Insights from EHA and ISTH 2024: How can we optimize care for patients with chronic ITP?

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Recorded following EHA2024 Hybrid Congress, Madrid, Spain, 13–16 June, and ISTH 2024, Bangkok, Thailand, 22–26 June

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How does ITP impact the patient and their HRQoL?

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Recorded following EHA2024 Hybrid Congress, Madrid, Spain, 13–16 June, and ISTH 2024, Bangkok, Thailand, 22–26 June

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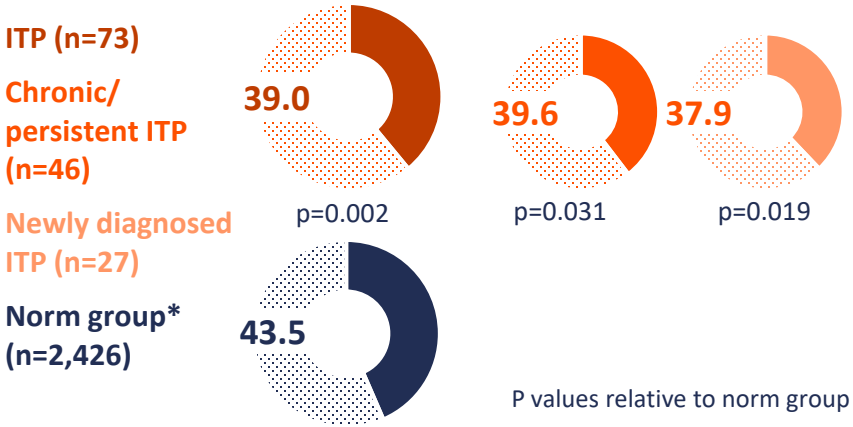
PB0687: Fatigue in adult patients with primary ITP
Gebhart J, et al.

Fatigue outcomes (mean FACIT-F scores)

Mean total FACIT-F scores (higher scores represent less fatigue)



Correlation between fatigue and selected clinical parameters in adults with ITP

Ferritin was the only **significant predictor of fatigue** by regression analysis (p=0.034)

Patients with ITP, including those with chronic ITP, experienced significantly more severe fatigue than the control group. Ferritin levels predict fatigue.

*German Norm Sample Group from 2018.
FACIT-F, Functional Assessment of Chronic Illness Therapy-Fatigue; ITP, immune thrombocytopenia.
Gebhart A, et al. Presented at: ISTH 2024, Bangkok, Thailand. 22–26 June 2024. Poster presentation PB0687.

P1630: Incidence, description, and management of venous thromboses in adult patients with ITP. Results from the multicenter prospective registry Carmen-France

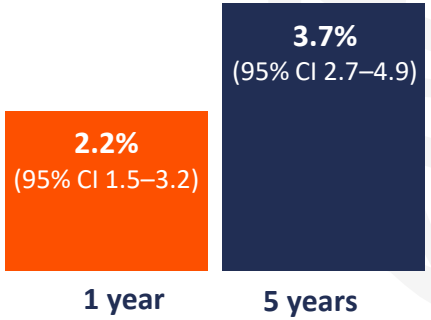
Therme F, et al.

Patient demographics and VT incidence

	VT group (n=53)	Non-VT group (n=1,251)
Median age, years (Q1–3)	70 (49–81)	62 (39–77)
History of thrombosis, %	24.5	6.3
Secondary ITP, %	26.4	14.5
Platelets at diagnosis, x 10^9/L (Q1–3)	8 (4–24)	18 (6–46.5)
Prothrombotic treatments during FU		
Corticosteroids, %	94.3	81
IVIg, %	49.1	41
≥1 TPO-RA, %	62.3	28.6

Most VT events occurred within **3 months** of ITP diagnosis

Cumulative incidence rates of VT



A higher proportion of patients with VT had a history of thrombosis, secondary ITP, more severe disease and were treated with TPO-RAs vs patients who did not experience VT.

Ci, confidence interval; FU, follow up; ITP, immune thrombocytopenia; IVIg, intravenous immunoglobulin; TPO-RA, thrombopoietin receptor agonist; VT, venous thrombosis.

Therme F, et al. Presented at: EHA 2024 Hybrid Congress, Madrid, Spain. 13–16 June 2024. Poster presentation P1630.

P1630: Incidence, description, and management of venous thromboses in adult patients with ITP. Results from the multicenter prospective registry Carmen-France

Therme F, et al.

Description of VT events and management practices

Patients had atypical VT events

Cerebral VT events, all in patients treated with TPO-RAs

Cerebral VT events in patients with platelet count >250 x 10^9/L

Bleeding and thrombotic events in patients experiencing VT after receiving anticoagulation for ≤3 or ≥6 months (n=31)

	+ TPO-RA during anticoagulation		– TPO-RA during anticoagulation	
	Thrombosis	Haemorrhage	Thrombosis	Haemorrhage
≤3 mo	1	0	0	0
≥6 mo	0	0	0	0

Patients treated with TPO-RAs had an increased risk of VT at an atypical site. TPO-RAs + anticoagulation was an effective and tolerable management strategy.

ITP, immune thrombocytopenia; mo, month; TPO-RA, thrombopoietin receptor agonist; VT, venous thrombosis.

