2ND meeting of the European Research Consortium on ITP

NEW INSIGHTS INTO IMMUNE THROMBOCYTOPENIA

Paris Crowne Plaza Paris République

April 23-24, 2026

Inhibiting Syk in ITP

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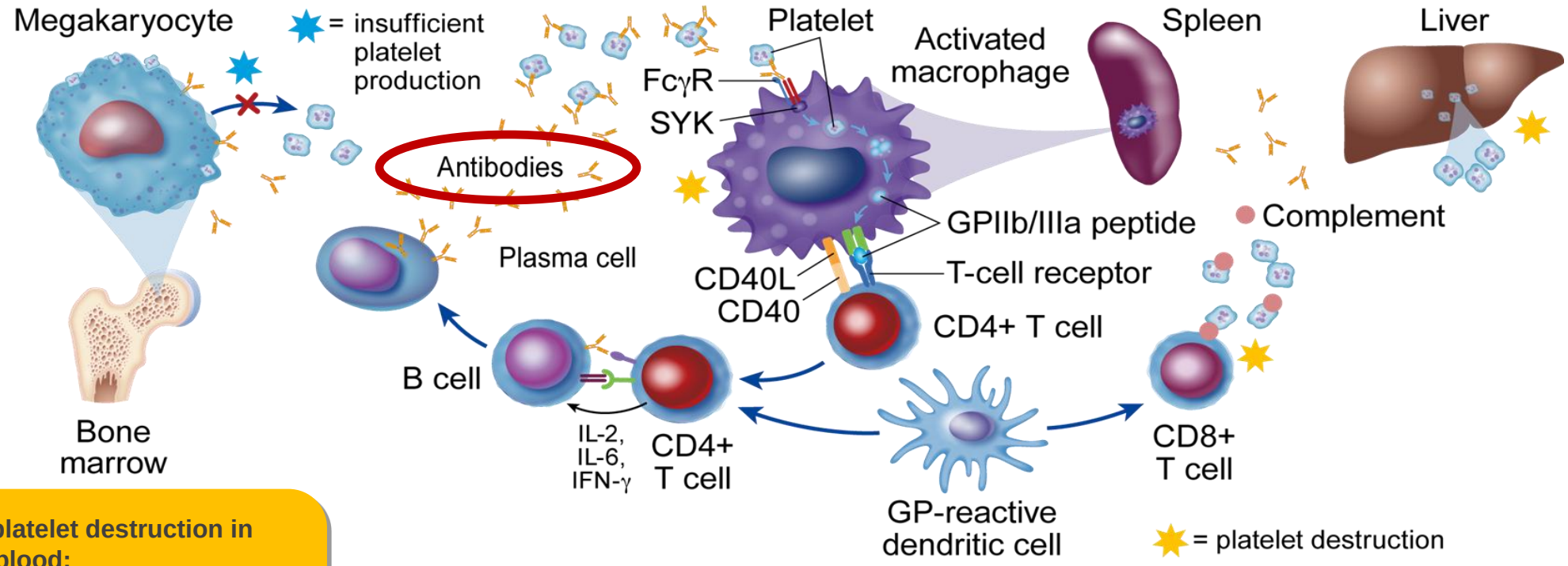
Disclosures of
Tomás José González-López

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Novartis	X		X		X	X	
Amgen	X		X		X	X	
Grifols	X		X		X	X	
Sobi	X		X		X	X	
Argenx			X		X		
UCB			X		X		
Alpine			X		X		
Momenta			X		X	X	
Sanofi			X		X		
Lilly			X				

ITP Physiopathology

Decreased platelet production in BM
Megakaryocyte maturation impeded by autoantibodies



Increased platelet destruction in peripheral blood:
SYK-mediated platelet destruction
Cytotoxic T-cell activity
Hepatic desialylation
Complement-mediated lysis

CD, cluster of differentiation; FcγR, Fcγ receptor; GP, glycoprotein; IFN, interferon; IL, interleukin; SYK, spleen tyrosine kinase; BM, Bone marrow.
1. Kistangari G and McCrae KR. Hematol Oncol Clin North Am. 2013;27(3):495-520. 2. Newland A et al. Immunotherapy. 2018;10(1):9-25. 3. Li J et al. Curr Opin Hematol. 2018;25(5):373-381.

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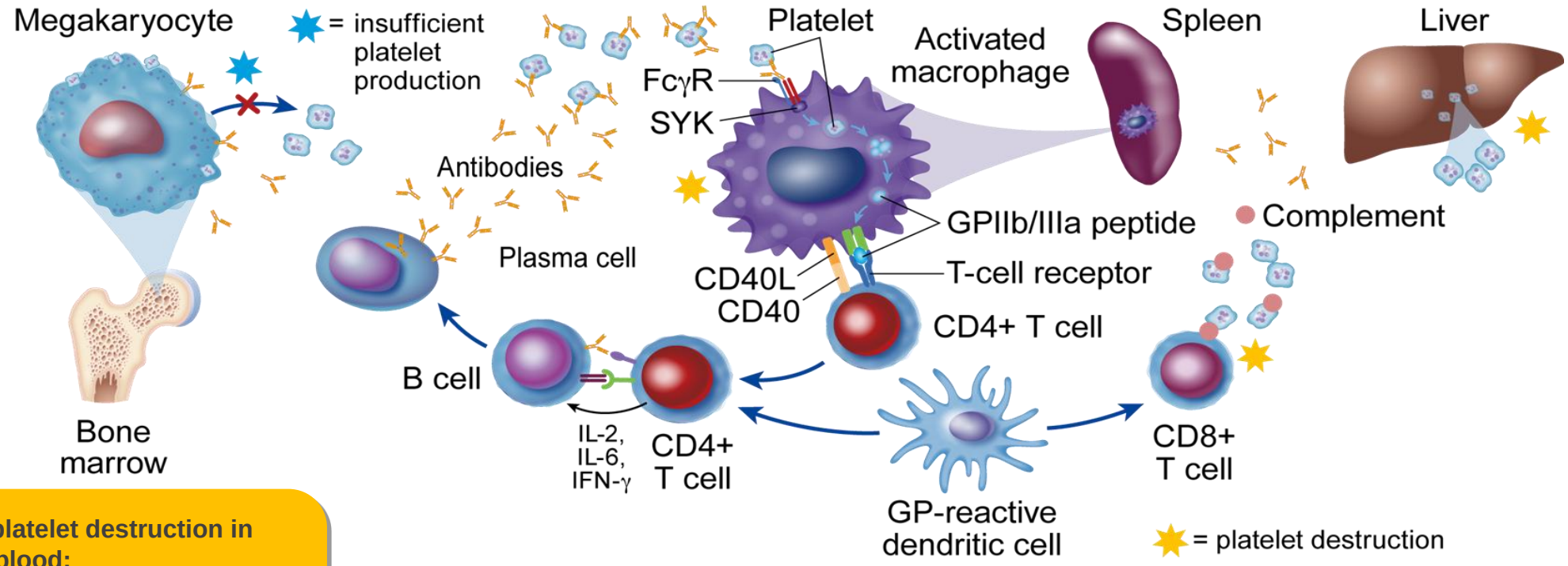

