



1ST
**European Research
Consortium on ITP Meeting**



INNOVATIONS IN IMMUNE THROMBOCYTOPENIA

Venice Monaco & Grand Canal Hotel

November 7-8, 2024

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What's new with TPO-RA



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INNOVATIONS IN IMMUNE THROMBOCYTOPENIA

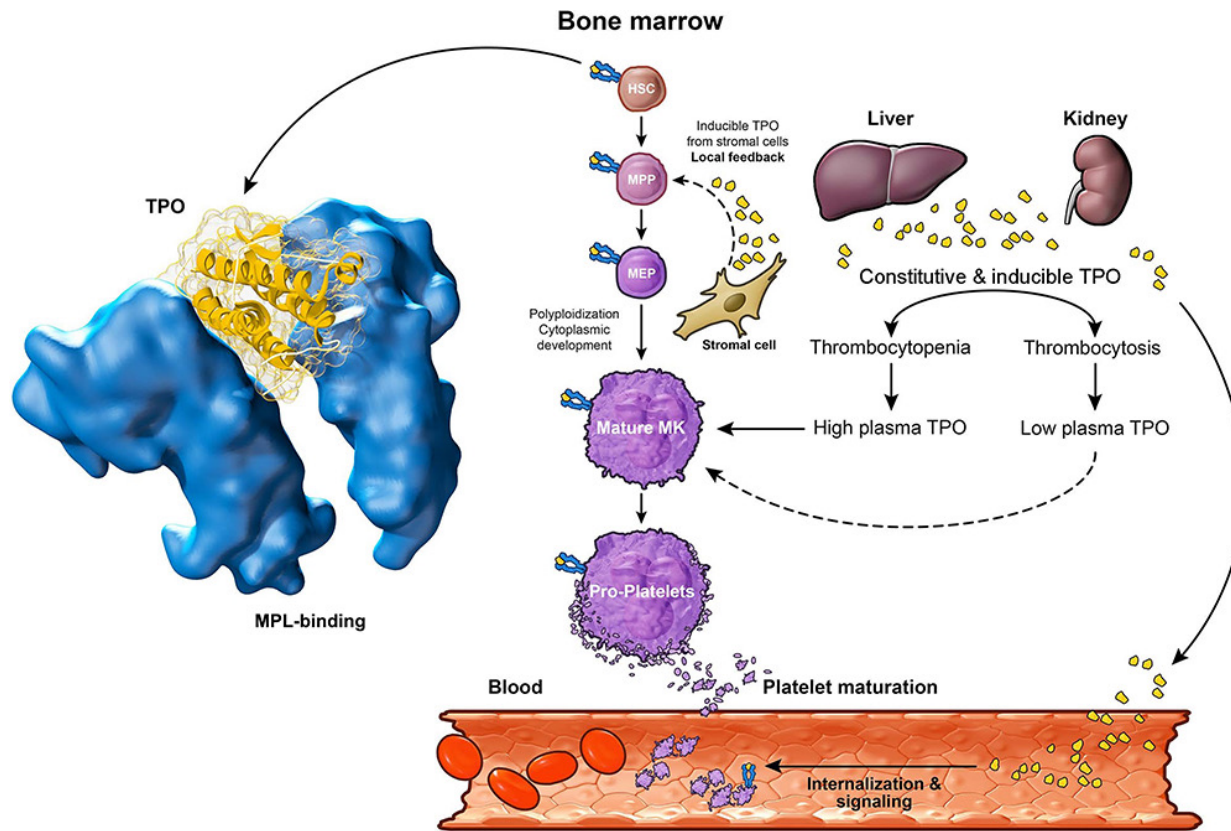
Venice November 18-19, 2024

Disclosures

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Amgen	X					X	
Novartis						X	
Argenx						X	
Sobi			X			X	
UCB						X	
Grifols			X			X	
Fujimori Kogyo Co	X						
Terumo	X						



