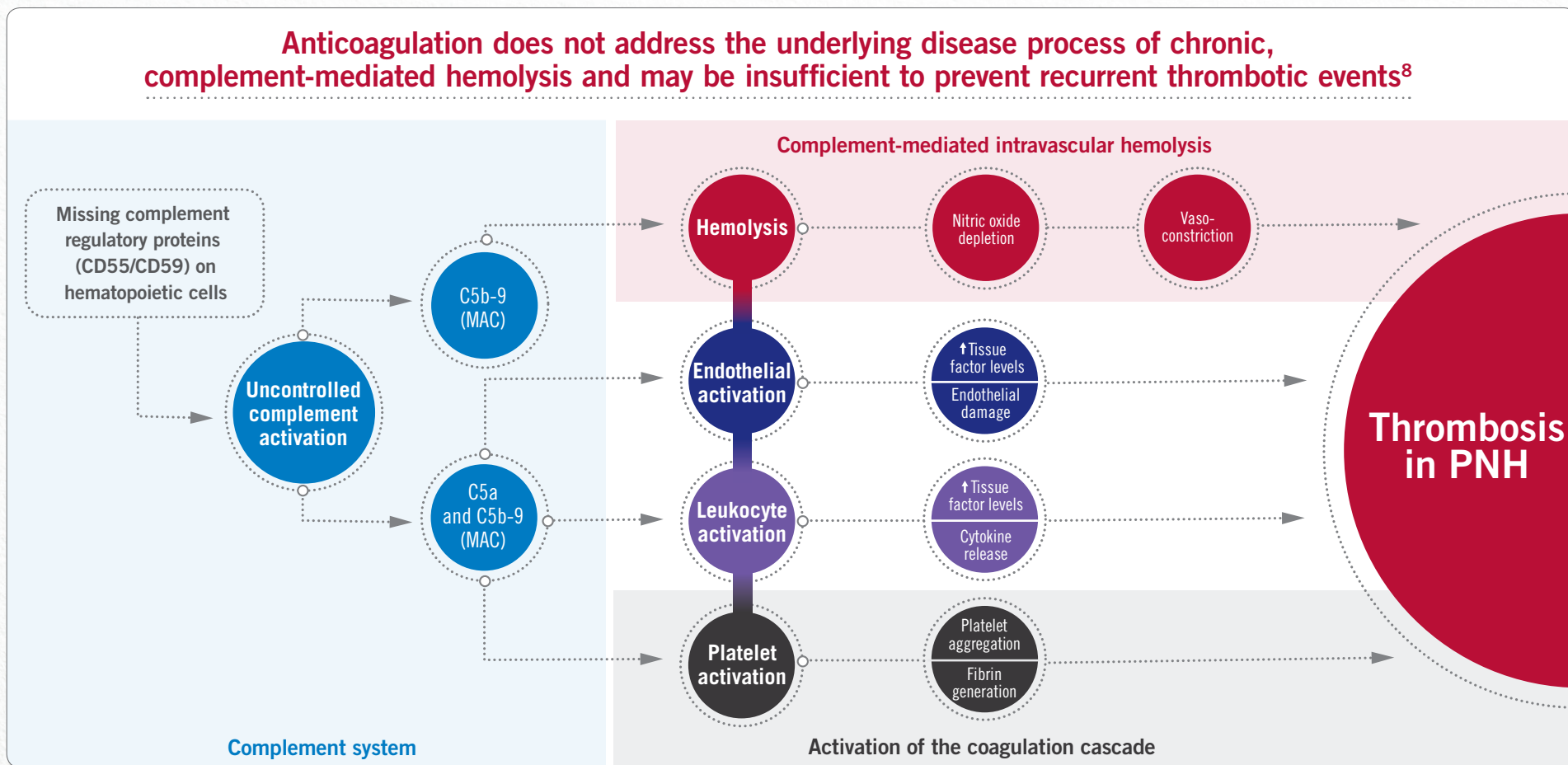


Figure inspired by Hill A, et al. *Blood*. 2013;121(25):4985-4996.

LDH, lactate dehydrogenase; MAC, membrane attack complex; PNH, paroxysmal nocturnal hemoglobinuria; TE, thromboembolism; ULN, upper limit of normal; VTE, venous thromboembolism.

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