2ND meeting of the European Research Consortium on ITP

NEW INSIGHTS INTO IMMUNE THROMBOCYTOPENIA

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BCMA-TARGETING T-CELL-ENGAGER THERAPY INDUCES SUSTAINED REMISSION IN IMMUNE THROMBOCYTOPENIA

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Disclosures of

Hütter-Krönke **Marie Luise**

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Charité		X					
AMGEN					X		
Jazz					X		
Kyverna					X		
SOBI						X	
Sanofi						X	

Unmet medical need: multi drug refractory Immune Thrombocytopenia

ITP is caused by autoreactive antibody–producing B- and plasma cells [1, 2]

5–10% of patients are refractory or dependent to approved therapies [2]

CAR T cells targeting CD19 have shown efficacy and durable, treatment-free remissions autoimmune diseases, including ITP [3,4]

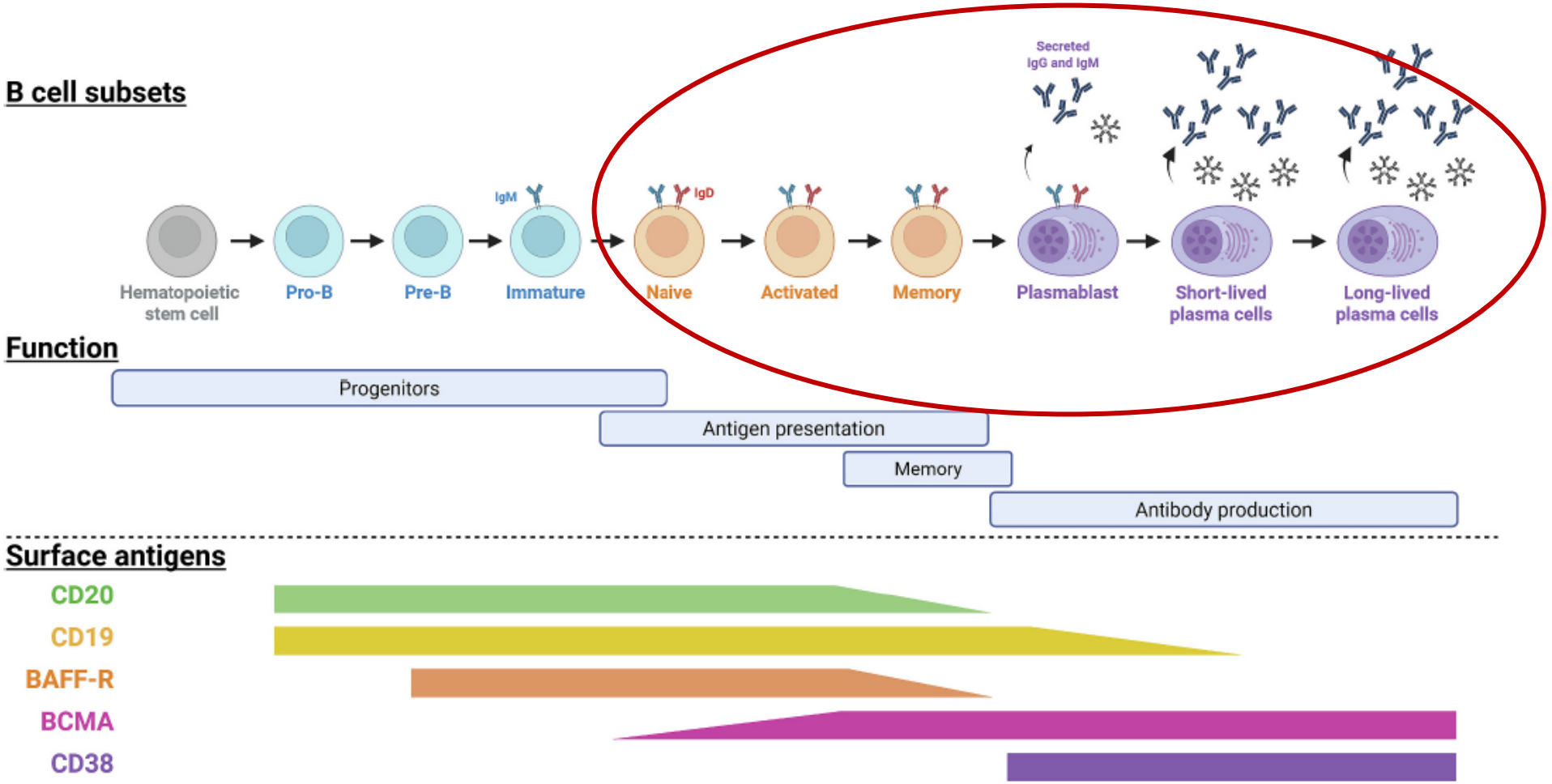
T-cell-redirecting bispecific antibodies demonstrate promising activity in autoimmune diseases [5,6,7,8]