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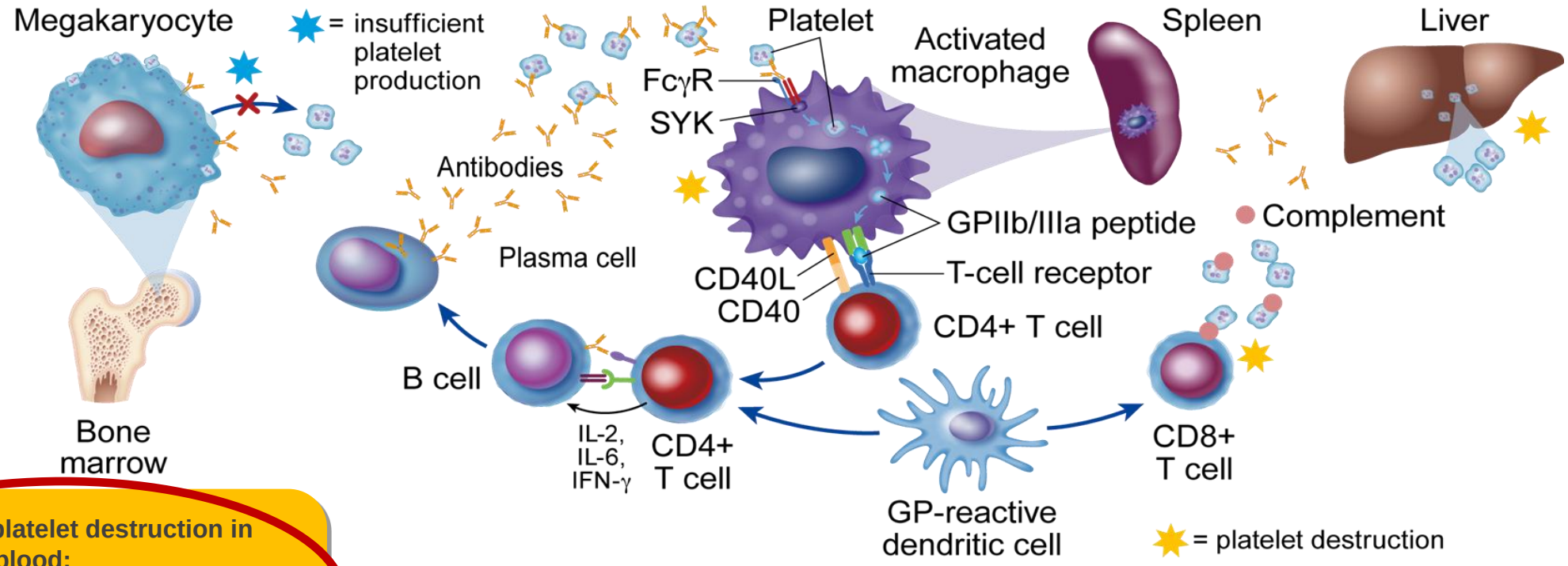

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Increased platelet destruction in peripheral blood:

SYK-mediated platelet destruction

Cytotoxic T-cell activity

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Fostamatinib Approval for ITP

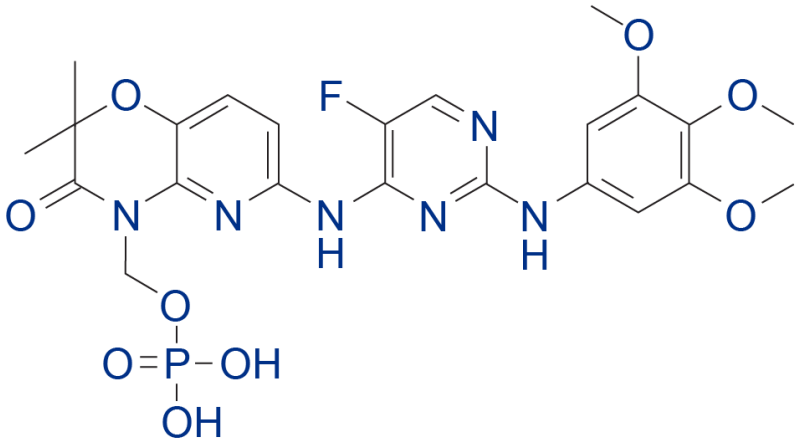
- **On April 17, 2018,** the **Food and Drug Administration (FDA)** approved fostamatinib **(TAVALISSE®) for the treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment**

- **On January 9, 2020**, the **European Medicine Agency (EMA)** approved fostamatinib (**TAVLESSE®**) **for the treatment of chronic immune thrombocytopenia (ITP) in adult patients who are refractory to other treatments**

- **On September 1, 2021** fostamatinib (**TAVLESSE®**) **was approved in Spain**

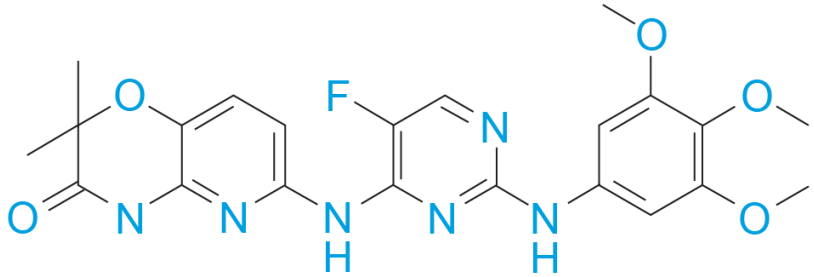
Fostamatinib

Fostamatinib (R788)



Alkaline phosphatase at the apical brush border of intestinal enterocyte membranes