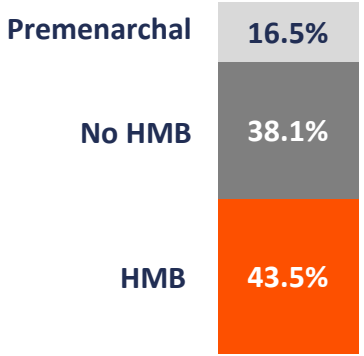
Therme F, et al. Presented at: EHA 2024 Hybrid Congress, Madrid, Spain. 13–16 June 2024. Poster presentation P1630.

PB0694: Heavy menstrual bleeding is a common, underrecognized issue in at risk adolescents with ITP and inherited platelet disorders

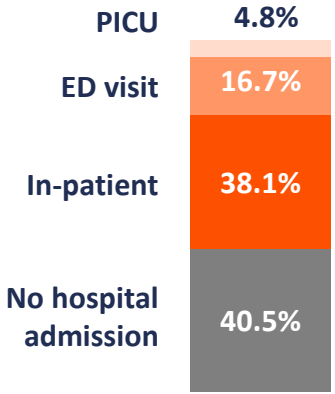
Doshi BS, et al.

Frequency and severity of HMB (ITP, n=298; IPD, n=122)

Incidence of HMB in at-risk patients with ITP (n=85)



Hospital management of HMB in patients with ITP (n=42 visits)



Treatment of HMB in patients with ITP (n=37):

- ITP-directed long-term treatment (n=24)
- Hormonal therapy (n=16)

Of patients with ITP and HMB were iron deficient (n=37)

Of patients with ITP or IPD were treated for IDA (n=42)

HMB is common in female patients with ITP and results in high rates of hospitalization.
Iron deficiency is common in female patients with ITP and HMB.

ED, emergency department; HMB, heavy menstrual bleeding; IDA, iron deficient anaemia; IPD, inherited platelet disorder; ITP, immune thrombocytopenia; PICU, paediatric intensive care unit.

Doshi BS, et al. Presented at: ISTH 2024, Bangkok, Thailand. 22–26 June 2024. Poster presentation PB0694.

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What are the latest data that inform the use of current treatments for chronic ITP?

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Recorded following EHA2024 Hybrid Congress, Madrid, Spain, 13–16 June, and ISTH 2024, Bangkok, Thailand, 22–26 June

P1628: Prolonged response after TPO-RA discontinuation in primary ITP: Long term follow-up of the STOPAGO study, a prospective multicenter study

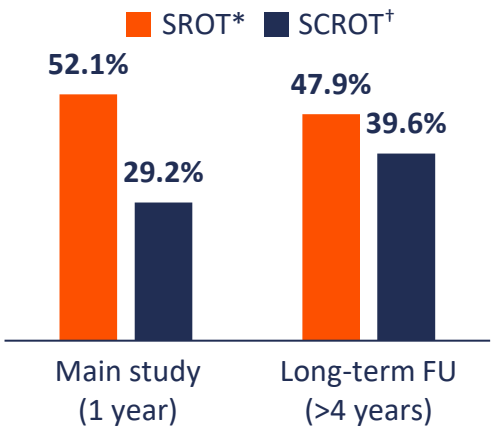
Cottu A, et al.

Baseline characteristics (N=48)

Chronic ITP at TPO-RA initiation	63%
Median duration of ITP at TPO-RA discontinuation	6 years
>2 lines of treatment	47%
Most common TPO-RA	Eltrombopag 83%

Clinical outcomes (extended FU)

Clinical response after TPO-RA discontinuation



Median duration of FU 5 years (4–6.3)

Two patients relapsed‡ >1 year after TPO-RA discontinuation

Chronic ITP at TPO-RA initiation was a **risk factor for relapse‡** OR 5.4 (95% CI 1.27–22.62); p=0.022

~50% of patients maintained SROT for >4 years after TPO-RA discontinuation. Only two cases of relapse reported during long-term FU, confirming most cases occurred in the first weeks after discontinuation.

*SROT: platelet count ≥30 x 10^9/L and no bleeding. †SCROT: platelet count ≥100 x 10^9/L and no bleeding without ITP-specific medications. ‡Relapse defined as bleeding event and/or platelet count <30 x 10^9/L. CI, confidence interval; FU, follow-up; ITP, immune thrombocytopenia; OR, odds ratio; SCROT, sustained complete response off treatment; SROT, sustained response off treatment; TPO-RA, thrombopoietin receptor agonist. Cottu A, et al. Presented at: EHA2024 Hybrid Congress, Madrid, Spain. 13–16 June 2024. Poster presentation P1628.

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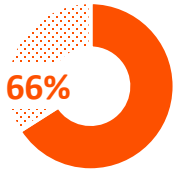
P2232: Italian real-world experience with fostamatinib in adult patients with chronic ITP

Zaja F, et al.

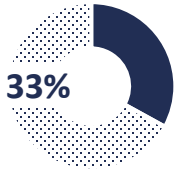
Baseline characteristics (N=91)

Previously received >1 TPO-RA	57%
Previous splenectomy	23%
≥3 lines of prior treatment	83%
Median time from ITP diagnosis to fostamatinib Tx	7 years

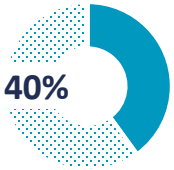
Clinical outcomes



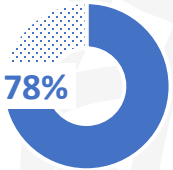
Overall response within 3 months



Complete response*



Still receiving Tx at 6 months



↑ fostamatinib dose

59 side effects reported in 38 patients (31 were treatment-related); most common: diarrhoea (n=13), hypertension (n=8), transaminitis (n=8), neutropenia (n=4)

Tx discontinuation due to side effects: neutropenia, transaminitis, hypertension (all n=1), diarrhoea (n=2)

DVT: n=1 (grade 3) 5 months after cessation of fostamatinib

40% of patients with refractory, chronic ITP received fostamatinib for 6 months, suggesting fostamatinib is an effective therapeutic option in real-world practice with an acceptable safety profile.

