



EFFICACY AND SAFETY OF ELTROMBOPAG IN IMMUNE THROMBOCYTOPENIA

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BACKGROUND

Eltrombopag is a thrombopoietin mimetic indicated in immune thrombocytopenia when corticosteroids or splenectomy are not effective or splenectomy is contraindicated. No direct comparison exists with romiplostim.

PURPOSE

Evaluate effectiveness and safety of eltrombopag since its inclusion in pharmacotherapeutical guide.

RESULTS

8 women and 1 man with a median age of 63 years (24-78). Five splenectomized, all of them pretreated with corticosteroids, 7 with azathioprine, danatrol or dapsona and 7 with romiplostim. Of these 7 patients treated with romiplostim 3 discontinued for ineffective, 1 for partial response with high dose, 2 for adverse effects and one was changed to eltrombopag for oral route administration. Table 1 shows a comparison between romiplostim and eltrombopag results in our patients.

At the end of study 6 patients had discontinued treatment, two due to lack of response, one was intolerant, one refused treatment for his liver disease, one was splenectomized and another had sustained response. Thromboembolic complications, cataracts, bone marrow reticulon or liver damage were not reported. Two patients reported irritability and fatigue and another headache.

REFERENCES

1. N Engl J Med 2011; 365: 734-41.
2. International Journal of Technology Assessment in Health Care 2012; 28:3: 249-258.

MATERIALS AND METHODS

Retrospective study of patients treated with eltrombopag between august 2011-February 2013. Demographic data, pretreatments, splenectomy, platelet count (PC) at the beginning, at five weeks and at the end of the treatment or study, adverse effects and discontinuation, were collected.

Table 1	Patients pretreated with romiplostim (7)	Eltrombopag (9)
PC before treatment. Median (min-max)	4.000/mm ³ (3.000-25.000)	6.000/mm ³ (2.000-68.000)
% patients with PC ≥ 50.000 after 5 weeks	75%	44%
		3 patients who still continue at the end of study
Weeks of treatment. Median (min-max)	29 (12-100)	70 (57-78)
Cost (€)/patient. Median (min-max)	18.509 (2.892-50.899)	39.593 (19.338-48.434)
PC at the end of study. Median (min-max)		45.000/mm ³ (34.000-60.000)

CONCLUSIONS

Both romiplostim and eltrombopag increase platelet count ≥ 50000/mm³ more than placebo¹. In an indirect comparison romiplostim achieved better platelet response (percentage of patients with ≥ 50.000 platelet/mm³) after 4 weeks of treatment (83 vs 57% OR 0,11 IC95% 0,02-0,66) and longer response not significative². In our study response at five weeks was better with romiplostim too, but we observed more discontinuation with romiplostim due to lack of response or partial response (57% vs 22%). Eltrombopag advantages are oral versus subcutaneous administration and easier dosing.