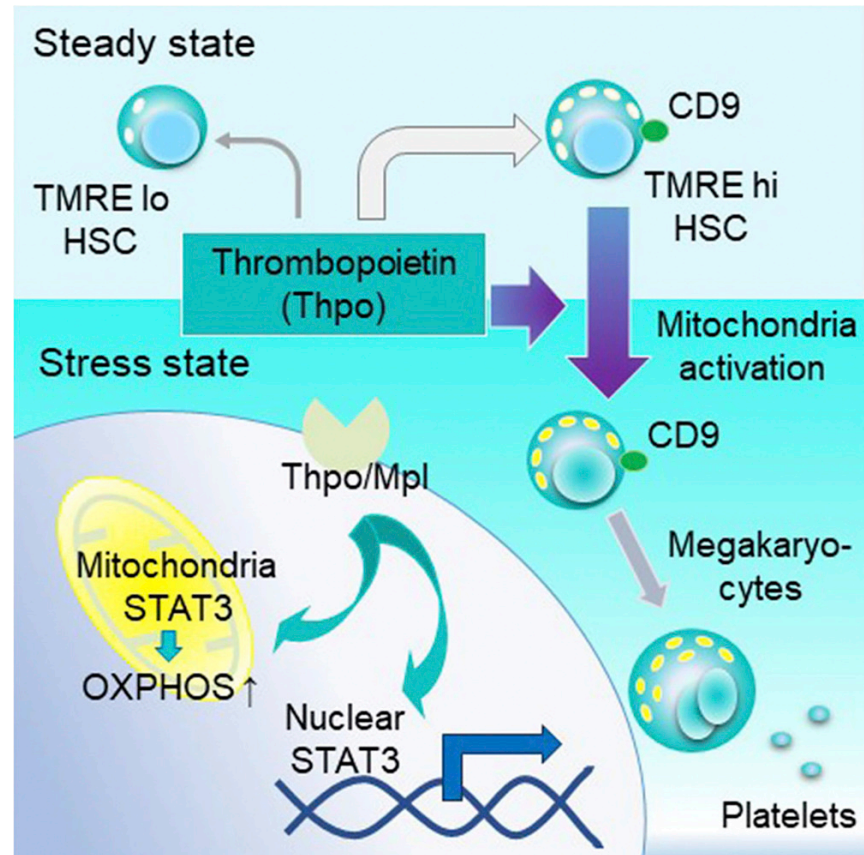
Structure and MoA of thrombopoietin



Bussel JB, et al. *Drug Des Devel Ther.* 2021;15:2243-2268



Thrombopoietin Primes Hematopoietic Stem Cells to Megakaryocyte-Lineage Differentiation



Nakamura-Ishizu A, et al. *Cell Reports* 2018; 25: 1772-1785.e6

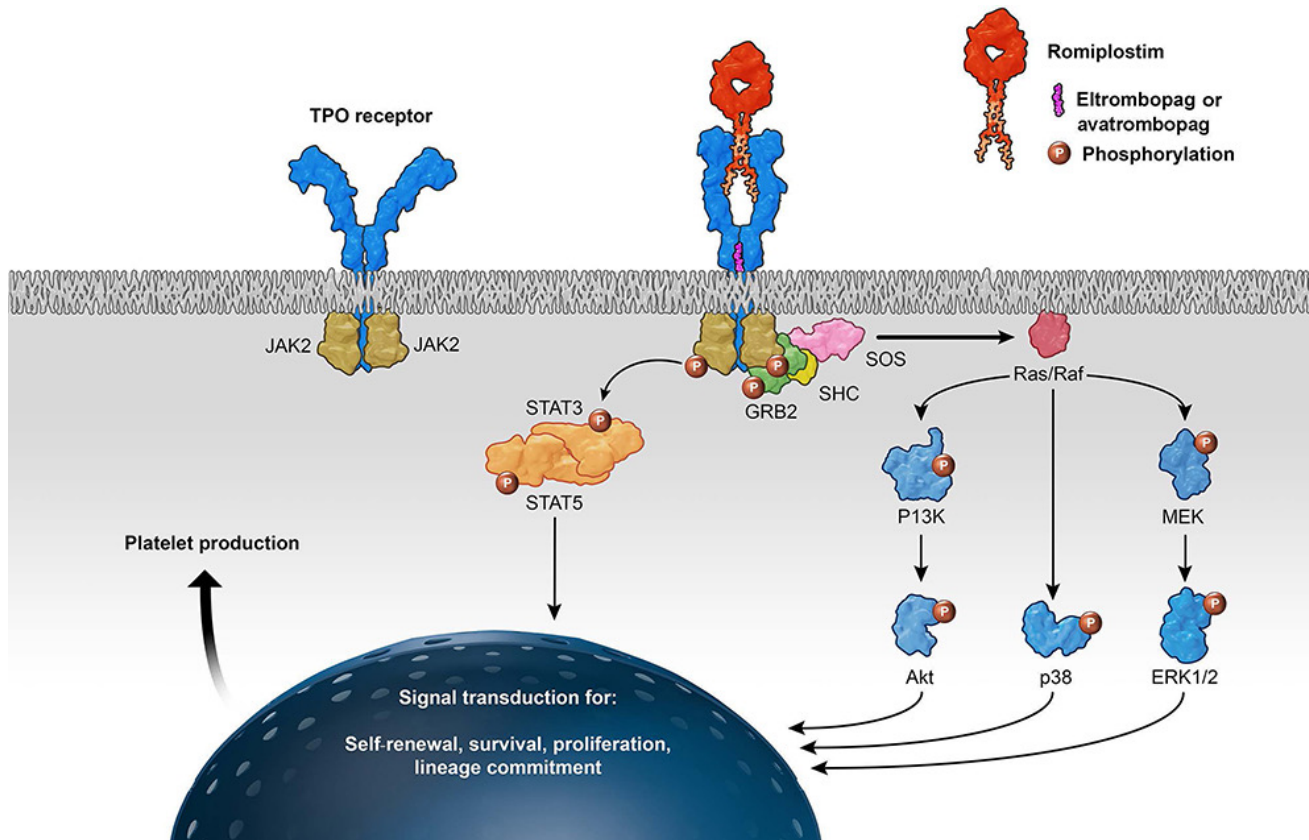
Characteristics of thrombopoietin-receptor agonists (TPO-RA)

