

EFFECTIVENESS AND SAFETY OF RITUXIMAB IN IDIOPATHIC THROMBOCYTOPENIC PURPURA

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OBJECTIVE

Idiopathic thrombocytopenic purpura (ITP) is an autoimmune disorder characterized by low platelet count and may be responsible for mucocutaneous bleeding of varying severity
The study evaluates the effectiveness and safety of rituximab in patients who have not responded to first line treatment

MATERIAL AND METHODS

Retrospective observational study (2009-2011)

➤ Both **splenectomized and non splenectomized** patients were included

- **Partial response if platelet count exceeds 50×10^9 cells/L**
- **Complete response if count is greater than 100×10^9 cells/L**

➤ The dose employed was **$375 \text{ mg/m}^2 \text{ q7d}$ for four weeks**

Variables assessed:

- Adult patients who:**
- had not responded to first line therapy (high dose corticosteroids or IV non specific immunoglobulins)
 - were intolerant to such alternatives

- Previous duration of thrombocytopenia
- Platelet counts before treatment and after 4 weeks
- Percentage of patients having a satisfactory response
 - Mean time to response
 - Duration of response
- Occurrence of petechiae and mucocutaneous bleeding
 - Tolerability of infusion

RESULTS

22 patients recruited
12 men and 10 woman

Previous mean duration of ITP (range):
7.5 years (0.36-41)

Age (range)
55.6 years (19-88)

Mean platelet count before treatment (range):
 32.8×10^9 cells/L (6-70)

Mean time to response (range):
2.3 weeks (1-4)

Mean platelet count after 4 weeks treatment (range):
 120×10^9 cells/L (23-591)

Complete response

➔ **10 patients (45.5%)**

Partial response

➔ **8 patients (36.3%)**

Mean response duration (range):
10.5 months (1-25)

NO response

➔ **4 patients (18.2%)**

2 pat.
Petechiae
Bleeding

13 pat.
Platelet count
within target

3 pat.
Platelet count
< 50

22 pat.
Well tolerated
infusion

CONCLUSIONS

- Rituximab seems an effective and well tolerated alternative in patients with refractory ITP who require chronic treatment
- This study shows that more than 50 % of patients respond to treatment and it maybe an alternative to splenectomy
- However, further prospective studies are required to define the optimal position of rituximab in the treatment of ITP