*According to International Working Group criteria. DVT, deep vein thrombosis; ITP, immune thrombocytopenia; TPO-RA, thrombopoietin receptor agonist; Tx, treatment.

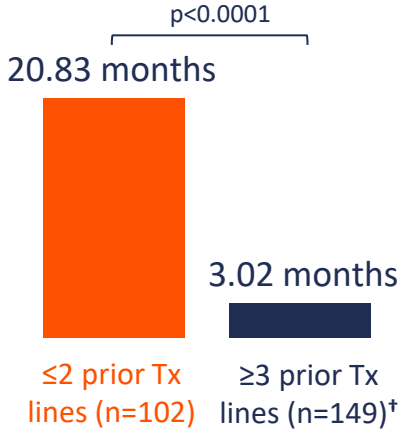
Zaja F, et al. Presented at: EHA2024 Hybrid Congress, Madrid, Spain. 13–16 June 2024. Poster presentation P2232.

P1626: The outcome of splenectomy in refractory ITP is poor: An analysis of real world UK ITP registry data

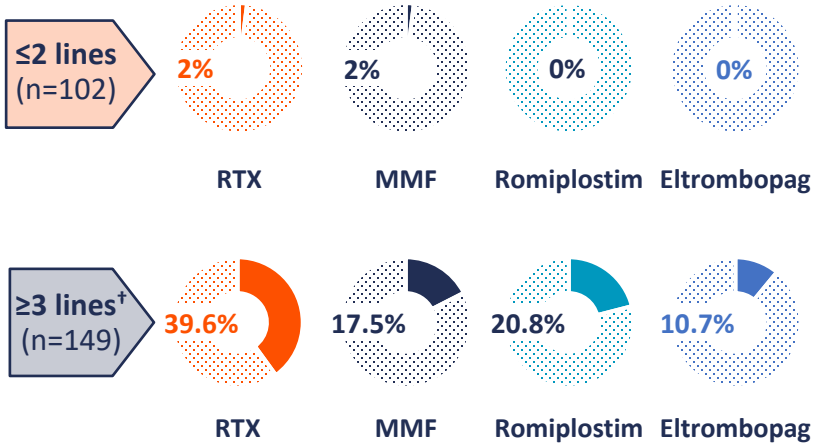
Chen F, et al.

Outcomes associated with splenectomy in patients with refractory ITP from the UK ITP registry after the year 2000

Median time to first treatment post-splenectomy*



Treatment prior to splenectomy



Time to splenectomy failure* was significantly shorter in patients >65 years vs patients ≤65 years (p=0.001)

The probability of splenectomy inducing sustained remission in refractory patients with ITP is considerably lower vs non-refractory patients.

*Median time to first treatment post-splenectomy was a surrogate marker of splenectomy failure. †Refractory ITP defined as having received ≥3 lines of therapy.
ITP, immune thrombocytopenia MMF, mycophenolate mofetil; RTX, rituximab; Tx, treatment.

Chen F, et al. Presented at: EHA2024 Hybrid Congress, Madrid, Spain. 13–16 June 2024. Poster presentation P1626.

What data are there for emerging chronic ITP treatments and what do they tell us?

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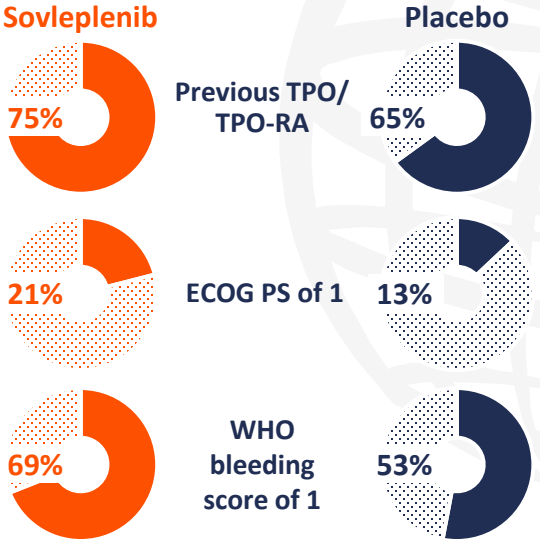
Recorded following EHA2024 Hybrid Congress, Madrid, Spain, 13–16 June, and ISTH 2024, Bangkok, Thailand, 22–26 June

S316: Efficacy and safety of the SYK inhibitor sovleplenib (HMPL-523) in adult patients with chronic primary ITP in China (ESLIM-01): A randomized, double-blind, placebo-controlled phase 3 study Yang R, et al.