	Romiplostim	Eltrombopag	Avatrombopag	Lusutrombopag	Hetrombopag
Structure	Peptide TPO-RA	Small molecule/ non-peptide TPO-RA	Small molecule/ non-peptide TPO-RA	Small molecule/ non-peptide TPO-RA	Small molecule/ non-peptide TPO-RA
Binding site	Binds competitively to the extracytoplasmic domain of the TPO-R in same ways as TPO	Binds to the transmembrane and juxta-membrane domains of the TPO-R	Binds to the transmembrane domain of the TPO-R	Binds to the transmembrane domain of the TPO-R	Binds to the transmembrane domain of the TPO-R
Effect on endogenous thrombopoietin	Can displace TPO from its receptor	No displacement of TPO, may be additive	No displacement of TPO, may be additive	No displacement of TPO, may be additive	No displacement of TPO, may be additive
Confirmed signaling pathways	JAK2/STAT5 P13K/Akt ERK STAT3	JAK2/STAT5 P13K/Akt ERK	JAK2/STAT5 STAT3 ERK	JAK2/STAT5 STAT3	JAK2/STAT5 P13K/Akt ERK STAT3
Route of administration	Subcutaneous	Oral	Oral	Oral	Oral
Dosing frequency	Weekly	Daily	Daily	Daily	Daily
Approved indications by FDA and EMA	<ul style="list-style-type: none"> Immune thrombocytopenia (adults and children) 	<ul style="list-style-type: none"> Immune thrombocytopenia (adults and children) Hepatitis C-associated thrombocytopenia (adults) Severe aplastic anemia (adults and children) 	<ul style="list-style-type: none"> Periprocedural thrombocytopenia in chronic liver disease patients (adults) Immune thrombocytopenia (adults) 	<ul style="list-style-type: none"> Periprocedural thrombocytopenia in chronic liver disease patients (adults) 	<ul style="list-style-type: none"> None so far

