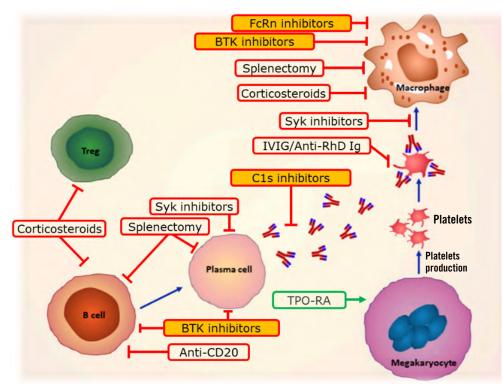


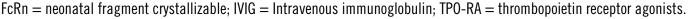
## **CLINICAL COMPANION**

## **OVERVIEW OF MANAGEMENT OPTIONS FOR ITP**<sup>1,2</sup>



- 1. **REDUCE** antiplatelet antibody production
- 2. **REDUCE** platelet removal
- 3. INCREASE platelet production

BAFF = B-cell activating factor; BTK = bruton tyrosine kinase; CXCR5 = chemokine receptor type 5; EcBn = peopetal fragment crystallizable; <math>IVIC = Intravenous immunoglobulin;  $TPO_{-}RA = thrombonoietin$  recent

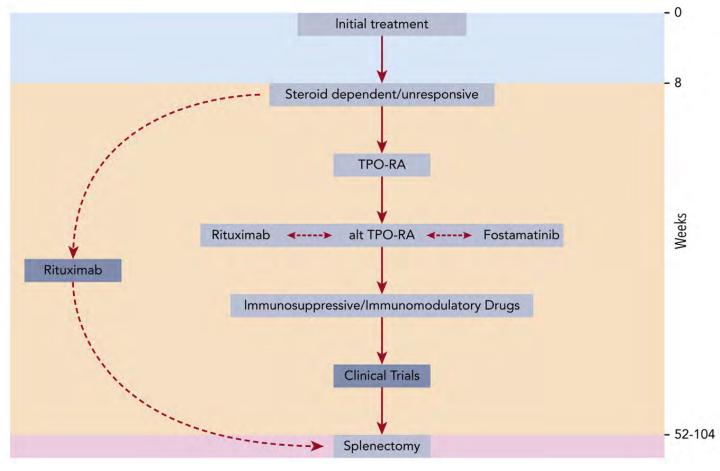






## **CLINICAL COMPANION**

## **CLINICAL ALGORITHM<sup>3</sup>**







## **CLINICAL COMPANION**

### EFFICACY OF CURRENT MANAGEMENT OPTIONS<sup>3,4</sup>

#### **TPO-RA**

Onset of action: 1-2 weeks Durable response: 63% Rapid onset: 1-2 weeks TFR: 10%-30%

No predictors of response

TFR, treatment-free remission TPO-RA, thrombopoietin receptor agonist

A number of these treatment options are used off-label for the treatment of ITP, but in line with international guidelines

#### Rituximab Onset of action: 6-24 weeks Short-term response: 60% Long-term TFR: 30% Induction therapy Slow onset: 6-24 weeks

Female gender? Younger age? Shorter duration of disease?

Fostamatinib Onset of action: 1-2 weeks Response: 20%-40% 18% stable response Rapid effect: 1-2 weeks

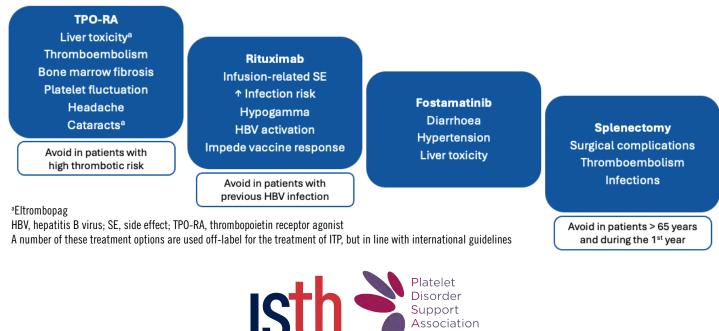
No predictors of response

Disorder Support Association

#### Splenectomy Remission: 70% Rapid effect: within hours

Younger age <60-70 years Splenic or mixed sequestration

## **SAFETY OF CURRENT MANAGEMENT OPTIONS**<sup>3,4</sup>





## **CLINICAL COMPANION**

## **COMPLEXITY OF ITP TREATMENT DECISIONS<sup>5-8</sup>**

- Multiple second-line treatment options available, each with different benefits and risks
- Lack of comparative trials between treatments
- Variability in how patients respond to and tolerate different therapies

## **UNMET PATIENT NEEDS**<sup>5-10</sup>

#### **Diagnostic Tools:**

- Reliable diagnostic tests
- Biomarkers to calculate risk and guide treatment decisions

#### **QoL Improvements:**

- Better management of fatigue
- Addressing cognitive impairment

#### **Treatment Options:**

- Improved side effect profiles and rapid response
- Refractory patients need better options for therapy
- Treatments that induce long-term remission without need for ongoing therapy
- Targeted therapies that address the various underlying mechanisms of cITP
- Studies on combination therapies





## **CLINICAL COMPANION**

### FACTORS INFLUENCING TREATMENT INDICATION AND CHOICE OF THERAPY<sup>5,9,11-13</sup>

#### **Patient-related Factors**

- Patient characteristics
- Concomitant medication
- Patient preference
- Comorbidities
- Compliance
- Lifestyle/work
- Sports

### **External Factors**

- Financial restrictions
- Regulatory restrictions
- Guidelines
- Availability of treatment
- Physician preference

### **Treatment-related Factors**

- Response
- Tolerance
- Schedule

### **Disease-related Factors**

- Risk of bleeding
- Platelet count
- Phase of disease
- Symptoms





## **CLINICAL COMPANION**

## **PDSA RESOURCES**

**ITP in Adults: Frequently Asked Questions** 

The Role and Function of Platelets in ITP

**ITP Natural History Study Patient Registry** 

Health Insurance and Assistance Programs for ITP Patients

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