Baseline demographics and characteristics*

Randomized 2:1	N=188	
	Sovleplenib 300 mg QD (n=126)	Placebo 300 mg QD (n=62)
Median age, years (range)	43.5 (18–72)	42.0 (18–69)
Median time since first reduction in platelet count to randomization, years (range)	7.6 (1.1–36.1)	7.8 (1.1–41.2)
≥3 years, %	75	82
BL platelet count <15 x 10^9/L, %	60	60
Prior splenectomy, %	4	5
Concomitant anti-ITP treatment at BL, %	33	32

Imbalance with some BL characteristics

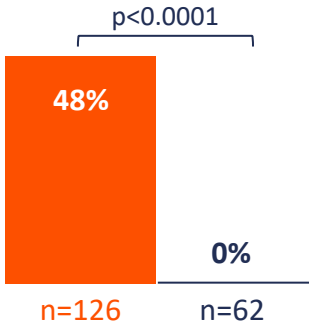


*Intention-to-treat set. Enrolment: Sep 2021–Dec 2022; data cut-off: 14 July 2023.
BL, baseline; ECOG PS, Eastern Cooperative Oncology Group Performance Status; ITP, immune thrombocytopenia; QD, once daily; TPO, thrombopoietin; TPO-RA, TPO-receptor agonist; WHO, World Health Organization.
Yang R, et al. Presented at: EHA 2024 Hybrid Congress, Madrid, Spain. 13–16 June 2024. Oral presentation S316.

S316: Efficacy and safety of the SYK inhibitor sovleplenib (HMPL-523) in adult patients with chronic primary ITP in China (ESLIM-01): A randomized, double-blind, placebo-controlled phase 3 study Yang R, et al.

Primary endpoint

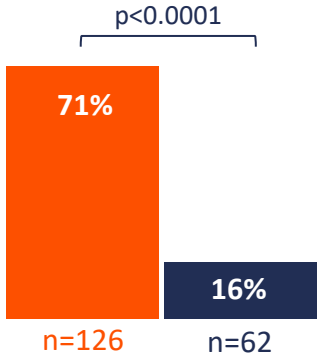
DRR (assessed from 14–24 weeks)*



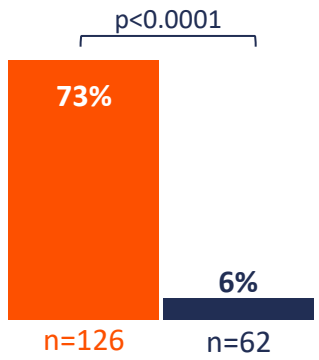
Platelet-related secondary endpoints

ORR (assessed from 0–24 weeks)

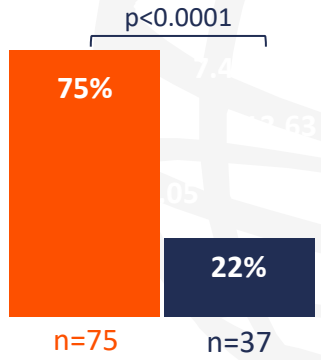
≥1 PC ≥50 x 10^9/L†



Two consecutive PCs ≥30 x 10^9/L and double from BL



PC ≥30 x 10^9/L and increased ≥20 x 10^9/L from BL‡



▪ Sovleplenib ▪ Placebo

Sovleplenib significantly improved DRR and ORR vs placebo in the ITT population.

P values based on Cochran–Mantel–Haenszel test adjusted for randomization stratification factors. *Platelet counts ≥50 x 10^9/L at 4–6 visits during 14–24 weeks, not impacted by rescue treatment. †Not impacted by rescue treatment. ‡For patients with a platelet count of <15 x 10^9/L at BL.

BL, baseline; DRR, durable response rate; ITP, immune thrombocytopenia; ITT, intention to treat; ORR, overall response rate; PC, platelet count.

Yang R, et al. Presented at: EHA 2024 Hybrid Congress, Madrid, Spain. 13–16 June 2024. Oral presentation S316.

S316: Efficacy and safety of the SYK inhibitor sovleplenib (HMPL-523) in adult patients with chronic primary ITP in China (ESLIM-01): A randomized, double-blind, placebo-controlled phase 3 study Yang R, et al.

Drug exposure and safety analyses

Median duration of exposure, weeks

Sovleplenib

Placebo

TEAEs, %	Sovleplenib (n=126)	Placebo (n=62)
≥1 TEAE	99	85
Grade 3/4	25	24
GI toxicities		
Nausea	1.6	3.2
Vomiting	1.6	1.6
Diarrhoea	1.6	0
Hypertension	12.7	6.5

Most common TEAEs (≥15%), %	All grade	Grade 3 or 4	All grade	Grade 3 or 4
URTI	29	2	10	0
COVID-19	24	1	13	0
↑ blood LDH	24	0	6	0

No thromboembolic events reported

There was a similar incidence of TEAEs with sovleplenib vs placebo.
No thromboembolic events or deaths were reported.

GI, gastrointestinal; ITP, immune thrombocytopenia; LDH, lactate dehydrogenase; TEAE, treatment-emergent adverse event; URTI, upper respiratory tract infection.

Yang R, et al. Presented at: EHA2024 Hybrid Congress, Madrid, Spain. 13–16 June 2024. Oral presentation S316.