Gebetsberger J, et al. *Hämostaseologie* 2024; 4:316-325



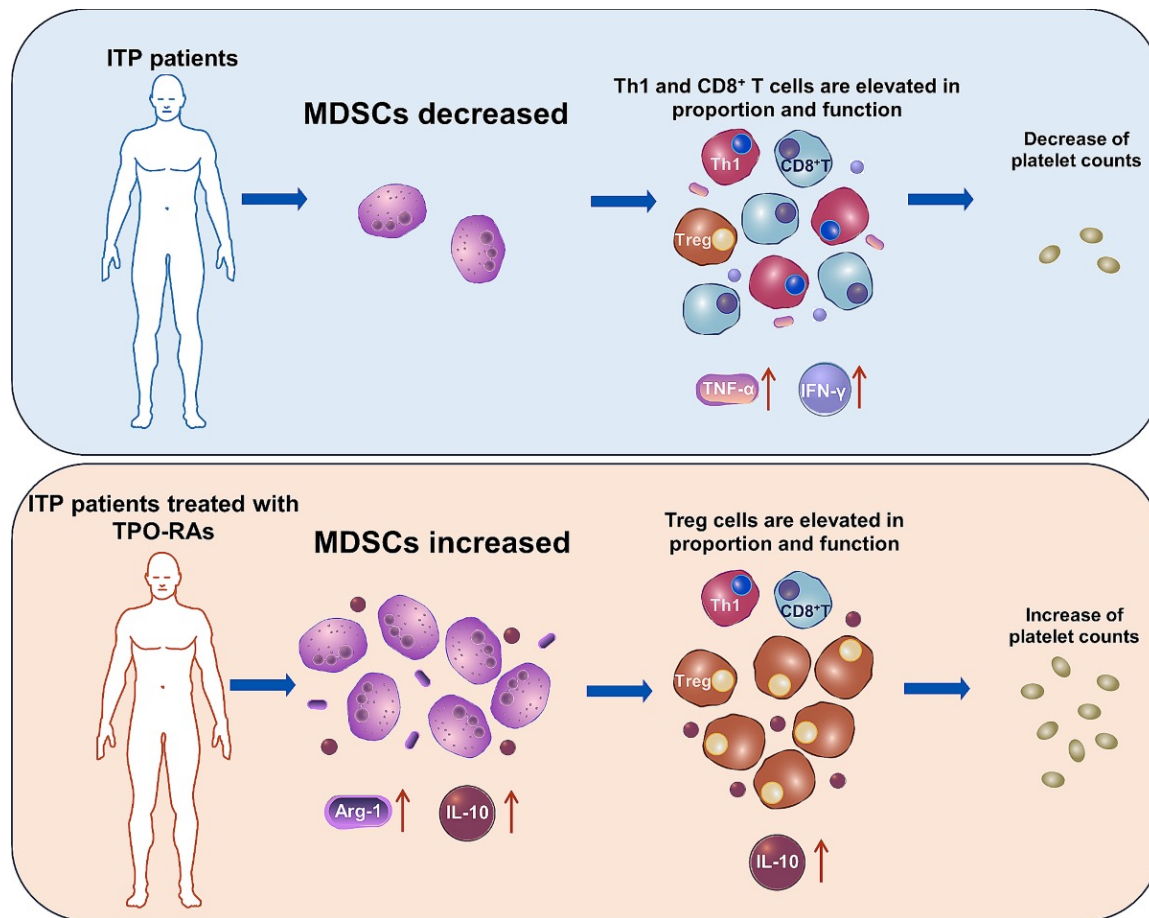
Cellular mechanism of action of thrombopoietin receptor agonists



Bussel JB, et al. *Drug Des Devel Ther.* 2021;15:2243-2268



TPO-RA treatment regulates MDSCs-mediated immunomodulatory effects in ITP



Zhu Y, et al. *Ann Hematol.* 2024;103:2729-2741



Efficacy and safety of thrombopoietin receptor agonists in children and adults with persistent and chronic immune thrombocytopenia

Overall Platelet Response in Adults:

- **Avatrombopag** demonstrated a higher overall response rate compared to **eltrombopag** and **hetrombopag**, and this difference was statistically significant. There was no significant difference in efficacy between avatrombopag and **romiplostim**

Safety Profile:

- The incidence of adverse events and serious adverse events was similar between TPO-RAs and placebo groups for both adults and children, indicating a favorable safety profile across agents

Bleeding Events:

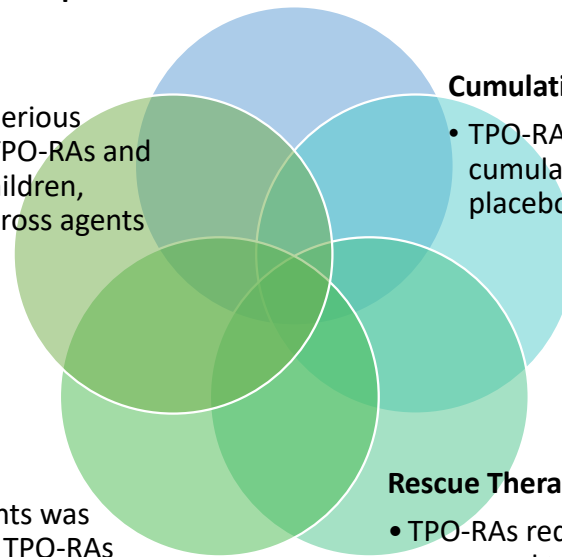
- The incidence of any bleeding events was significantly lower for adults using TPO-RAs compared to placebo. However, this reduction was not consistently observed in children

Cumulative Weeks of Platelet Response:

- TPO-RAs generally showed a significantly longer cumulative duration of platelet response than placebo, both in adults and children

Rescue Therapy:

- TPO-RAs reduced the need for rescue therapy compared to placebo in both adults and children, with a consistent effect across studies



Li T, et al. *Expert Opin Pharmacother.* 2023;24:763-774



Adverse Effects of TPO-RAs

Rebound Thrombocytopenia

- A temporary drop in platelets in ~10% of cases, requiring dose adjustment.