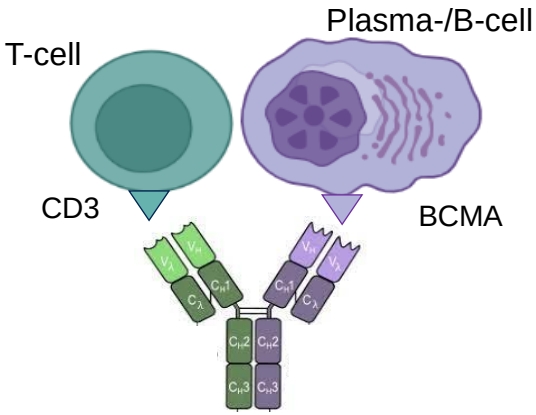
CHARITÉ

Cooper et al. NEJM 2019; Miltiadous et al. Blood 2020; Müller et al. NEJM 2024; Trautmann-Grill et. Al. Lancet 2025;

5Bucci at al. NEJM 20225; 6Zhang et.al. NEJM 2025; 7Duque-Alfonso et al. Lancet 2026; 78Gottschlich et.al. NEJM 20

Targeting B- and plasma cells





Teclistamab

Multiple Mylema

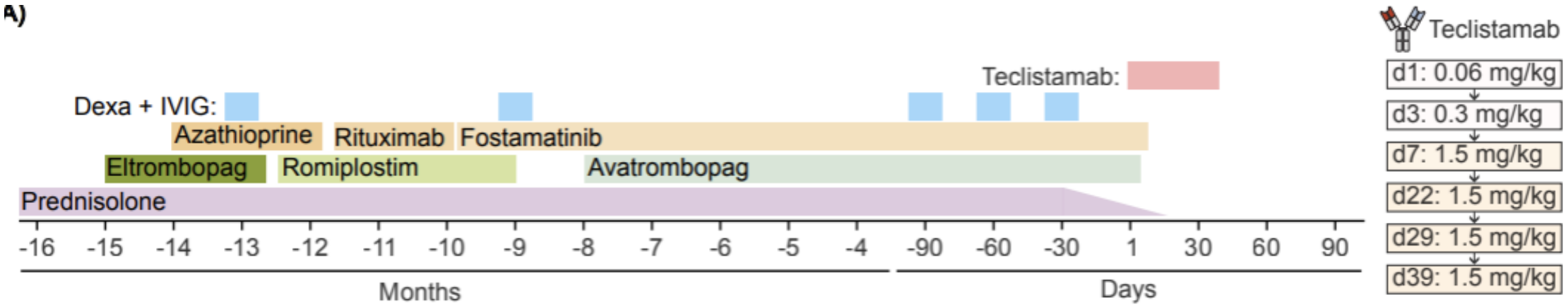
response rate of ~65%

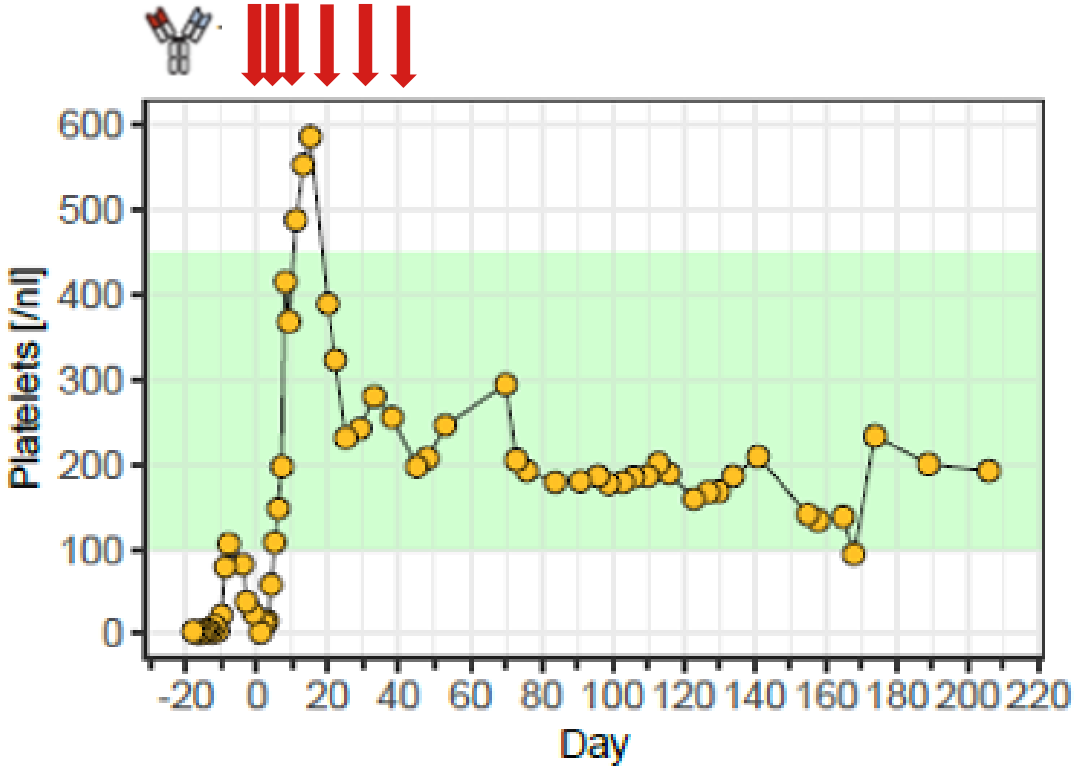
Adapted from Kuter et al.: Blood reviews, 2026