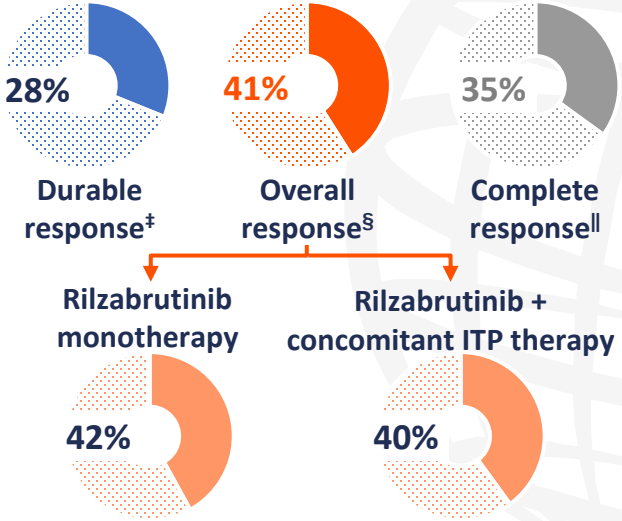
OC 13.3: Pooled analysis of the efficacy and safety of oral bruton tyrosine kinase inhibitor rilzabrutinib in patients with previously treated ITP: Phase 2 Study

Kuter D, et al.

Baseline characteristics

Oral rilzabrutinib 400 mg BID for 24 weeks (N=71)	Part A* Dose finding (n=45)	Part B* Single-dose (n=26)
Median age, years (range)	52 (19–75)	
Median duration of ITP, years (range)	7.3 (0.4–53)	
Median platelet count, x 10^9/L (range)	14 (2–33)	
Median unique prior ITP therapies, n (range)	6 (1–21)	
Median unique failed ITP therapies†, n (range)	2 (1–19)	
Rilzabrutinib monotherapy / concomitant ITP therapy, %	34 / 66	

Pooled efficacy outcomes (N=71)



Pooled analyses showed a rapid and durable platelet response in adult patients with ITP receiving rilzabrutinib monotherapy or with concomitant ITP therapy.

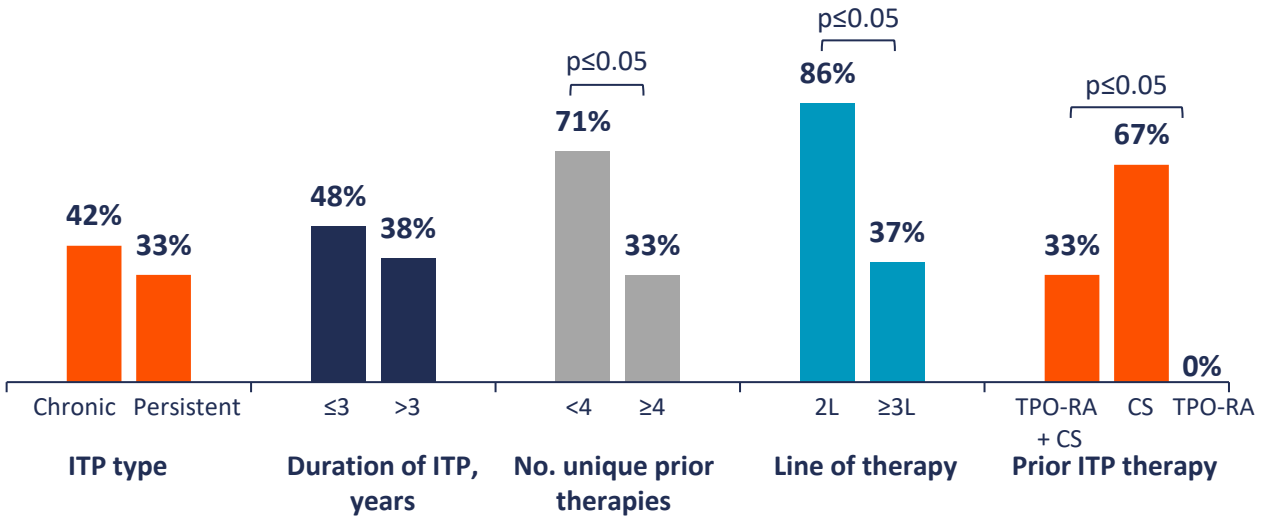
*Data cut-off for part A, 9 Apr 2021; part B, 31 Jan 2023. †Defined as failing to reach platelet counts of >50 x 10^9/L for a given treatment. ‡≥8 of the last 12 platelet counts ≥50 x 10^9/L. §≥2 consecutive platelet counts ≥50 x 10^9/L and increased ≥20 x 10^9/L from BL. ‖Platelet counts ≥100 x 10^9/L.
BID, twice daily; BL, baseline; ITP, immune thrombocytopenia.

Kuter D, et al. Presented at: ISTH 2024, Bangkok, Thailand. 22–26 June 2024. Oral presentation OC 13.3.

OC 13.3: Pooled analysis of the efficacy and safety of oral bruton tyrosine kinase inhibitor rilzabrutinib in patients with previously treated ITP: Phase 2 Study

Kuter D, et al.

Overall platelet response* by baseline variables



Median time to first PC ≥50 x 10^9/L for responders* **12 days**

Platelet response consistent irrespective of response to prior ITP therapies

Patients with fewer prior and earlier lines of therapy had higher platelet responses vs patients with more and later lines of therapy.

