

Rituximab and caplacizumab in thrombotic thrombocytopenic purpura: 11 years of real-world evidence

M. Fuentes Herrero¹, L. Vallez-Valero¹, D. Medina-Catalán¹, L. Villamarin-Vallejo¹, A. Feliu-Ribera¹

1. Hospital de la Santa Creu i Sant Pau, Pharmacy Department, Barcelona, Spain.

Background and importance

Thrombotic thrombocytopenic purpura (TTP) is a rare, life-threatening disorder.

Standard therapy includes plasma exchange and corticosteroids, although relapse rates remain high (20–50%).

Rituximab (RTX) and caplacizumab (Capla) are increasingly used, but real-world data are limited.

Aim and objectives

The aim of this study is to analyze the effectiveness of these treatments in reducing relapses and length of hospitalization in adult patients with TTP in a tertiary hospital setting.

Material and methods

Retrospective, observational study (2014 – 2025).

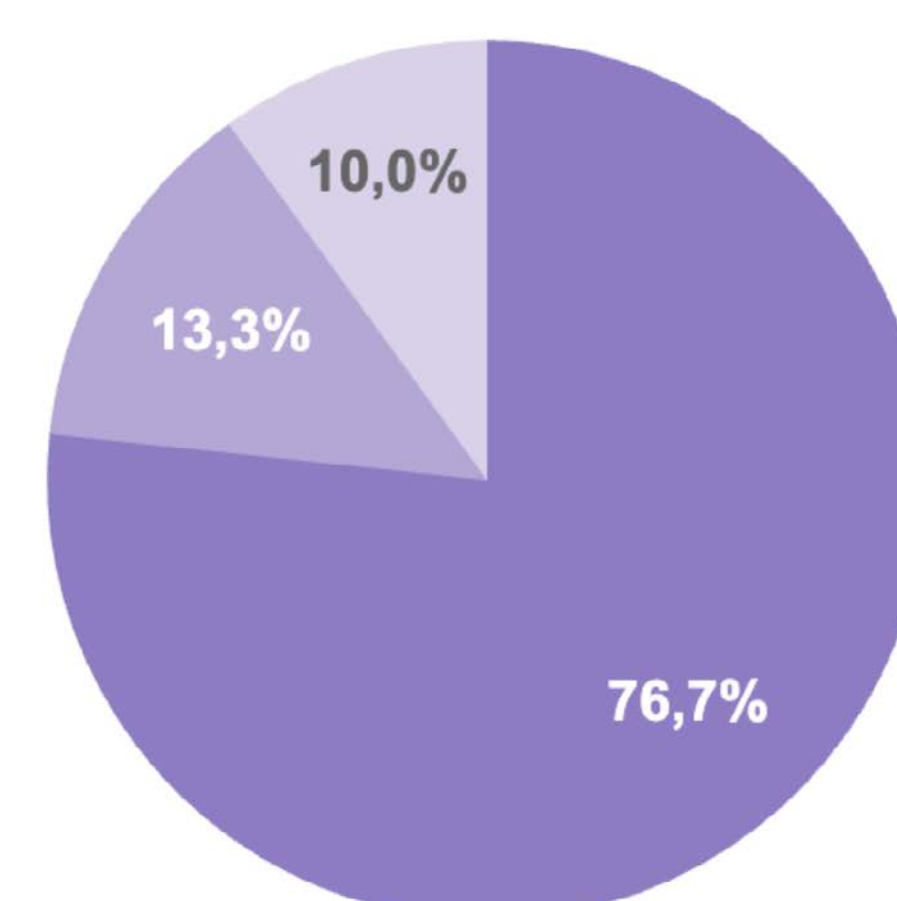
Variables: demographics, treatment regimens and timing, relapse, retreatment, and length of hospitalization.

Results

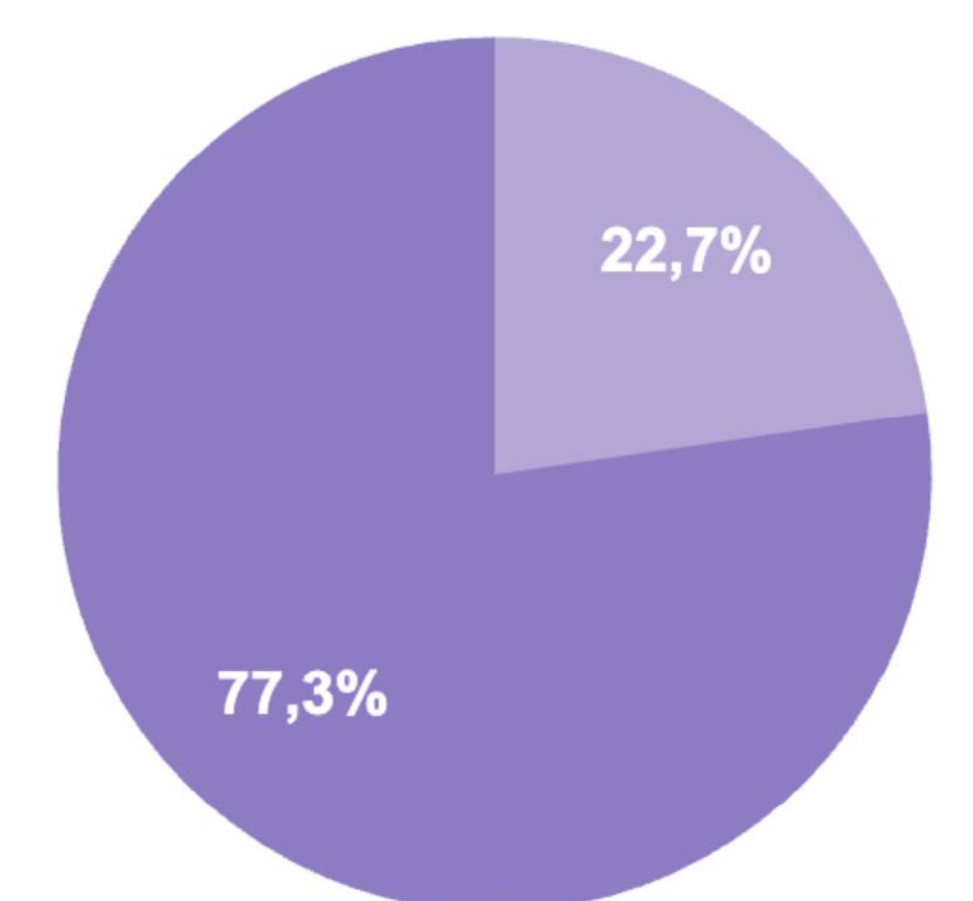
| |
|-----------------------------|
| 30 episodes; 22 patients |
| 54.5% were women |
| The mean age was 52.5 years |

