TREATING ITP:
Working Together to Improve Outcomes

RAPID RECAP

LEARNING OBJECTIVES

- Demonstrate understanding of the impact of ITP on patients
- Outline for a patient the benefits and risks of current treatment approaches for ITP
- Address common patient concerns regarding emerging persistent/chronic ITP treatment options

IMPACT OF ITP[1,2]

- **Severe bleeding:** 9.5% of adults (95% CI: 4.1-17.1%)[1]
  - **Intracranial hemorrhage (ICH):** 1.4% of adults[1]
  - **Hemorrhage:** 12% (n = 30/245)[2]
  - **Asymptomatic:** 29% (n = 71/245)[2]
  - **Purpura:** 59% (n = 144/245)[2]

- Adult patients most frequently report the following symptoms:[1]
  - **Fatigue:** 94% (n = 17)
  - **Bruising:** 83% (n = 15)

- About 8% of patients with ITP had a thromboembolism prior to diagnosis[1]

- 80% of adults with ITP will develop cITP[1]

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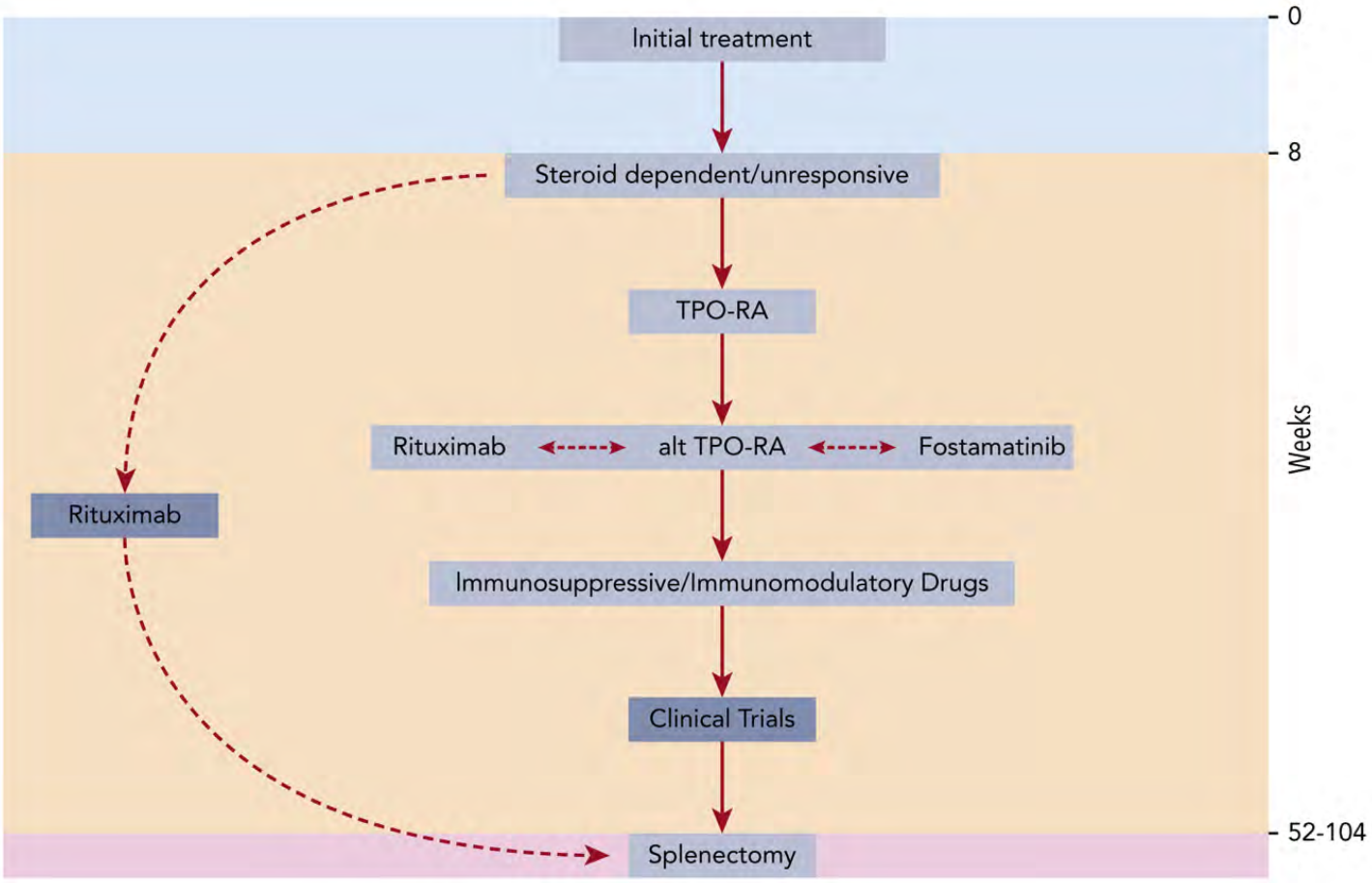
MANAGEMENT OPTIONS FOR ITP[3]