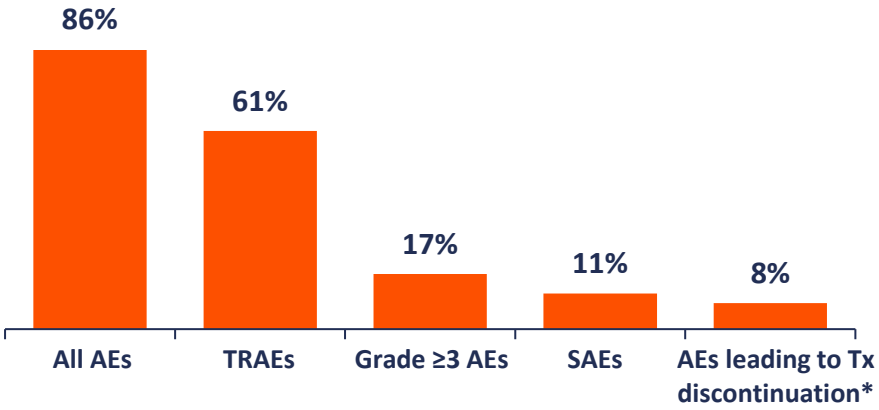
Data cut-off: part A 9 Apr 2021; part B 31 Jan 2023. *Response defined as ≥2 consecutive platelet counts of ≥50 × 10^9/L and increased ≥20 × 10^9/L from BL without rescue medication.
BL, baseline; CS, corticosteroid; ITP, immune thrombocytopenia; PC, platelet count; TPO-RA, thrombopoietin-receptor agonist.
Kuter D, et al. Presented at: ISTH 2024, Bangkok, Thailand. 22–26 June 2024. Oral presentation OC 13.3.

OC 13.3: Pooled analysis of the efficacy and safety of oral bruton tyrosine kinase inhibitor rilzabrutinib in patients with previously treated ITP: Phase 2 Study

Kuter D, et al.

Safety data

Proportion of patients with AEs



One death occurred that was unrelated to treatment

TRAEs (>2 patients), %	Patients (N=71)	
	Grade 1	Grade 2
All TRAEs	54	27
Diarrhoea	28	7
Nausea	23	3
Headache	10	1
Fatigue	4	1
Vomiting	3	3

All TRAEs were transient, grade 1 or 2 events.
There were no treatment-related thrombotic events, SAEs or deaths.

Data cut-off: part A 9 Apr 2021; part B 31 Jan 2023. *Due to treatment-related hypokalaemia, grade 2 diarrhoea and grade 2 frequent bowel movements, and unrelated grade 2 gastritis, grade 3 subcutaneous abscess and grade 4 Evans syndrome. AE, adverse event; SAE, serious adverse event; TRAE, treatment-related AE; Tx, treatment.

Kuter D, et al. Presented at: ISTH 2024, Bangkok, Thailand. 22–26 June 2024. Oral presentation OC 13.3.

P1635: Long-term safety and efficacy of rilzabrutinib, an oral bruton tyrosine kinase inhibitor, in patients with ITP: Integrated phase 2 part A and part B

Cooper N, et al.

Long-term efficacy and safety outcomes (N=27)*

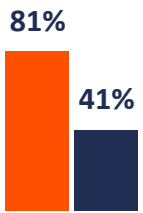
Of 17 patients receiving concomitant ITP therapy:

n=6 Discontinued ≥1 concomitant therapy

n=2 ↓ concomitant therapy

Switched to rilzabrutinib monotherapy

Proportion of patients with AEs



▪ Any cause ▪ TRAEs

All TRAEs were transient and grade 1 or 2†

No treatment-related bleeding or thrombotic events, SAEs, irreversible BTK class effects or deaths

Percent of visits reaching defined median PC in LTE

- ≥50 x 10^9/L — 90%
- ≥30 x 10^9/L — 100%
- ≥20 x 10^9/L above BL — 97%

Patients in the LTE showed high and durable PCs with rilzabrutinib ± ITP medication. Long-term use of rilzabrutinib 400 mg BID is well tolerated.

*Data cut-off for part A was 9 Apr 2021; part B was 2 Jan 2024. †Except non-serious, grade 3 influenza and lower respiratory tract infection in one patient.

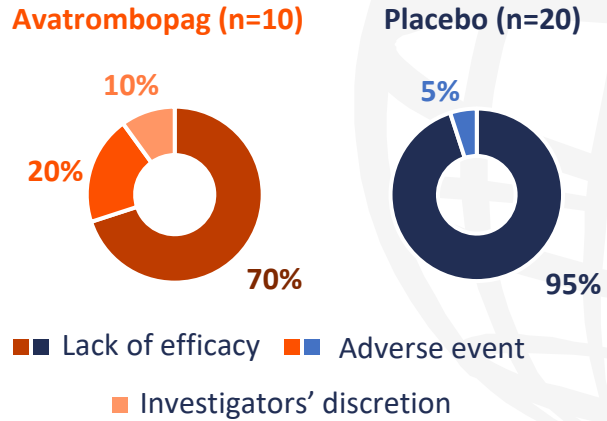
AE, adverse event; BID, twice daily; BL, baseline; BTK, Bruton tyrosine kinase; ITP, immune thrombocytopenia; LTE, long-term extension; PC, platelet count; SAE, serious AE; TRAE, treatment-related AE. Cooper N, et al. Presented at: EHA2024 Hybrid Congress, Madrid, Spain. 13–16 June 2024. Poster presentation P1635.

S318: A phase 3, randomised, double-blind, placebo-controlled trial to evaluate the efficacy and safety of avatrombopag for the treatment of children with chronic ITP (AVA-PED-301) Grace RF, et al.