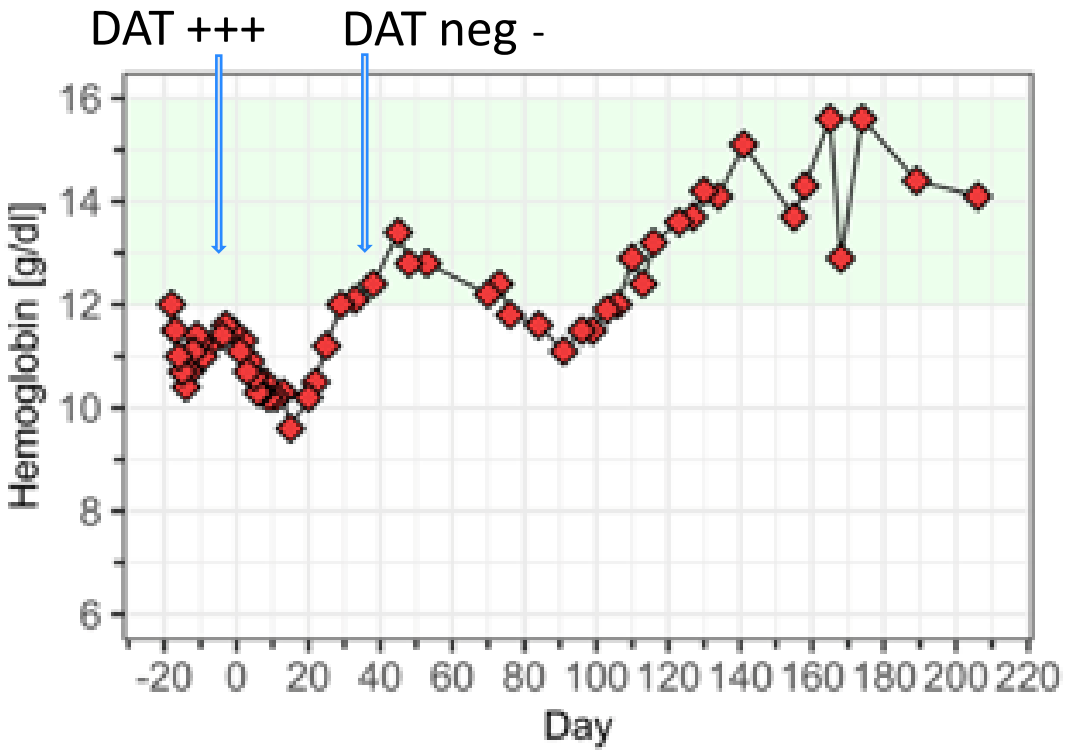
Baseline characteristics

	Patient # 1	Patient # 2	Patient # 3
Age	33	74	73
Sex	f	m	m
Disease	**ITP/AIHA (Evans syndrome)**	**primary ITP**	**primary ITP**
Antiplatelet antibody	anti-GP IIb/IIIa	anti-GP IIb/IIIa, anti-GP Ib/IX	-
DAT	IgG, IgM, C3d complement	negative	negative
No. of prior therapies	8	7	9