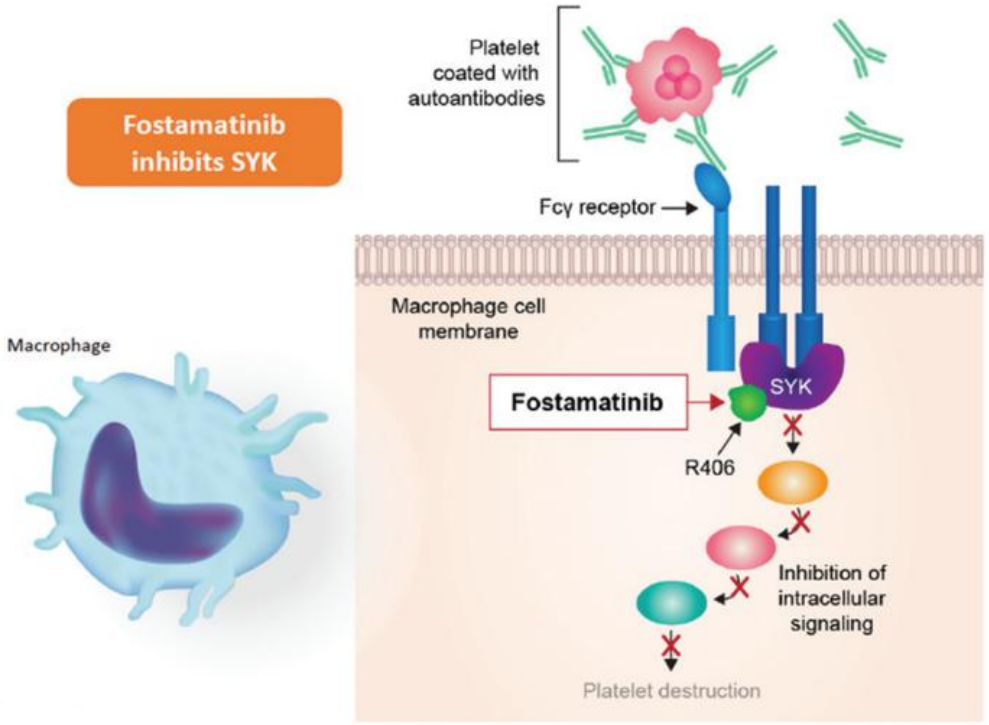
Active Metabolite (R406)

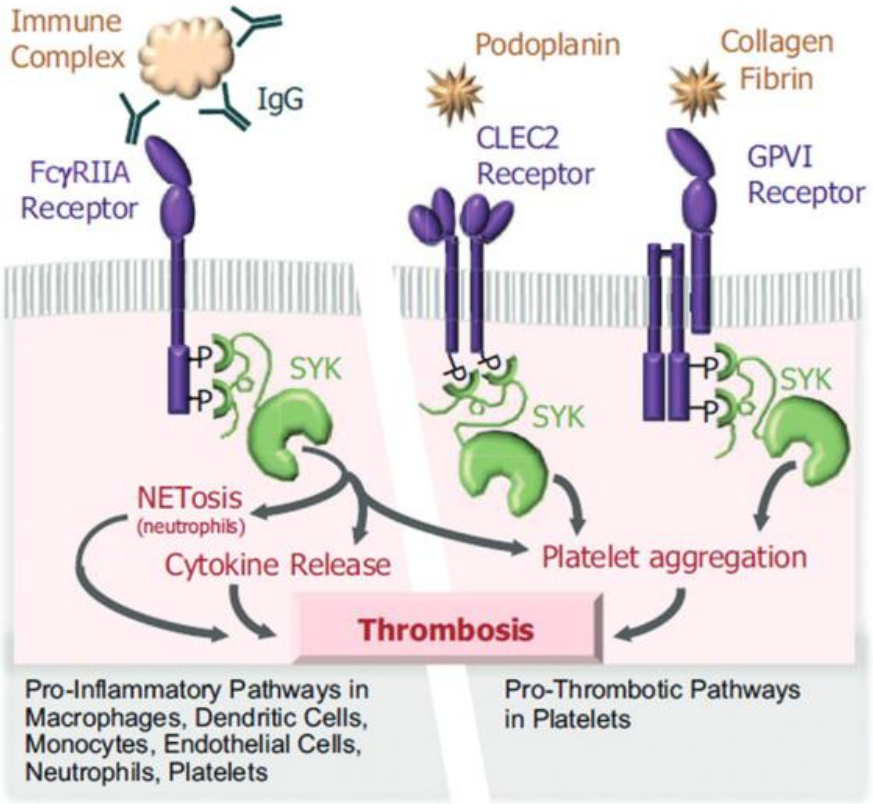


Fostamatinib is metabolised in the intestine by alkaline phosphatase to the active moiety R406

Singh J, et al. *J Med Chem*. 2012;55:3614-3643.