Thrombocytosis:

- High platelet counts ($>1000 \times 10^9/L$) can be seen with all TPO-RA; aspirin may be used if extreme.

Eltrombopag and romiplostim

- Both: Thromboembolic events, mild (usually reversible) bone marrow fibrosis
- Eltrombopag: Elevated liver enzymes (ALT/AST), cataracts, portal vein thrombosis in liver disease.
- Romiplostim: reduced platelet activation threshold.

Avatrombopag

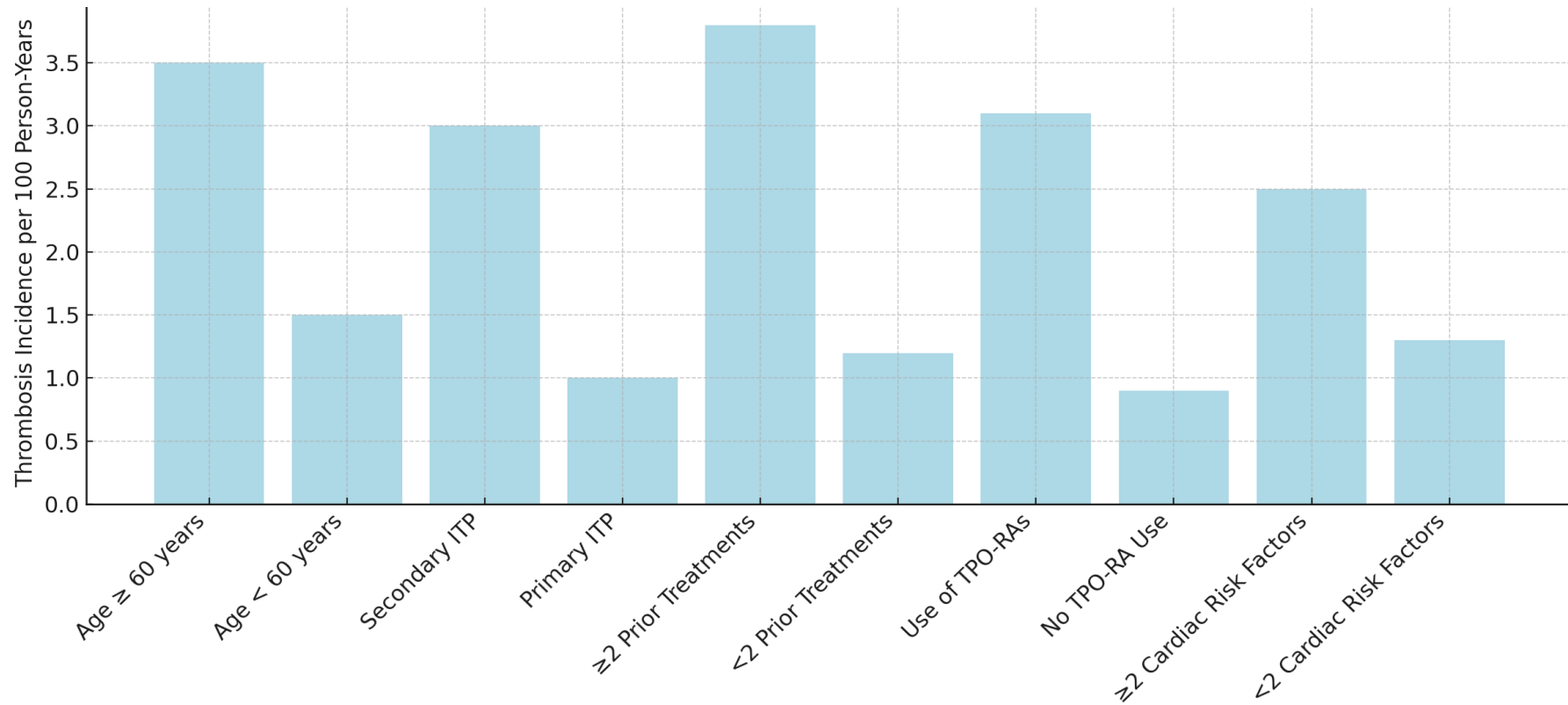
- Thromboembolic events; headache; no significant bone marrow or eye-related effects.