Prior treatments	Prednisolone Dexamethasone IVIG Azathioprine TPO-RA (Eltrombopag, Romiplostim, Avatrombopag) Rituximab Fostamatinib	Prednisolone Dexamethasone IVIG Cyclophosphamide TPO-RA (Romiplostim, Avatrombopag) Rituximab Fostamatinib	Prednisolone Dexamethasone IVIG Azathioprine TPO-RA (Eltrombopag, Romiplostim, Avatrombopag) Rituximab Fostamatinib Rilzabrutinib

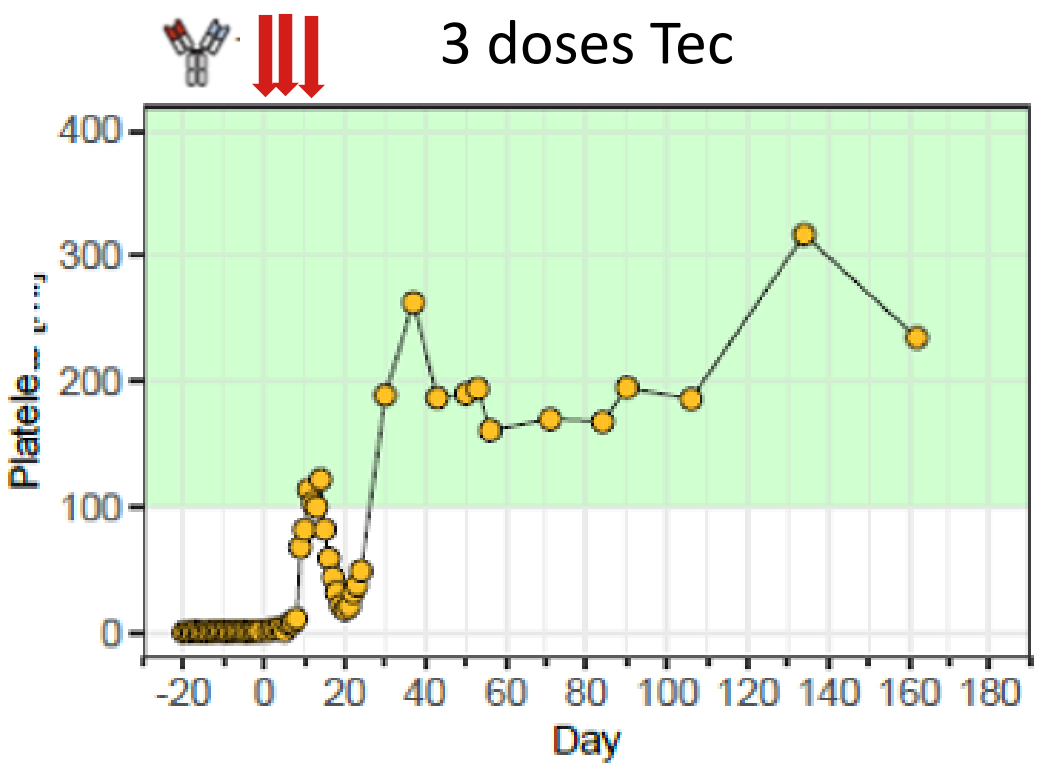
Efficacy- Teclistamab in ITP- Pt #1 ITP/AIHA