Fostamatinib

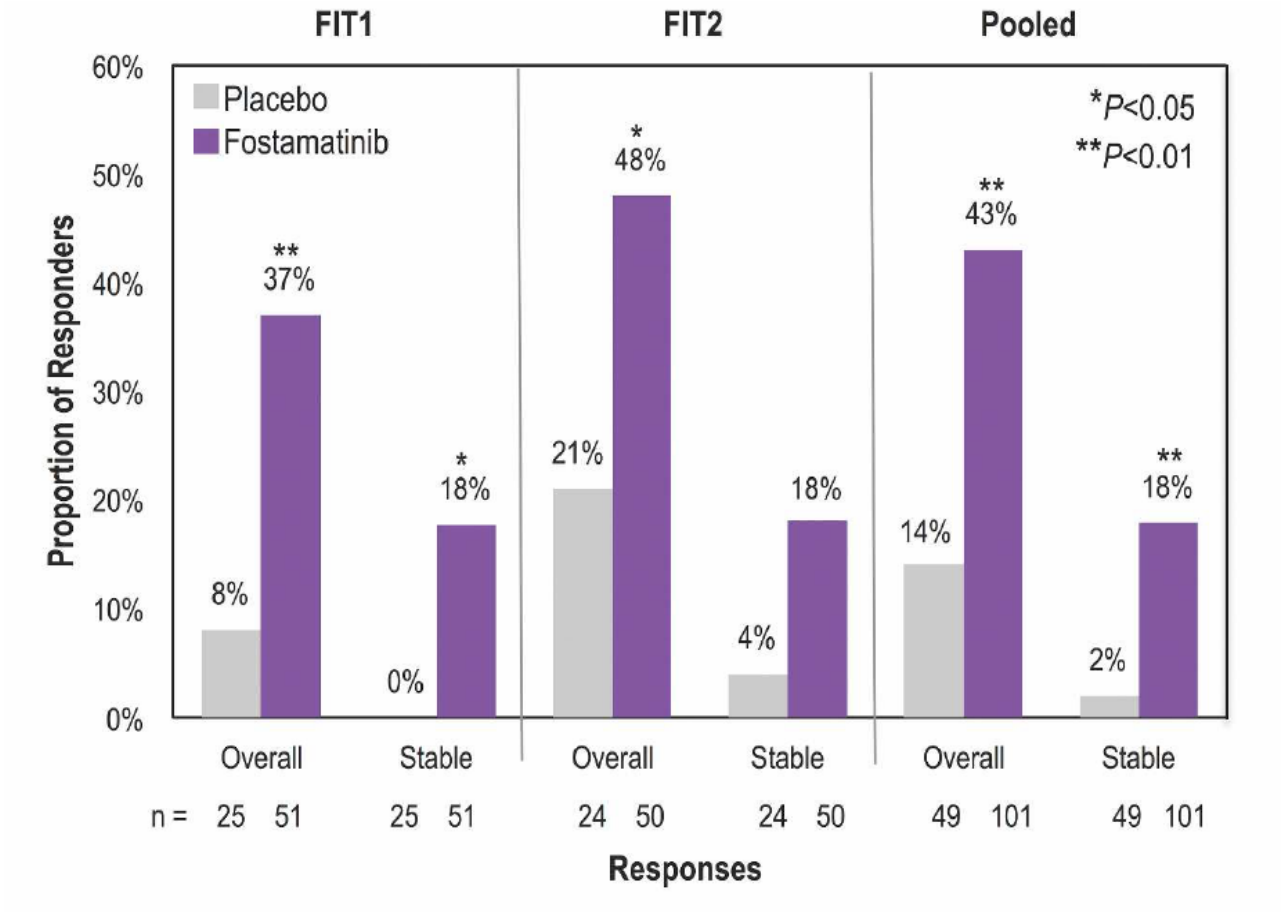




The primary metabolite of fostamatinib, R406, inhibits signal transduction at Fcγ receptors and B-cell receptors.

SYK-INDUCED PRO-INFLAMMATORY and PRO-COAGULANT EFFECT

Fostamatinib: efficacy (pivotal trials)



Very stringent primary efficacy endpoint

Stable response:
Platelet count ≥50 x 10^9/L on at least 4 of 6 visits without need for rescue treatment during weeks 14-24

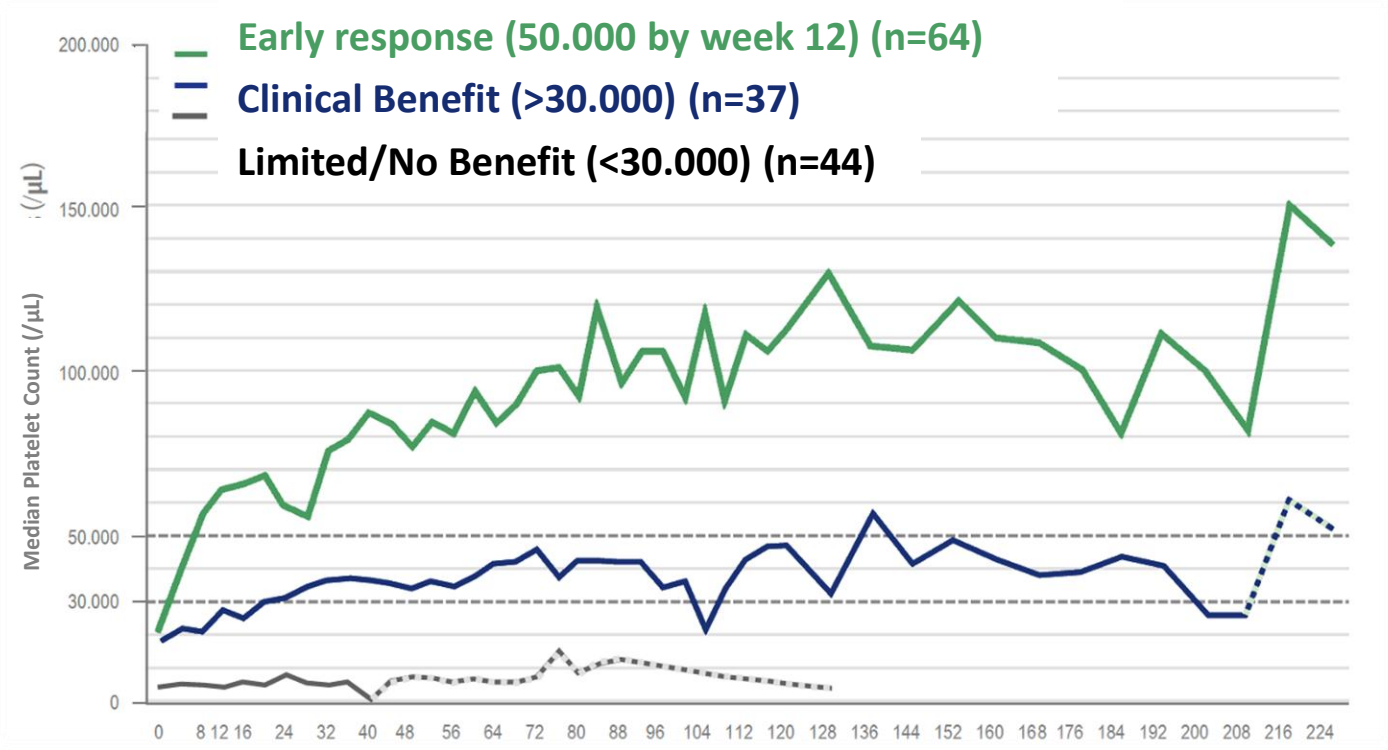
J Bussel et al. Am J Hematol 2018; 93:921-930

Fostamatinib: long-term efficacy (5 years)

54% of patients achieved a platelet count ⩾50,000/µL.

44% of patients exceeded a platelet count of 50,000/µL by week 12.

Platelet Count Over Time



70% of patients achieved a platelet count ⩾30,000/µL.

63% of patients achieved a platelet count ⩾30,000/µL at week 12.

The median platelet count of the study patients increased over time and remained between 50,000-150,000/µL during the time of treatment.