Antibody Formation

- Rare with romiplostim, no significant impact on platelet levels.



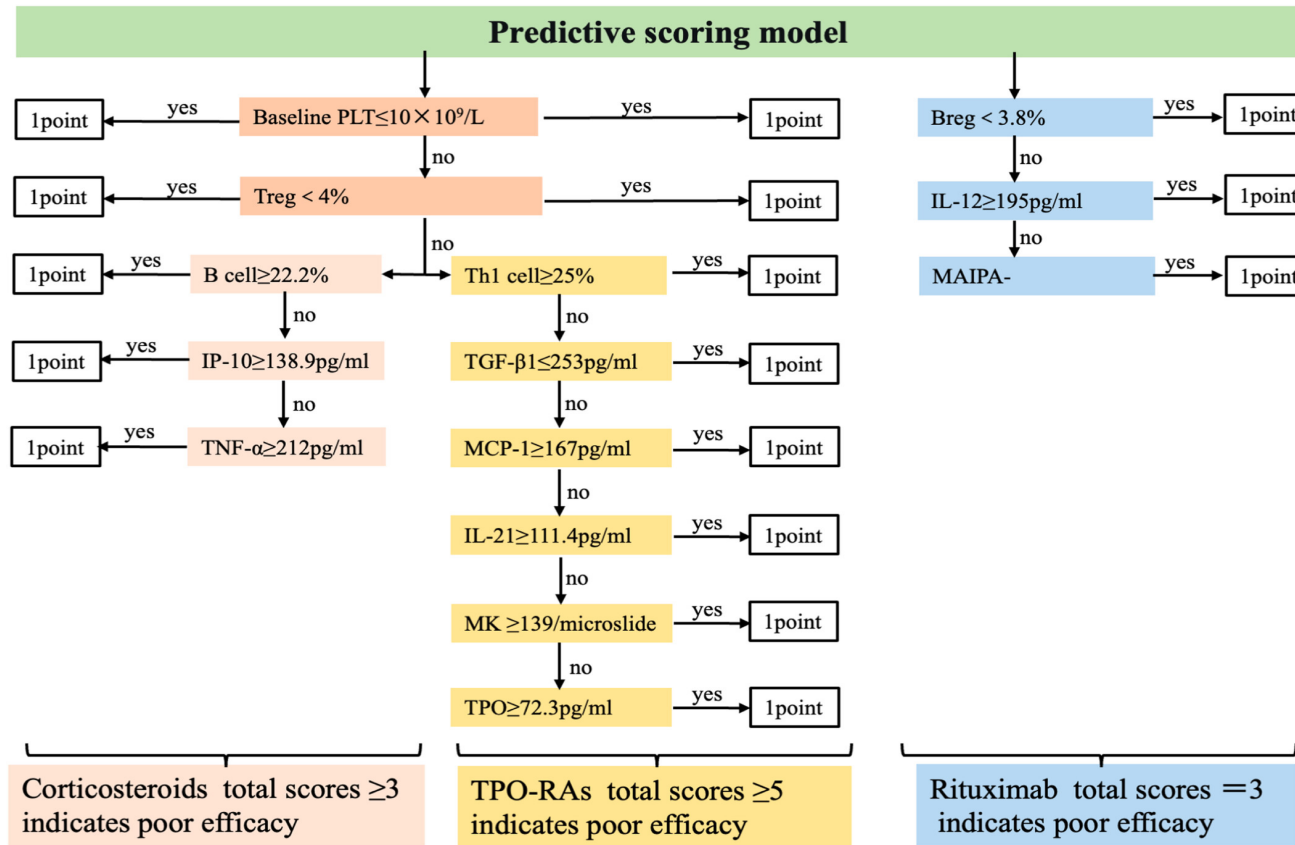
Incidence of thrombosis in ITP patients by risk factors