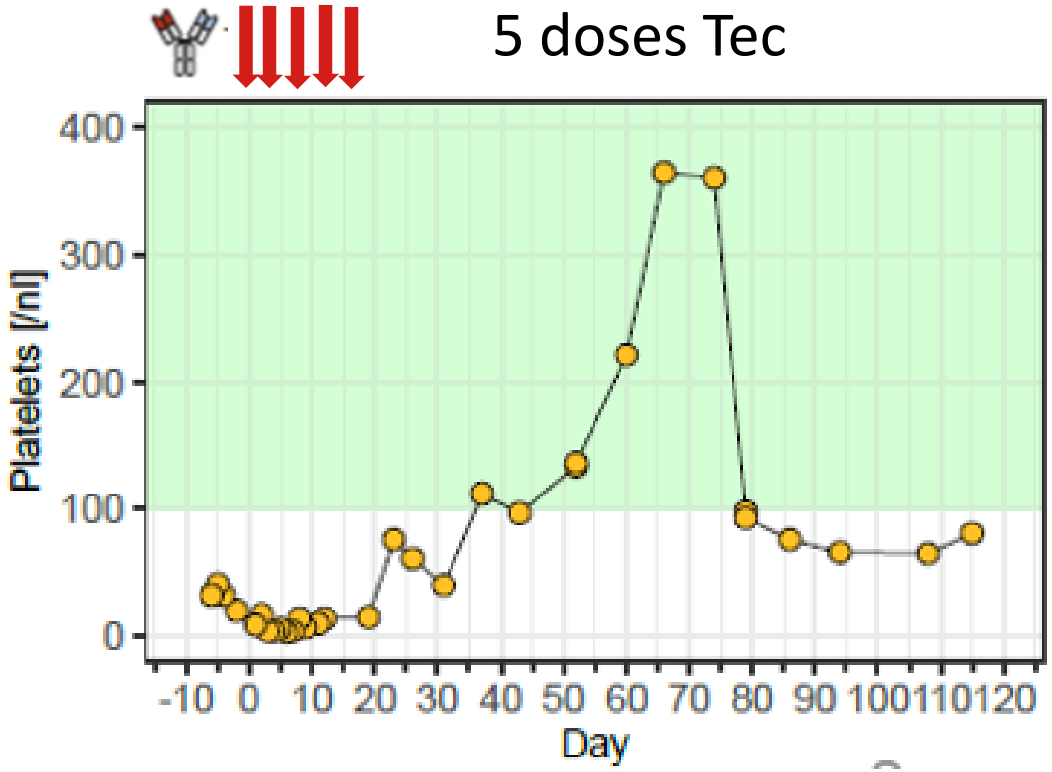






Efficacy- Teclistamab in ITP- patient #2&#3

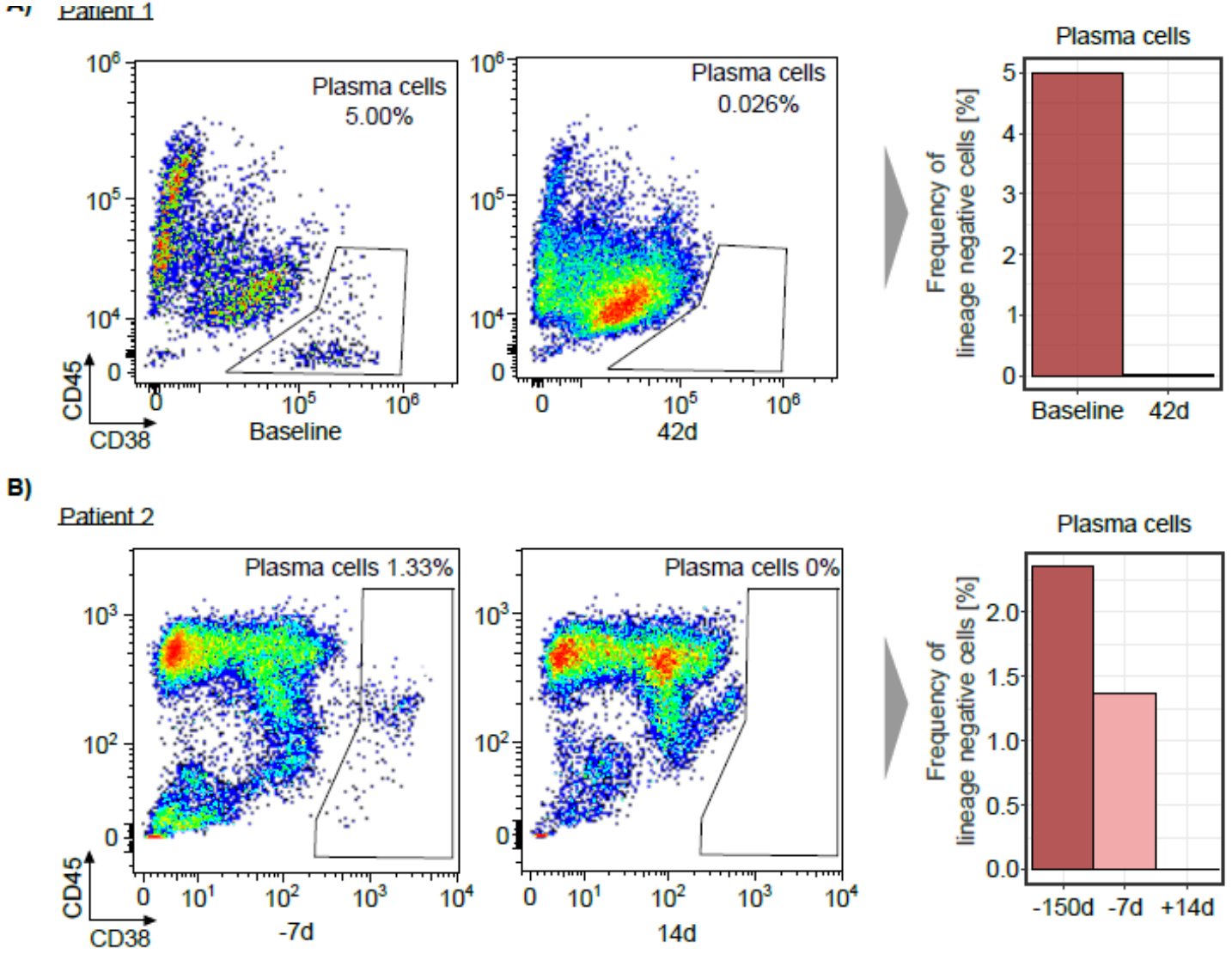




Teclistamab in ITP- response to treatment

	Patient # 1	Patient # 2	Patient # 3
Age	33	74	73
Follow up	7.5 months	6 months	4 months
Time to Response (time to >30/L PLT)	Day 3	Day 9	Day 23
Best Response (>100/L PLT)	Complete Remission (CR)	Complete Remission (CR)	Complete Remission (CR)
Sustained Response over >3months	CR	CR	PR
Treatment free Remission (no ITP-directed therapy)	7 months	5.5 months	2.5 months
Direct Antiglobulin Test	**pos → neg**	**neg → neg**	**neg → neg**
Antiplatelet antibodies	**pos → neg**	**pos → neg**	**neg → neg**

Bone marrow evaluation patient 1&2- Teclistamab in ITP



Safety and Toxicity- Teclistamab in ITP

- Cytokine Release Syndrome (CRS) – grade 1 in patient #1 and patient #2
- No ICANS observed
- Transient neutropenia in patient #1 and patient #2

  →G-CSF support
- Hypogammaglobulinemia in all patients –

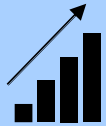
  →IVIG substitution in all patients
- Infections:

  Gastroenteritis and Influenza virus infection in patient #1

  →i.v. fluids/antiviral treatment

Summary- Teclistamab in ITP

Fixed duration Teclistamab therapy in 3 patients with ITP/AIHA resulted in:



Rapid and sustained remission in multi drug refractory ITP (and AIHA)

ITP-treatment free remission in all 3 patients up to 7 months

Effective Plasma cell depletion in bone marrow with 3-6 doses

Safety profile: no high-grade CRS, no ICANS
Manageable infections, neutropenia and hypogammaglobulinemia

Best Schedule? Sustainability? Immune reset? Re-Dosing?→ Prospective clinical trials

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Thank you!

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