Cooper et al Ther Adv Hematol. 2021;12: 1-12

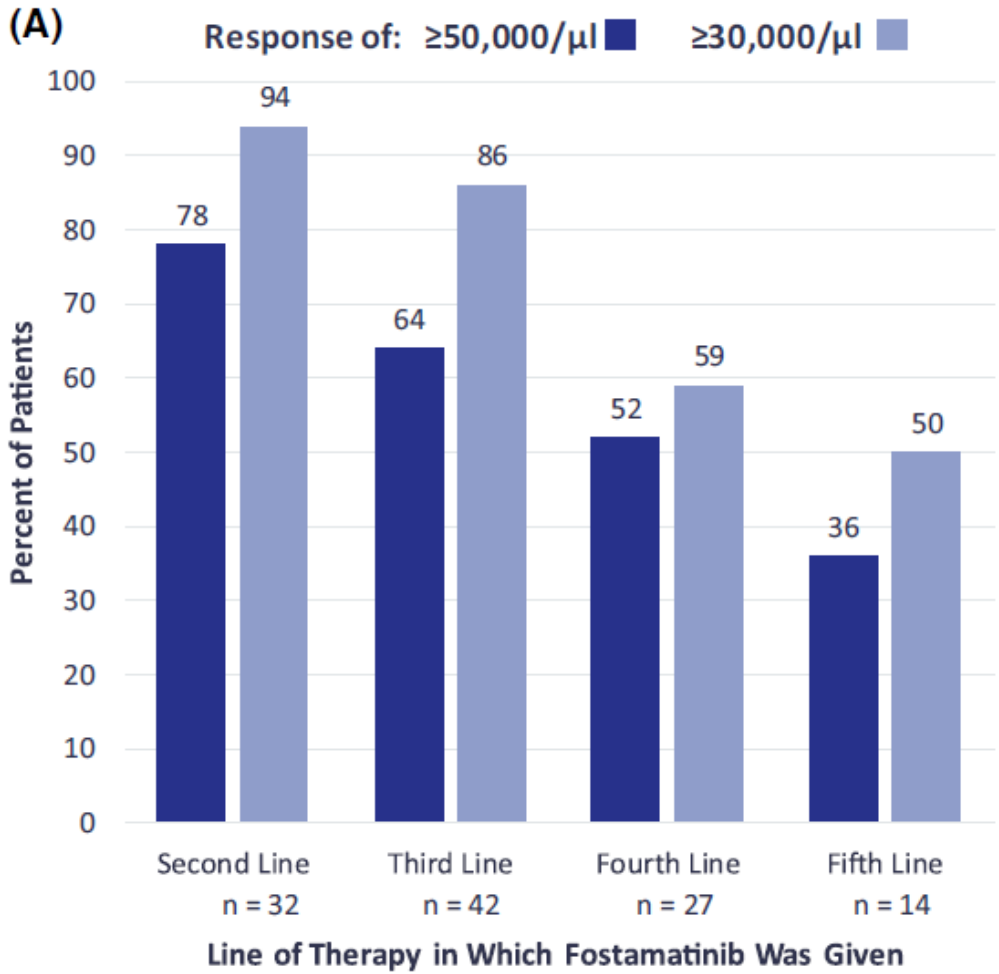
Fostamatinib: long-term safety (5 years)

Common adverse effects (⩾10% patients) classified by severity

Common AEs	Mild (%)	Moderate (%)	Severe (%)	Randomized + extension	Randomized trials	
				Fostamatinib *n* = 146 229 Pt-years (%)	Fostamatinib *n* = 102 29 Pt-years (%)	Placebo *n* = 48 12 Pt-years (%)
Diarrhea	17	17	2	36	29	15
Hypertension	12	10	1	22	20	8
Nausea	17	2	0	19	19	8
Epistaxis	12	7	0	19	16	10
Petechiae	10	4	1	15	4	6
Headache	10	4	1	14	11	19
Upper respiratory tract infection	10	3	0	12	6	4
Dizziness	9	2	1	12	11	8
Contusion	9	1	1	12	6	2
ALT increased	6	4	0	10	11	0

AE, adverse event; ALT, alanine aminotransferase; Pt-years; patient-years.

Fostamatinib: higher response rate in early treatment lines



Boccia et al. Brit J Haematol 2020;190:933-938

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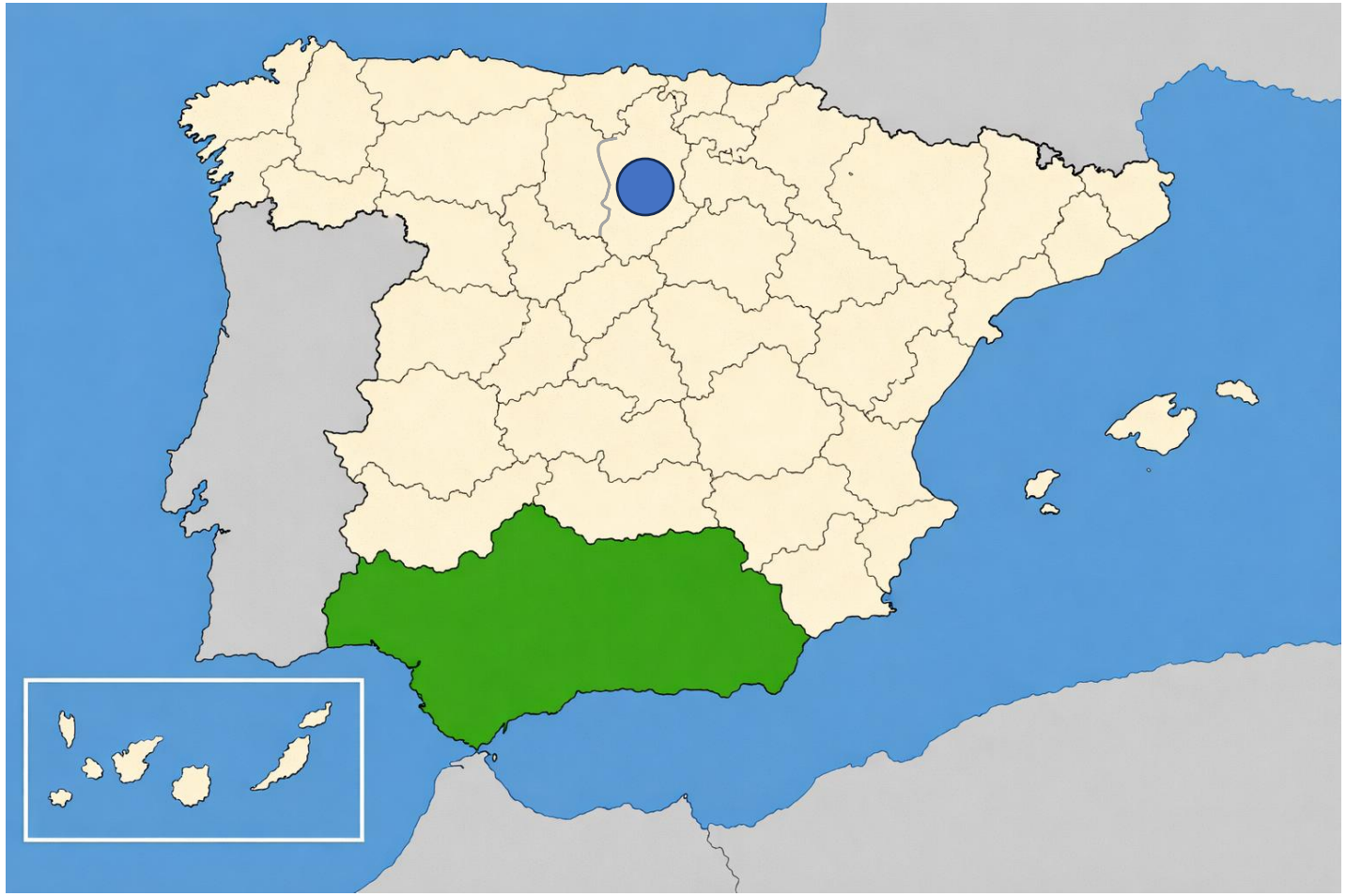
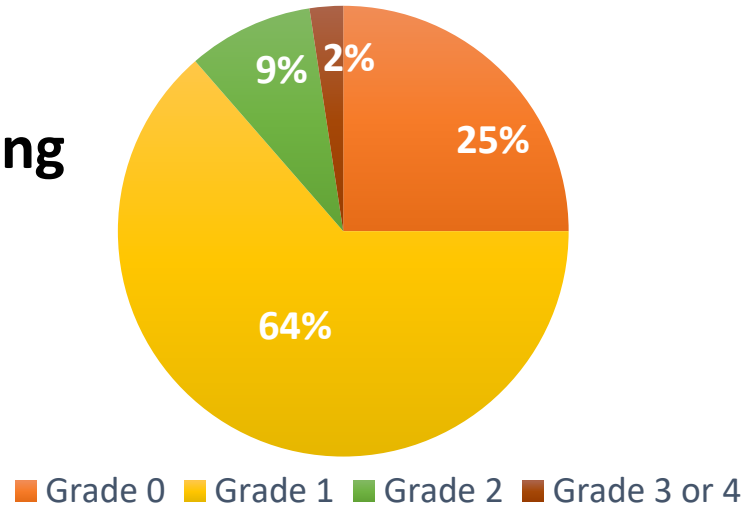
Fostamatinib in Spain: FOSTAMES & FOSTASUR studies