Goncalves I, et al. Res Pract Thromb Haemost. 2024; 8:102342



Development and validation of predictive models

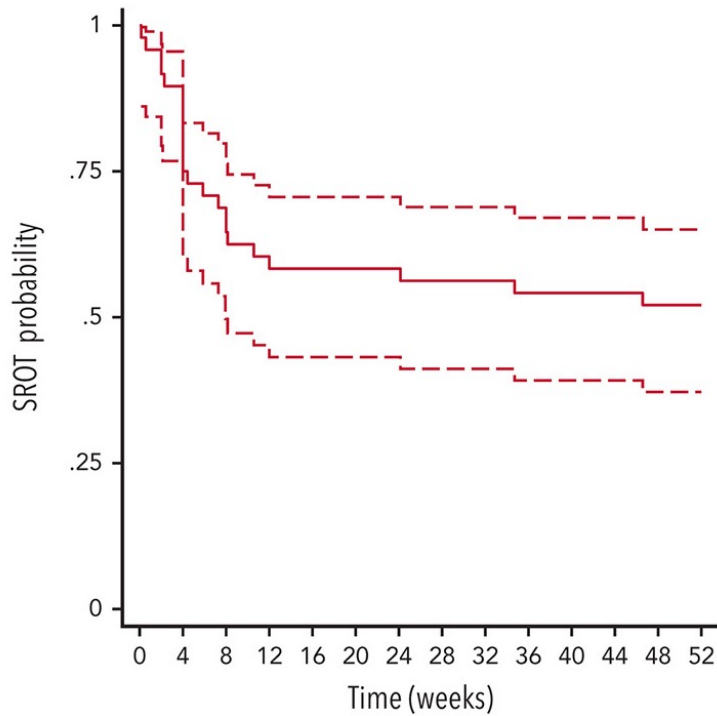


Xu M, et al. *Br J Haematol* 2024; 205:1108-1120



Biological determinants of treatment-free response: STOPAGO

High rate of sustained response of treatment after TPO-RA discontinuation

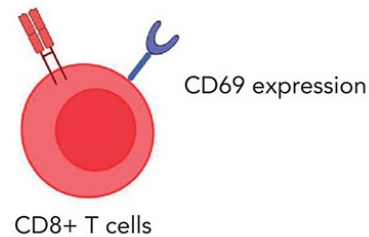
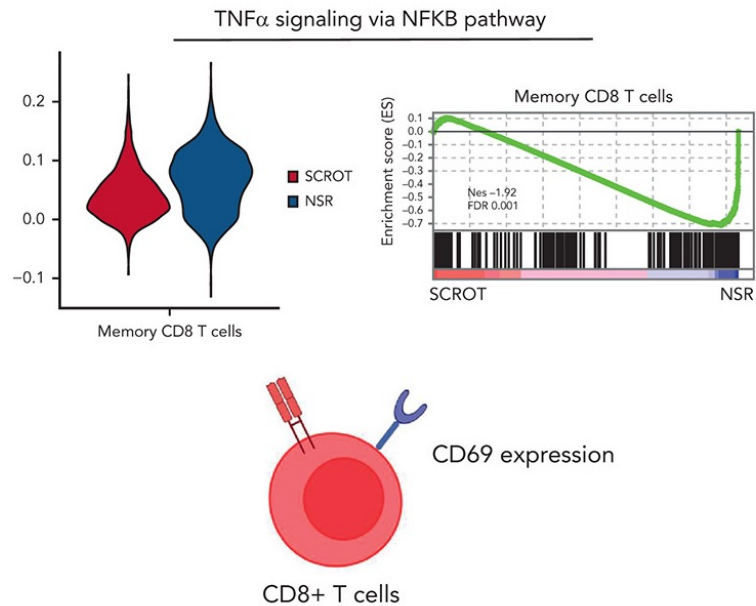


Number at risk (events)

48 (5) 43 (10) 33 (4) 29 (1) 28 (0) 28 (0) 28 (1) 27 (0) 27 (1) 26 (0) 26 (0) 26 (1) 25 (0)