TPO-RA = thrombopoietin receptor agonist

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CURRENT TREATMENT: BENEFITS AND RISKS

Therapy	Benefits	Risks
Corticosteroids[4,5]	• Rapid platelet count increase in many patients • Familiar and low-cost option	• Adverse event profile • Complications of long-term administration e.g., weight gain, cataracts, diabetes, etc.
Immunoglobulins[5,6]	• Rapid increase in platelet counts • Useful for acute bleeding episodes	• Short-term efficacy • Potential for allergic reactions • Headaches and aseptic meningitis (with IVIg) • Hemolysis (more commonly with anti-D)
TPO-RAs[7-9]	• Durable platelet response • Reduced bleeding events • Improved QoL • Suitable for long-term management	• Potential for elevated hepatic enzymes (eltrombopag) • Need for regular monitoring • Possible rebound thrombocytopenia upon rapid dose decrease or discontinuation • Low risk for bone marrow reticulin
Rituximab[5]	• Leads to long-term remission in some patients	• Decreased vaccine response • Prolonged lymphopenia • Increased risk of infection
Splenectomy[3,5]	• Leads to long-term remission in some patients without need for ongoing therapy	• Surgical complications • Long-term increased risk of infection • Long-term increased risk of thrombosis
Fostamatinib[3,5]	• Novel mechanism of action (Syk inhibitor) • Effective in some patients refractory to other treatments	• Gastrointestinal side effects • Hypertension • Potential for liver function abnormalities

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EMERGING ITP THERAPIES[9,10]

Name	Drug class	Phase	Administration Route
Sovleplenib Cevidoplenib (SKI-O-703)	Syk inhibitor	3 2	Oral/daily Oral/twice daily
Efgartigimod STSA-1301	FcRn inhibitor	3 1	IV/weekly SubQ/once
Rilzabrutinib Orelabrutinib	BTK inhibitor	3 3	Oral/daily-twice daily Oral/daily
Daratumumab Mezagitamab CM313	Plasma cell therapy (anti-CD38)	2 2 2	IV/weekly IV/weekly IV/weekly
Sutimlimab	Complement inhibition	1	SubQ/weekly
Ianalumab	BAFF-R inhibitor	3	IV/monthly
PF-06835375	CXCR5 inhibitor	2	SubQ/monthly

BAFF= B-cell activating factor; BTK = bruton tyrosine kinase; CXCR5 = chemokine receptor type 5;
FcRn = neonatal fragment crystallizable; IV = intravenous; SubQ = subcutaneous

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KEY TAKEAWAYS

- Shared decision-making is essential in the management of ITP and treatment should be tailored to the patient's preferences and symptoms
- There are several benefits and risks associated with approved therapies for ITP
- Patients failing multiple approved or recognized therapies should be considered for clinical trials

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