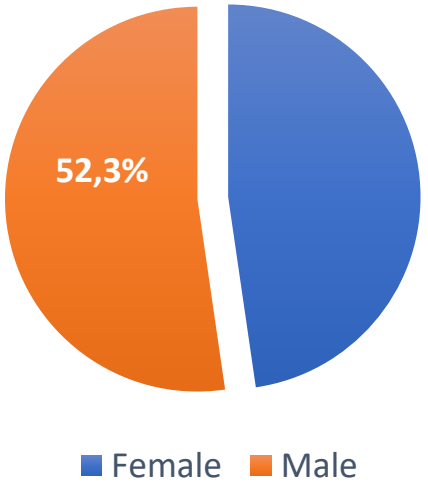


Fostamatinib in Spain: FOSTASUR study

- **N=44 patients**
- **1st October 2021-31 December 2022 (15 months)**
- **Median age: 58 years** (range 18-86)
- **Median time from diagnosis: 31 months** (range 5-280 months)

Basal Bleeding severity (WHO)





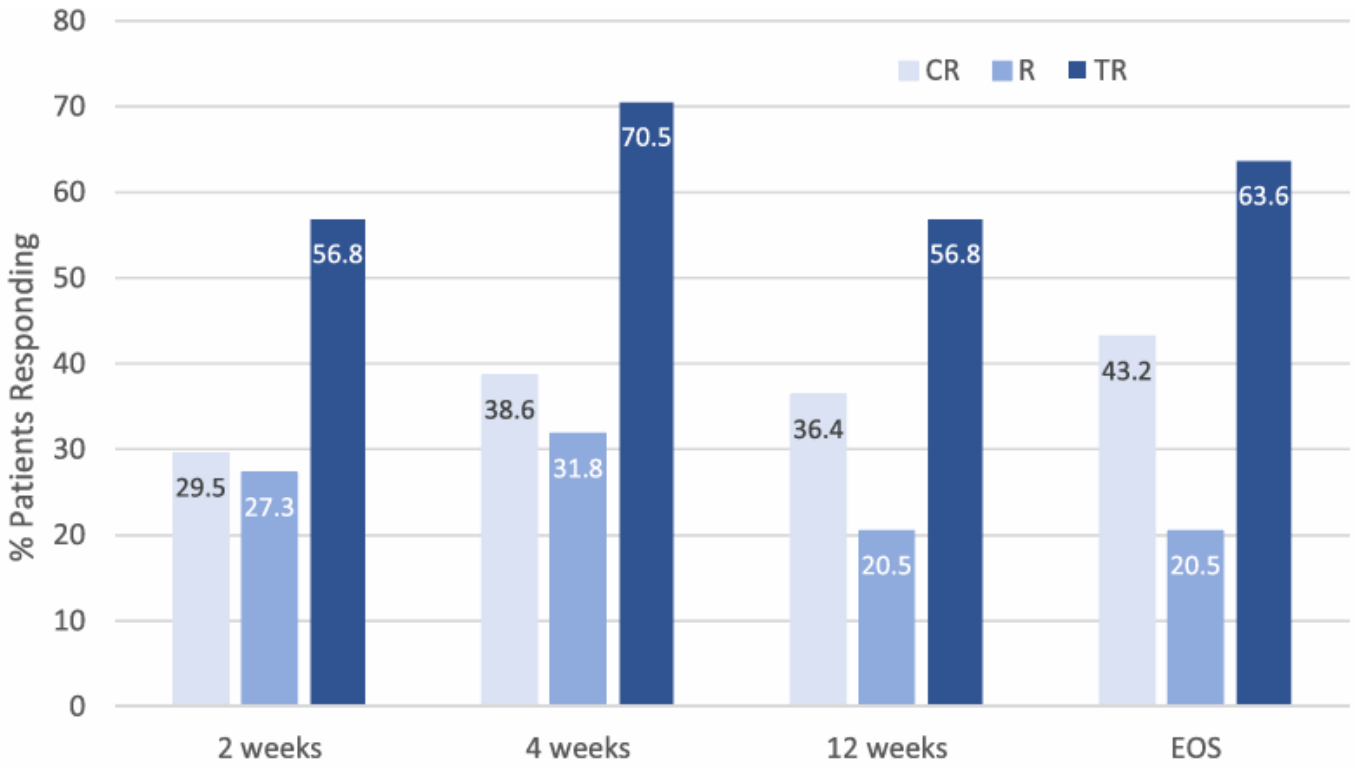
Jiménez-Bárcenas R et al. Br J Haematol. 2024;204:1977–1985

Fostamatinib in Spain: FOSTASUR study

Patients Treated with Fostamatinib
≥ 4 weeks
n = 44

ITP duration at baseline	
Newly diagnosed (<3 months)	3 (6.8)
Persistent (3–12 months)	6 (13.6)
Chronic (>12 months)	35 (79.5)
	Median (IQR)
Age (years)	58 (18–86)
Platelet count at diagnosis	11×10^9/L ($1–76 \times 10^9$/L)
Platelet count at baseline	15×10^9/L ($2–195 \times 10^9$/L)
Time since diagnosis (months)	31 (5–280)
Number of prior treatments	4 (1–8)

Abbreviation: IQR, interquartile range.



Jiménez-Bárcenas R et al. Br J Haematol. 2024;204:1977–1985

EoS: 15 months since fostamatinib initiation.

