

# Characterising the UK Population Living with von Willebrand Disease: Foundational Data for Health Economics and Outcomes Research

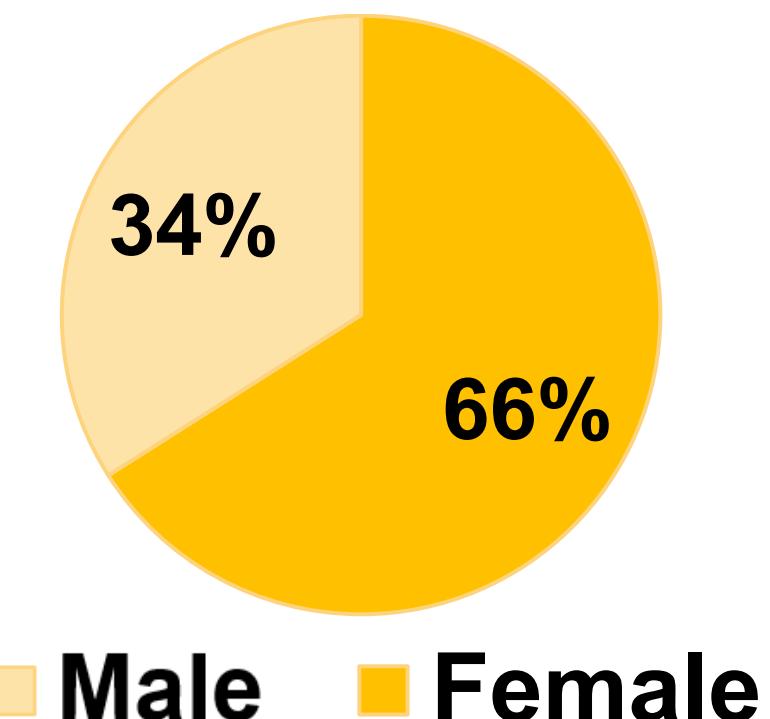
George Morgan<sup>1,2</sup>, Emily Back<sup>1</sup>, Jo Traunter<sup>3</sup>, Hannah Yarnall<sup>4</sup>, Daryl-Ashlee Preston<sup>1,5</sup>, Sarah Brighton<sup>1</sup>, Sam Bristow<sup>1,2</sup>

<sup>1</sup>DHT.health, Clitheroe, United Kingdom; <sup>2</sup>Lancaster University, Health Innovation Campus, Lancaster, United Kingdom, <sup>3</sup>The University of Hull, United Kingdom; <sup>4</sup>The Haemophilia Society, London, United Kingdom; <sup>5</sup>NHS Business Service Authority, Newcastle, United Kingdom

**Background & Aims:** von Willebrand Disease (vWD) is a rare, inherited, heterogeneous, and under-researched bleeding disorder. The PIVOT-vWD UK dataset aims to characterise the patient community in the United Kingdom (UK), informing health economics and outcomes research (HEOR), particularly in burden of illness, healthcare resource use, and patient preference.

**Methods:** Data were drawn from the UK cohort of the PIVOT-vWD study (collected Oct 24–Jan 25), a cross-sectional study co-developed with key opinion leaders within the vWD community to capture the impact, voice, and outcomes of people living with vWD. Invitations were distributed via a network of patient organisations. Participants (patients and/or caregivers) completed an encrypted online questionnaire. Individuals self-reported demographic, clinical, and treatment characteristics, bleed impact, healthcare resource use, outcome measures including quality of life, visual analogue scales (VAS), and treatment-focused preference ranking exercises. Descriptive statistics were used to summarise the cohort.