Baseline demographics and clinical characteristics

	Avatrombopag (n=54)	Placebo (n=21)
Mean ± SD age, years	8.9 ± 4.4	9.9 ± 4.1
PC ≤15 x 10^9/L, %	83.3	81.0
Mean ± SD PC	12.0 ± 6.8	11.2 ± 6.6
Mean ± SD time from ITP Dx to first dose, weeks	202 ± 164	225 ± 181
≥3 previous ITP Tx, %	68.5	66.7
Prior TPO-RA, %	74.1	71.4
Prior TPO-RA response, %	42.5	20.0
Completed core phase Tx, n (%)	44 (81.5)	1 (4.8)

Reason for discontinuation of core phase Tx

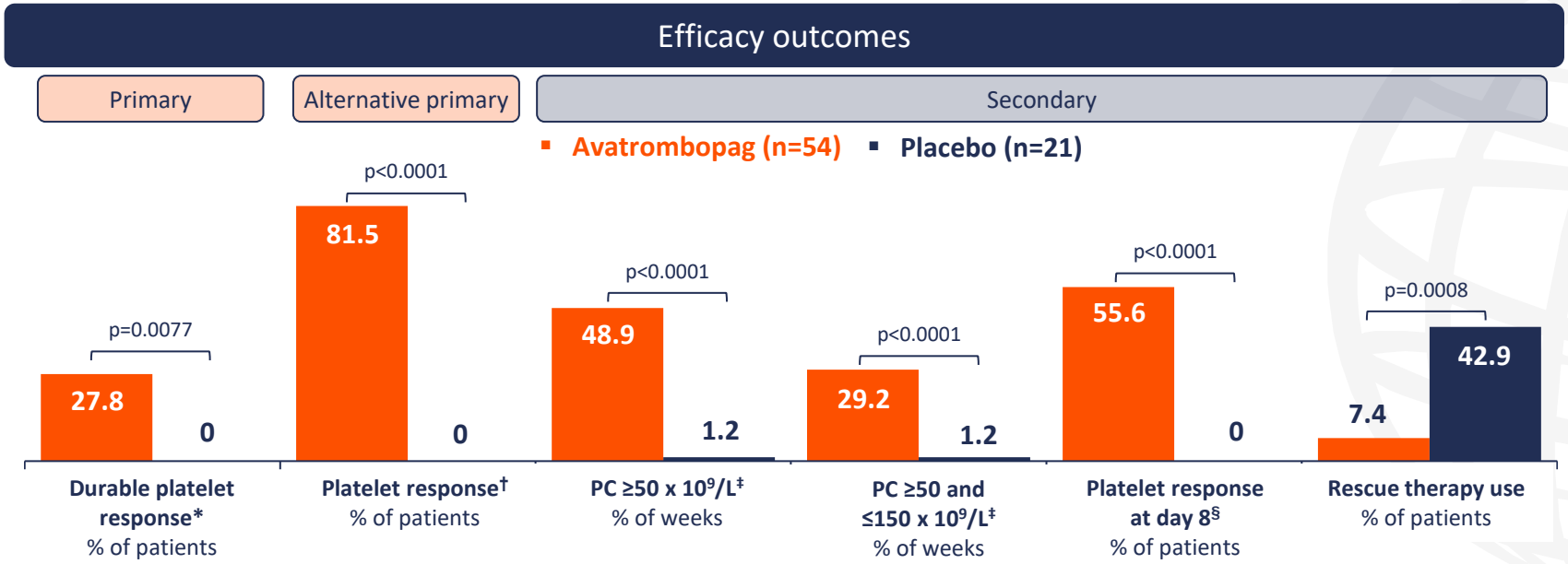


Time from diagnosis to treatment was >3 years for all patients. Most patients had ≥3 previous treatments, with 71–74% receiving prior TPO-RAs.

Dx, diagnosis; ITP, immune thrombocytopenia; PC, platelet count; SD, standard deviation; TPO-RA, thrombopoietin receptor agonist; Tx, treatment.

Grace RF, et al. Presented at: EHA2024 Hybrid Congress, Madrid, Spain. 13–16 June 2024. Oral presentation S318.

S318: A phase 3, randomised, double-blind, placebo-controlled trial to evaluate the efficacy and safety of avatrombopag for the treatment of children with chronic ITP (AVA-PED-301) Grace RF, et al.



Avatrombopag was an effective oral TPO-RA for children and adolescents with persistent or chronic ITP with insufficient response to prior therapies.

*PC ≥50 x 10^9/L in ≥6 of the last 8 weeks of the core phase in absence of rescue therapy. †≥2 consecutive PC ≥50 × 10^9/L in 12-week core phase in the absence of rescue therapy. ‡During 12-week core phase in absence of rescue therapy. §PC ≥50 x 10^9/L at day 8 in absence of rescue therapy. ITP, immune thrombocytopenia; PC, platelet count; TPO-RA, thrombopoietin receptor agonist. Grace RF, et al. Presented at: EHA2024 Hybrid Congress, Madrid, Spain. 13–16 June 2024. Oral presentation S318.