Fostamatinib in Spain: FOSTAMES study

blood®
Regular Article

PLATELETS AND THROMBOPOIESIS

Fostamatinib effectiveness and safety for immune thrombocytopenia in clinical practice

Tomás José González-López,[1] Nuria Bermejo-Vega,[2] Rocío Cardesa-Cabrera,[3] Violeta Martínez-Robles,[4] Gerardo Aguilar-Monserrate,[5] Gloria Pérez-Segura,[6] Abel Domingo,[7] Josefa Luis-Navarro,[8] Sunil Lakhwani,[9] Natalia Acedo,[10] María Luisa Lozano,[11] Silvia Bernat,[12] Ana Torres-Tienza,[13] Ana Ruano,[14] Isidro Jarque,[15] Pilar Galán,[13] Carmen Benet,[16] Shally Marcellini,[13] Reyes Jimenez-Bárcenas,[17] Daniel Martínez-Carballeira,[18] Dunia De Miguel-Llorente,[19] Alvaro Perona-Blázquez,[20] Isabel Gonzalez-Gascón,[21] Elsa Lopez-Ansoar,[22] José María Alonso-Alonso,[23] María Luisa Bengochea-Casado,[24] Francisco Javier Díaz-Gálvez,[1] Ana Moretó,[25] Gemma Moreno-Jiménez,[26] Roberto Hernández-Martin,[27] Erik de Cabo,[28] Julio Dávila-Valls,[29] Amalia Cuesta,[30] Carmen Pastoriza,[31] Gerardo Julio Hermida-Fernández,[1] Covadonga García,[1] Miguel Angel Pozas-Mañas,[32] Carlos Aguilar,[33] Dolores Fernandez-Jimenez,[34] Begoña Navas-Elorza,[35] Carolina López-Santamaría Castro,[36] Alvaro Lorenzo,[37] Xavier Ortín,[38] Marta García,[39] Sonia Piernas,[40] Johana Díaz-Santa,[41] Inmaculada Soto,[18] Drew Provan,[42] and Gloria García-Donas Gabaldón[43]

González-López TJ et al. Blood. 2024;144:646–654

FOSTAMES study: Methods

- **Multicentre, retrospective and prospective observational study at national level** to evaluate the management of fostamatinib (Tavlesse®) in adult patients with ITP in Spain.

- **138 adult patients with ITP from 42 Spanish centers, who had been treated with fostamatinib were evaluated.**

- **Most of patients (n = 126; 91.3%) were evaluated prospectively.**

FOSTAMES study: Demographics (I)

- The **median age of our cohort was 66 yr** (interquartile range [IQR], 56-80 yr). **77 (55.8%) were women**. **122 of them were Primary ITP, 15 Secondary ITP and only one Evans Syndrome.**

- **28 (20.2%) had ≥ 1 comorbidity of the Charlson Comorbidity Index at the time of diagnosis.**

- The **median time with a diagnosis of ITP at initiation of fostamatinib was 51 months** (IQR, 10-166 months).

FOSTAMES study: Demographics (II)

- **The median number of therapies prior to fostamatinib was 4 (IQR, 2-5).**

- **Previous therapies:** eltrombopag (76.1%), romiplostim (57.2%), IVIG (44.2%), rituximab (29.0%), avatrombopag (9.4%) and splenectomy (13.8%).

- **83 patients (60.1%) were treated with fostamatinib monotherapy throughout ITP.**

FOSTAMES study: Effectiveness

- A total of 109 of the 138 patients (79.0%) responded to fostamatinib.
- 74 of 138 patients (53.6%) achieved a complete response (CR).
- Fostamatinib monotherapy achieved 85.4% of responses.
- 27 patients (24.8%) discontinued fostamatinib treatment due to inefficacy.
- Fostamatinib use as second-line therapy achieved 84.6% of responses.

FOSTAMES study: Safety

- 67 patients (48.5%) experienced ≥1 adverse events, mainly grade 1-2 Diarrhea (n=28) and hypertension (n=21) were the most frequent .
- 18 patients were receiving fostamatinib in combination with other drugs.
- 13 patients (7.7%) discontinued the drug due to toxicity/severe adverse events.
- 9 patients died; All deaths were deemed unrelated to the use of the drug.

Fostamatinib in Italy: GIMEMA study (I)

- ***Primary end-point*** *(surrogate of efficacy and safety):* **The proportion of patients receiving fostamatinib for at least 6 months.**
- **95 patients; 20 Italian centres => 59% female; Median age: 64 years (range 21–86).**
- **Median time from ITP diagnosis to fostamatinib initiation was 92 months; Median number of prior therapies was 4.**
- 54% of patients received more than one thrombopoietin receptor agonist (TPO- RA); 23% underwent splenectomy.

Lucchini E et al. Br J Haematol. 2025;207:2529–2538

Fostamatinib in Italy: GIMEMA study (II)

- **The overall response rate was 73%, with 32% complete responses.**
- **45% of patients received fostamatinib for 6 months (Median treatment duration was 7.3 months).**
- **The main cause of discontinuation was treatment failure (43%).**
- **95 adverse events were reported in 38 patients, mostly grade 1–2.**
- **Fostamatinib discontinuation: 8% of patients.**

Lucchini E et al. Br J Haematol. 2025;207:2529–2538

Fostamatinib in France: CARMEN study (I)

- **164 patients recruited; Median age: 59 years; 55.5% women.**
- **89.0% had chronic ITP; 30 had secondary ITP.**
- **The median ITP duration was 86 months; and the median number of previous ITP treatments was 6.**
- **Response rate: 44.0% (70/159) at M3;** 41.9% (62/148) at M6; 32.4% (44/136) at M12 and 20.0% (21/105) at M24.
- ***Concomitant treatment (mostly TPO- RA)*** *was used in* ***>60% of responders at each endpoint.***

Moulis G et al. Am J Hematol. 2026;101:736–745

Fostamatinib in France: CARMEN study (II)

- **71 (43.3%) patients => At least one bleeding during therapy; No bleeding was fatal.**
- **100 adverse drug reactions (8 serious)** in **61 (36.7%) patients.**
- **Diarrhea (n=28;17.1%) and hypertension (n=17;10,4%) were the most frequent .**
- **Seven thrombosis (4.3%) and 40 infections (12 serious) were reported in 25 patients (15.2%), mostly in patients with known risk factors.**
- ***Fostamatinib in combination with TPO- RA should be considered in difficult- to- treat ITP patients.***

Moulis G et al. Am J Hematol. 2026;101:736–745

Avatrombopag plus fostamatinib combination as treatment in patients with multirefractory immune thrombocytopenia

