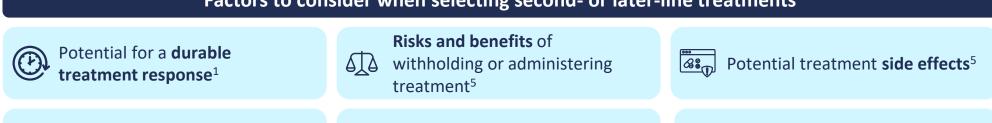


# **Guideline recommended treatments for ITP**



There are limited options for patients who are refractory/intolerant to standard therapies<sup>4</sup>









# **Emerging therapies for ITP**

#### Anti-CD38 mAb4

- Daratumumab
- **CM313**
- Mezagitamab

# **BAFF** pathway inhibitor4

- Ianalumab
- Povetacicept

#### BTK inhibitor4

Rilzabrutinib

## Syk inhibitor<sup>4</sup>

- 且 Cevidoplenib

## FcRn antagonist<sup>4</sup>

Efgartigimod

## Data presented at the 66th ASH Annual Meeting and Exposition

#### **Treatment** arms



Key safety results

## **VAYHIT3** (phase II)<sup>7</sup>

lanalumab (N=10) Four doses: 9 mg/kg Q4W IV

- ConfR:\* n=5
- ConfR\* + stable response: n=4
- Median best post-BL PC:  $129.0 \times 10^9/L$

### Patients with:

**Any AE,** n=10; grade ≥3, n=3

Any SAE, n=2; grade  $\geq 3$ , n=2

## LUNA 3 (phase III)8

Randomized 2:1 rilzabrutinib (n=133) vs placebo (n=69) 400 mg BID

- DR:<sup>‡</sup> 23% vs 0% (p<0.0001)
- Duration of PR:§ longer with rilza vs PBO (p<0.0001)
- Rescue therapy required: lower with rilza vs PBO (p=0.0007)

Similar incidence of AEs and SAEs

## **ESLIM-01** extension stage (phase III)9

All sovleplenib (n=179) vs crossover from placebo (n=53) 300 mg QD

- OR: 81.0% vs 83.0%
- DR: 51.4% vs 43.4%
- Long-term DR:\*\* 59.8% vs 64.2%
- Received rescue therapy: 22.9% vs 18.9%

#### **Most common grade ≥3 TRAEs:**

 $\uparrow$  ALT (2.2%),  $\downarrow$  neutrophil count (1.7%), ↑ GGT (1.7%)

#### Direct comparisons between trials should not be made due to differences in trial design.

\*PC ≥50 x 10°/L at ≥2 consecutive assessments ≥7 days apart between week 1 and week 25, in the absence of rescue treatment for ≥4 weeks prior to PC assessment and start of new ITP treatment before reaching a ConfR;  $^{\dagger}$  stable response defined as proportion of patients with  $\geq$ 75% PCs collected between study days 121 and 183  $\geq$ 50 x 10 $^{9}$ /L in the absence of rescue treatment/new ITP treatment; <sup>‡</sup>PC ≥50 x 10<sup>9</sup>/L for ≥two-thirds of ≥8 of the last 12 weeks of the 24-week blinded treatment period in the absence of rescue medication;  $^{\$}PC \ge 50 \times 10^{9}/L$  or  $30 - < 50 \times 10^{9}/L$  and  $>2 \times BL$ ;  $^{\$}\ge 1 PC \ge 50 \times 10^{9}/L$  with sovleplenib not impacted by rescue treatment;  $^{\$}PC \ge 50 \times 10^{9}/L$  at  $\ge 4$  of 6 scheduled visits between weeks 14 and 24 in ESLIM-01 not impacted by rescue treatment, or PC ≥50 x 10<sup>9</sup>/L at 2 or 3 protocol-defined visits during the second 12 weeks of 24 weeks in the open-label sub-study not impacted by rescue treatment; \*\*after receiving sovleplenib for 12 weeks, PC ≥50 x 10<sup>9</sup>/L at ≥2 of 3 of any 12-week consecutive protocol defined visits not impacted by rescue treatment.



## The real-world impact of ITP



Symptomatic bleeding affects 60–70% of patients with chronic ITP and 70–80% of patients with newly diagnosed ITP<sup>10</sup>



ITP impacts patients' psychological and emotional wellbeing<sup>13,14</sup>



Patients may have concerns over the risk of bleeding<sup>11</sup> and may have to alter their lifestyles to reduce bleeding risk<sup>10</sup>



Patients can experience fatigue and cognitive impairment that can decrease participation in activities and work<sup>13,15</sup>



Heavy menstrual bleeding is common in female patients with ITP and often impacts daily life<sup>12</sup>



Adults living with chronic ITP have an **increased risk of thrombosis and thromboembolism** compared with the general population<sup>16,17</sup>

Platelet count does not fully correlate with disease burden<sup>18</sup>

Patient support groups can help educate patients with ITP, and provide resources and support 19-21

Platelet Disorder Support Association

International ITP Alliance

• ITP Support Association



## **Abbreviations and references**

#### **Abbreviations**

AE, adverse event; ALT, alanine aminotransferase; ASH, American Society of Hematology; BAFF-R, B-cell activating factor; BID, twice daily; BL, baseline; BTK, Bruton's tyrosine kinase; CD, cluster of differentiation; ConfR, confirmed response; DR, durable R; GGT, gamma-glutamyltransferase; Ig, immunoglobulin; ITP, immune thrombocytopenia; IV, intravenous; mAb, monoclonal antibody; OR, overall response; PBO, placebo; PC, platelet count; PR, platelet response; Q4W, once every 4 weeks; QD, once daily; Rilza, rilzabrutinib; SAE, serious AE; Syk, spleen tyrosine kinase; TPO-RA, thrombopoietin receptor agonist; TRAE, treatment-related AE.

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The guidance provided by this practice aid is not intended to directly influence patient care. Clinicians should always evaluate their patients' conditions and potential contraindications and review any relevant manufacturer product information or recommendations of other authorities prior to consideration of procedures, medications or other courses of diagnosis or therapy included here.

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