Guillet S., et al. *Blood*. 2023;141:2867-2877

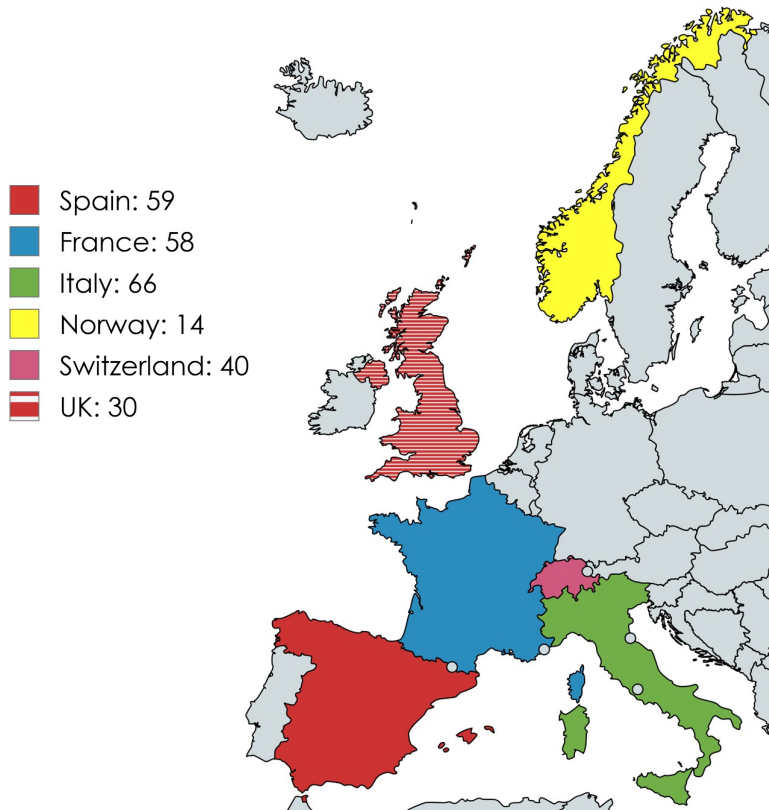
TNF α signaling via NFKB pathway activation and increased expression of CD69 on CD8⁺ T cells at the time of tapering TPO-RA predict relapses







Vertex 3 Study: TPO-RA Use in Primary Immune Thrombocytopenia Across Europe

A retrospective analysis of 267 patients in 16 European institutions

Data collected (CRF with 350 variables)



Demographics	Diagnosis	Previous therapies	TPO-RA
	 <ul style="list-style-type: none">• Comorbidities• Hemorrhage score		 <ul style="list-style-type: none">• Hemorrhage score• Disease stage• Response• Adverse events• Switching• Response off therapy

ERC
EUROPEAN RESEARCH CONSORTIUM ON ITP
Together to improve
knowledge on ITP

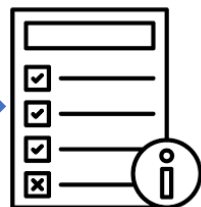


2024



Patient with ITP

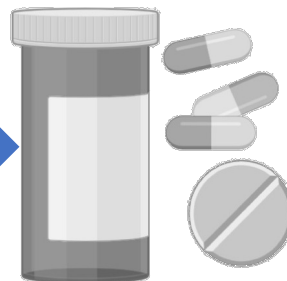
Management decision



Guidelines and patients preferences



Uniform therapeutic choices



Results

Trial and error



Response to the drug



Thrombosis



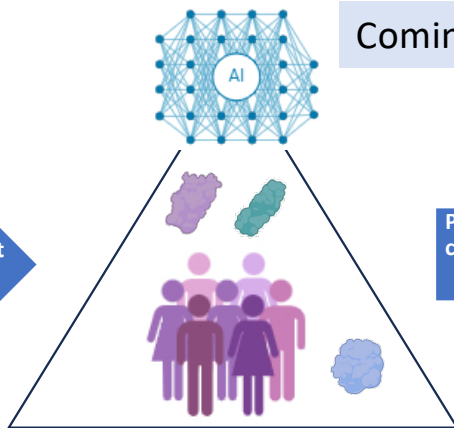
Sustained response off treatment

Coming soon



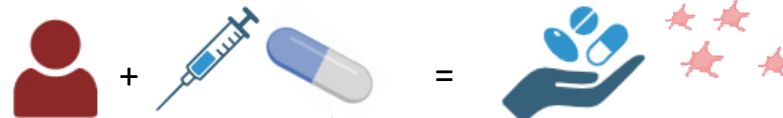
Patient with ITP

Management decision

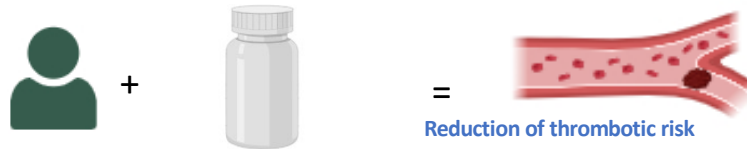


AI (clinical & biological characteristics)

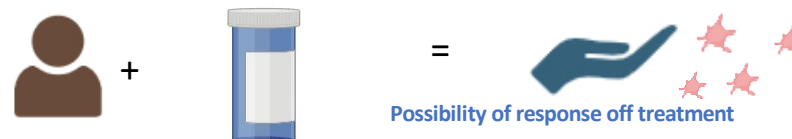
Personalized choices



Possibility of response to an agent



Reduction of thrombotic risk



Possibility of response off treatment