Retrospective, multicenter, two countries, observational study

N 18

Median 5 treatments prior to combination

OR 83%

15/18 Overall response; 8/15 CR

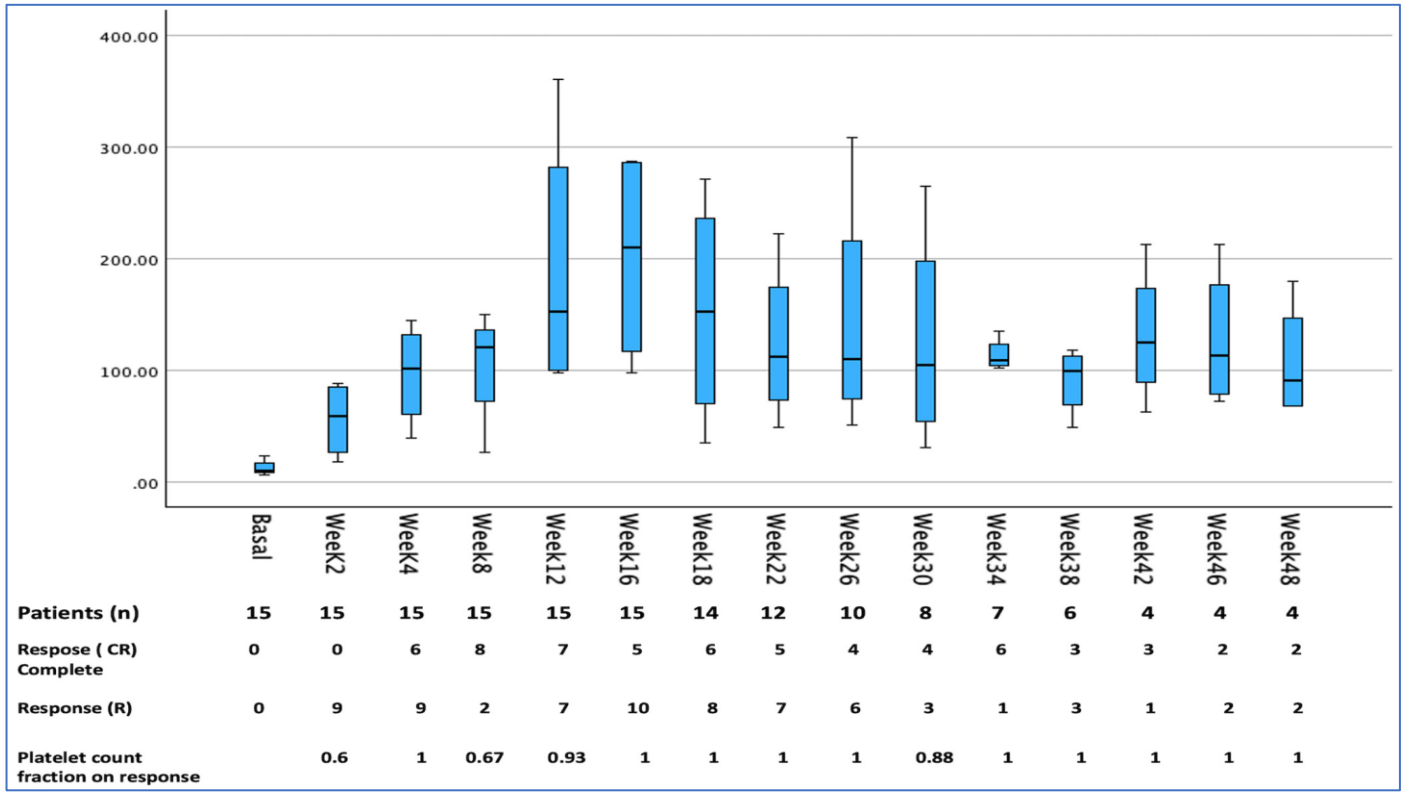
15 days

(range: 8–35 days)
Median time to response

Relapse 27%

Relapsed during dose tapering

Platelet count response and evolution in responding patients



	Basal	WeeK2	WeeK4	Week8	Week12	Week16	Week18	Week22	Week26	Week30	Week34	Week38	Week42	Week46	Week48
Patients (n)	15	15	15	15	15	15	14	12	10	8	7	6	4	4	4
Respose (CR) Complete	0	0	6	8	7	5	6	5	4	4	6	3	3	2	2
Response (R)	0	9	9	2	7	10	8	7	6	3	1	3	1	2	2
Platelet count fraction on response		0.6	1	0.67	0.93	1	1	1	1	0.88	1	1	1	1	1

[a] Response PC 30-100 x 10^9/L and complete response PC >100 x 10^9/L. AVA,

Mingot Castellano BJH 2024; DOI: 10.1111/bjh.19602

Cevidoplenib (Oscotec)

- **Phase 2 trial. 61-participant randomized, placebo-controlled trial.**
- **Two arms: 200 mg BID and 400 mg BID doses** in ITP patients with a platelet count <30,000/µL. The study duration was 20 weeks per subject, which consists of up to 4 weeks of screening period, 12 weeks of treatment period, and 4 weeks of follow-up period.
- **The response rate for the participants who were treated with cevidoplenib at the higher dose (400 mg) was 63.6% compared to 33.3% on placebo** (with p-value of 0.151).

Review > Mediators Inflamm. 2025 May 9:2025:5578929. doi: 10.1155/mi/5578929. eCollection 2025.

Efficacy and Safety of Syk and BTK Inhibitors in Immune Thrombocytopenia: A Comprehensive Review of Emerging Evidence

Amirhossein Heidari [1 2], Amirhossein Shahbazi Mazid [2], Mohammad Behroozfar [3], Negar Ghotbi [1 2], Fatemeh Fathabadi [2 4], Sara Eghbali [2 5], Nazila Heidari [2 6]

THE LANCET
Haematology

Sovleplenib / HMPL-523 (Hutchmed)

- **GLOBAL TRIAL. Phase 1b trial. 30 centers planned and 48 patients to be recruited.**

ARTICLES | VOLUME 10, ISSUE 6, E406-E418, JUNE 2023

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Sovleplenib (HMPL-523), a novel Syk inhibitor, for patients with primary immune thrombocytopenia in China: a randomised, double-blind, placebo-controlled, phase 1b/2 study

Xiaofan Liu, MD † • Prof Hu Zhou, MD † • Prof Yu Hu, MD † • Prof Jie Yin, MD • Prof Junmin Li, MD • Prof Wenming Chen, MD • et al. Show all authors • Show footnotes

2ND meeting of the European Research Consortium on ITP
NEW INSIGHTS INTO IMMUNE THROMBOCYTOPENIA

Paris Crowne Plaza Paris République
April 23-24, 2026

Summary/Conclusions

- **SYK plays a central role in ITP pathophysiology** *(attractive therapeutic target).*
- **Fostamatinib has been used mainly in heavily treated patients.**
- However, **fostamatinib proved to be effective and well tolerated in unselected patients with primary and secondary ITP.**
- The **association of fostamatinib with other drugs (e.g. TPO-RAs) or its use in earlier lines of therapy** may be associated **with higher platelet response rates.**
- **New SYK inhibitors (e.g., cevidoplenib, sovleplenib)** are *under investigation and may further expand the therapeutic landscape.*

Thank you very much!

Cathedral from **Burgos**, Gothic cathedral. XIII Century.

Statue of **El Cid** in **Burgos**

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