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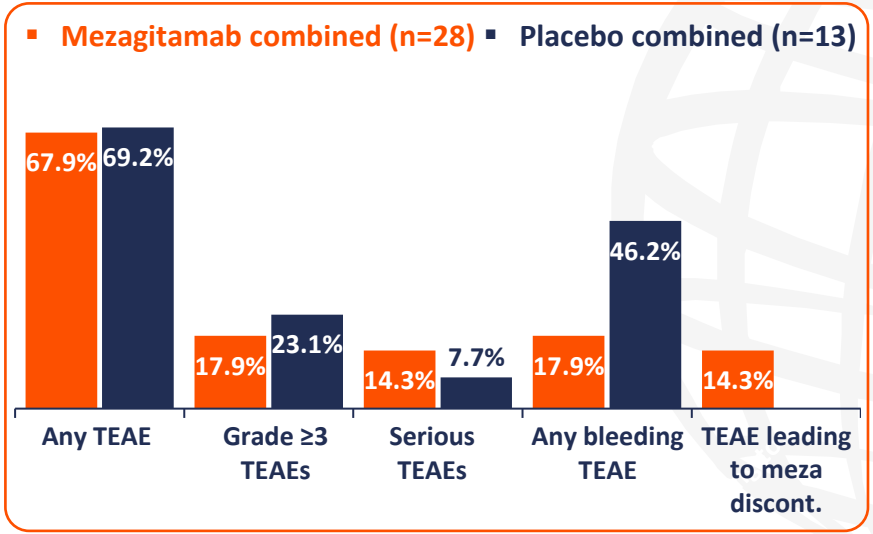
LB 01.1: Safety, tolerability, and efficacy of mezagitamab (TAK-079) in chronic or persistent primary ITP: Interim results from a phase 2, randomized, double-blind, placebo-controlled study Kuter D, et al.

Baseline characteristics

	Mezagitamab combined (n=28)			Placebo combined (n=13)
	100 mg (n=9)	300 mg (n=8)	600 mg (n=11)	
Mean ± SD age, years	**49.7** ± 16.7			**38.8** ± 15.9
Mean ± SD PC at screening, x 10^9/L	**19.1** ± 12.8			**17.3** ± 10.4
Mean ± SD time since diagnosis, years	**10.8** ± 10.8			**11.3** ± 10.9
Mean ± SD number of prior Tx	**3.8** ± 2.4			**4.2** ± 3.4

Primary safety outcomes



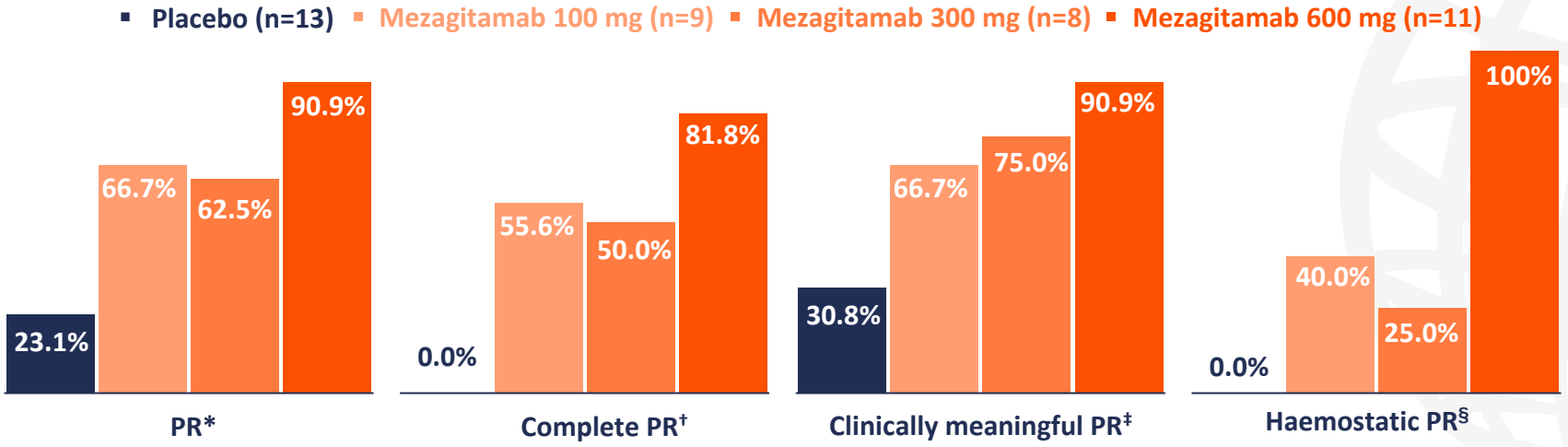
Mezagitamab had a favorable safety and tolerability profile in adult patients with chronic/persistent ITP.

ITP, immune thrombocytopenia; PC, platelet count; SD, standard deviation; TEAE, treatment-emergent adverse event; Tx, treatment.

Kuter D, et al. Presented at: ISTH 2024, Bangkok, Thailand. 22–26 June 2024. Oral presentation LB 01.1.

LB 01.1: Safety, tolerability, and efficacy of mezagitamab (TAK-079) in chronic or persistent primary ITP: Interim results from a phase 2, randomized, double-blind, placebo-controlled study Kuter D, et al.

Secondary efficacy outcomes (N=41)



All efficacy measures of platelet response were the highest for the mezagitamab 600 mg dose, with significant improvement vs placebo in all responses up to week 16.

*PC ≥50 x 10^9/L and ≥20 x 10^9/L above baseline on ≥2 visits. †PC ≥100 x 10^9/L on ≥2 visits. ‡PC ≥20 x 10^9/L above baseline on ≥2 visits. §PC ≥30 x 10^9/L and ≥20 x 10^9/L above baseline on ≥2 visits. ITP, immune thrombocytopenia; PC, platelet count; PR, platelet response.

Kuter D, et al. Presented at: ISTH 2024, Bangkok, Thailand. 22–26 June 2024. Oral presentation LB 01.1.