Figure 1: Gender Split



Sample includes 116 individuals (83% self-complete; 17% proxy-complete), with a mean age of 41.9 years (SD: 21.4), and 66% female. (Figure 1)

Figure 2: Hospital Satisfaction

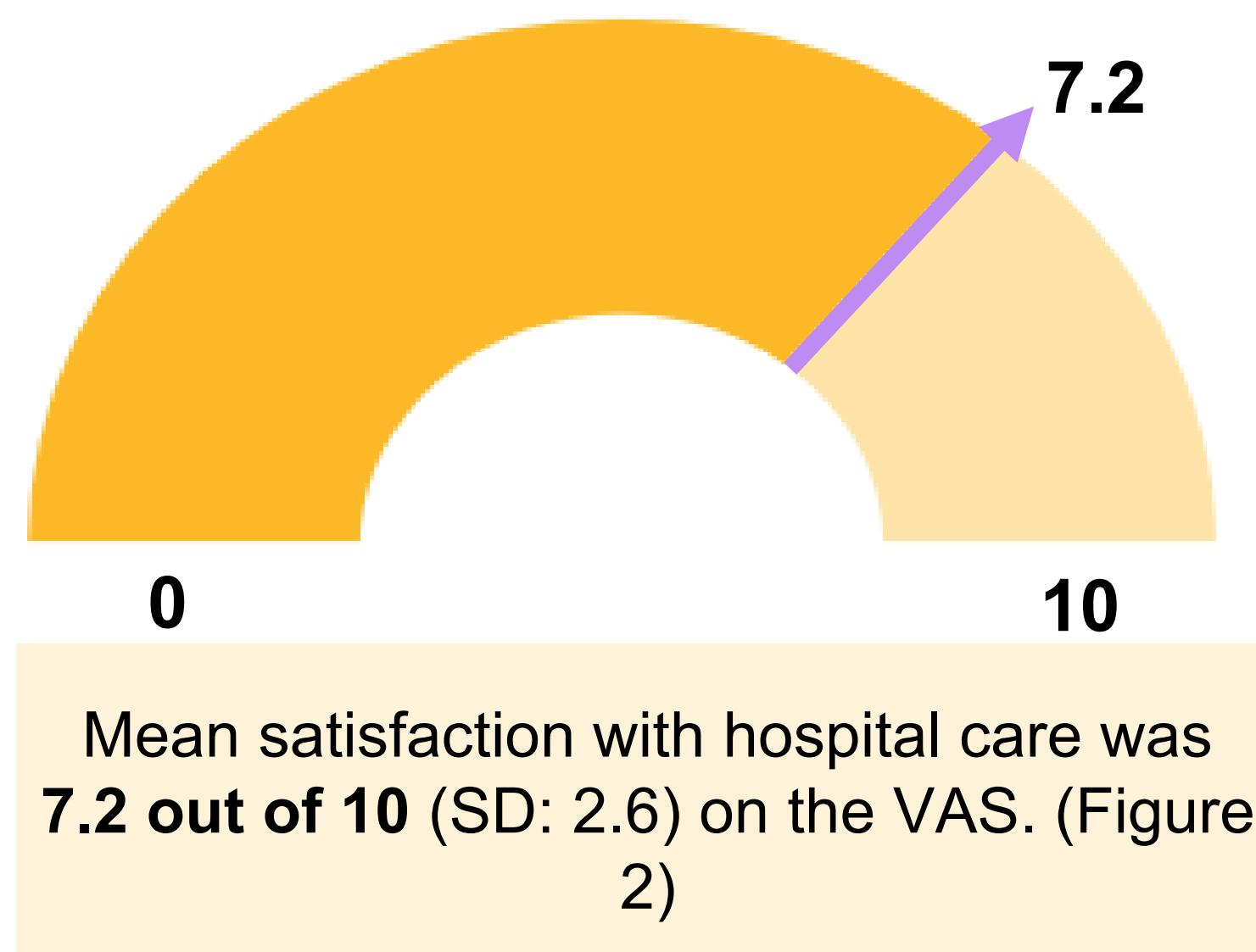


Figure 3 : vWD Type

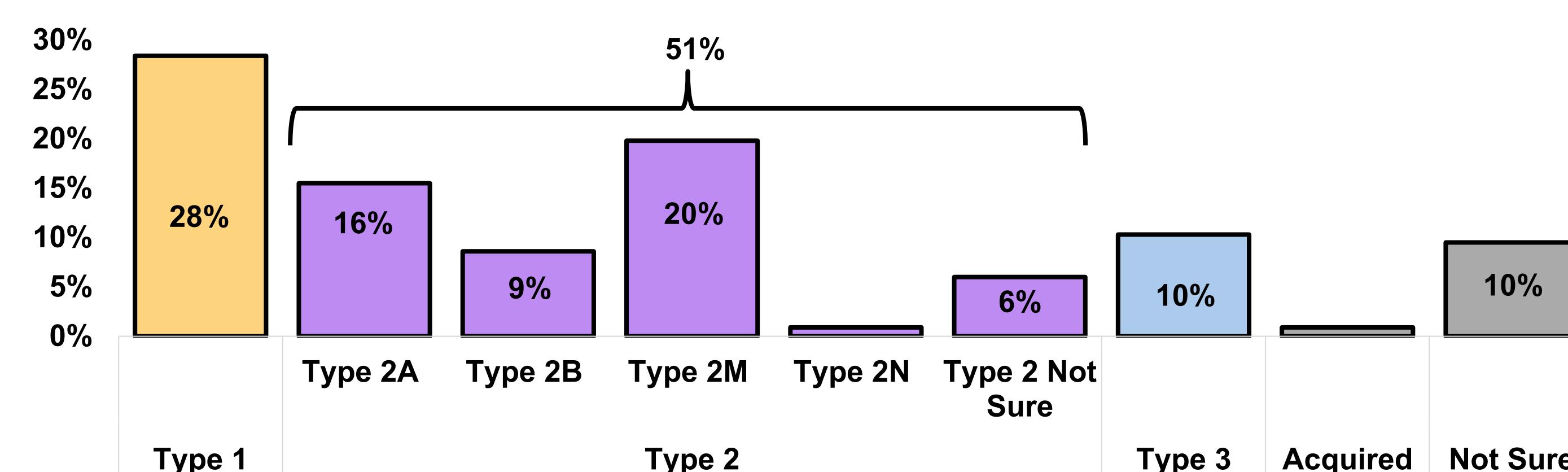
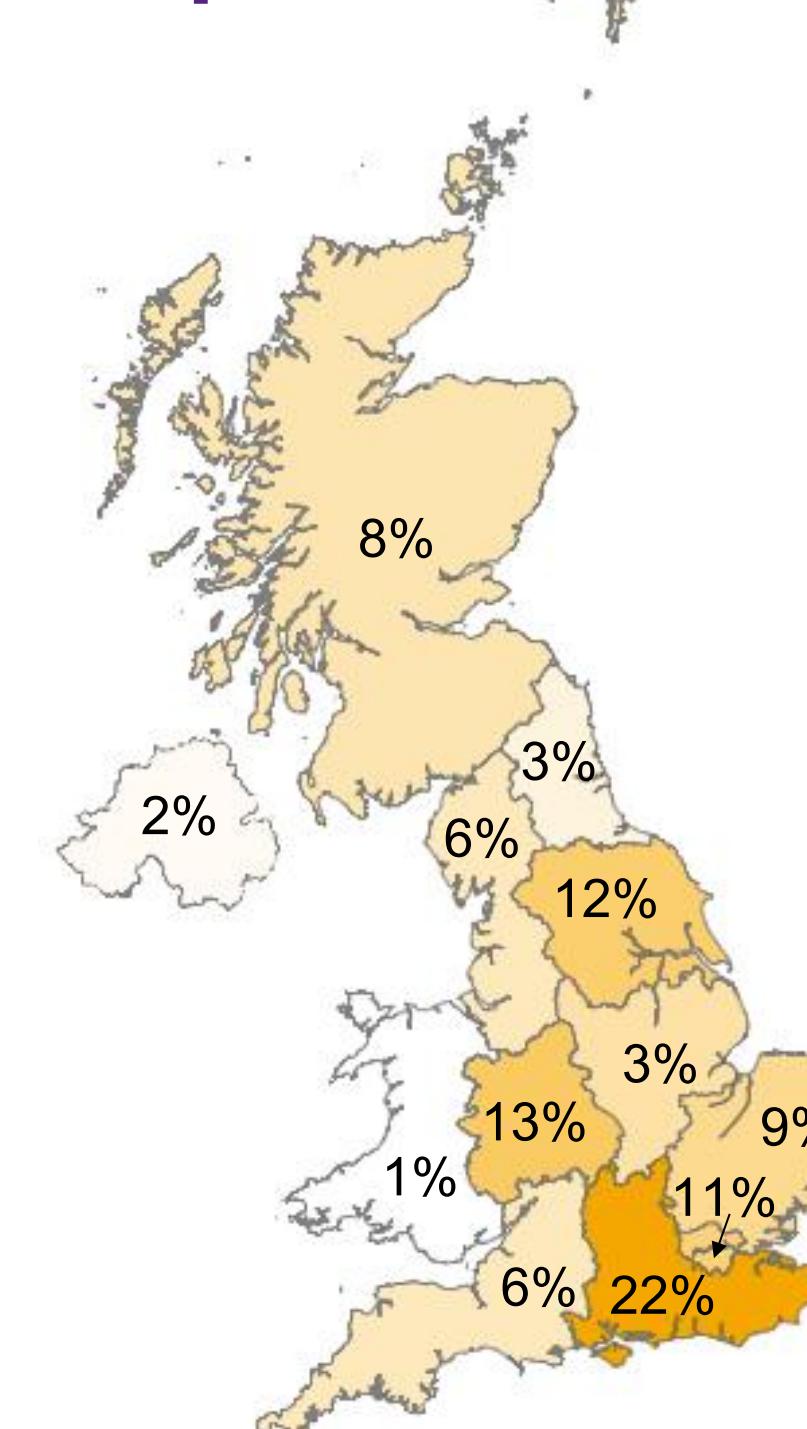


Figure 4: Location of Participants



Self-reported vWD types included: Type 1 (28%), Type 2 including subtypes (51%), Type 3 (10%), Acquired and Unreported (11%). (Figure 3)

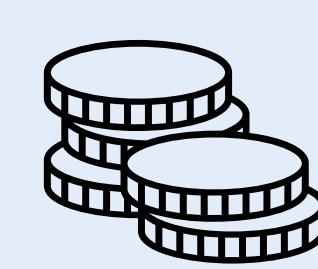
Respondents were geographically dispersed across the UK, with the highest representation from South East England (22%). (Figure 4)

Treatment use was reported by 69%, and 76% had accessed hospital-based care in the past 12 months.

## Real-world patient and caregiver voices providing the foundation for future burden, preference and HRQoL research in vWD.

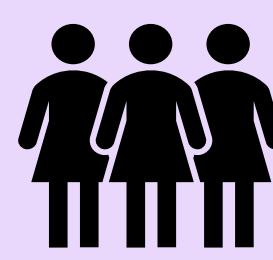
### HEOR Use Cases utilising PIVOT-vWD

#### Economic Burden



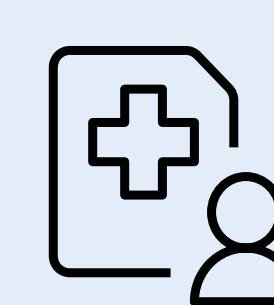
Linking real-world healthcare resource use with unit costs to estimate direct medical costs

#### Patient Preference Insights



Unique ranking & rating preference data from people with vWD and caregivers

#### Health State Utilities



Dual generic utility measures (EQ-5D, AQoL-4D) to inform QALY modelling

#### Work & Caregiver Impact



Capturing productivity loss (WPAI) and caregiver spillover effects, including time, QoL, and decision-making burden

#### Multi Country Expansion



Currently collecting data in the US, France, Spain, Germany and Italy

#### Diagnosis Insights



Patient reported diagnostic experience and gaps using qualitative questions.

#### Treatment & Management



Treatment satisfaction and adherence, and novel treatment perspectives

#### Community Engagement



Community based data capture, reaching those not regularly engaging with care settings

**Conclusion:** This dataset offers a comprehensive, real-world, patient reported resource characterising people living with vWD in the UK, including perspectives from both patients and caregivers. Findings reveal variation in treatment exposure and hospital interaction. PIVOT-vWD supports future HEOR by enabling robust analysis of service use, patient preference, and burden, grounded in the real-world patient voice of the vWD community.