| Drug | Patients | Episodes | Days from admission to treatment |
|-------|----------|----------|----------------------------------|
| RTX | 22 | 100% | 6.3 days |
| Capla | 7 | 23,30% | 4,7 days |

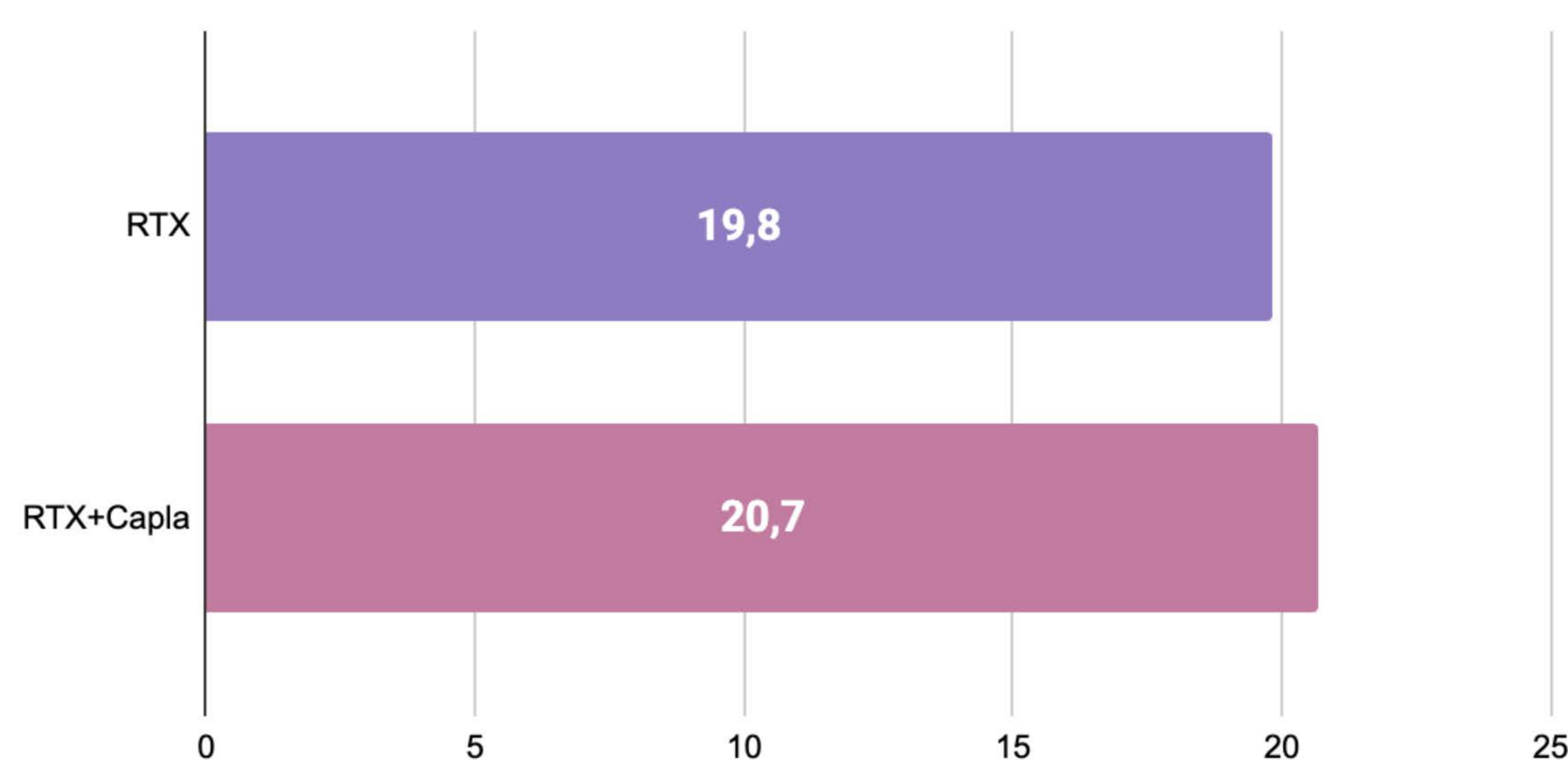
Regimen used (RTX)



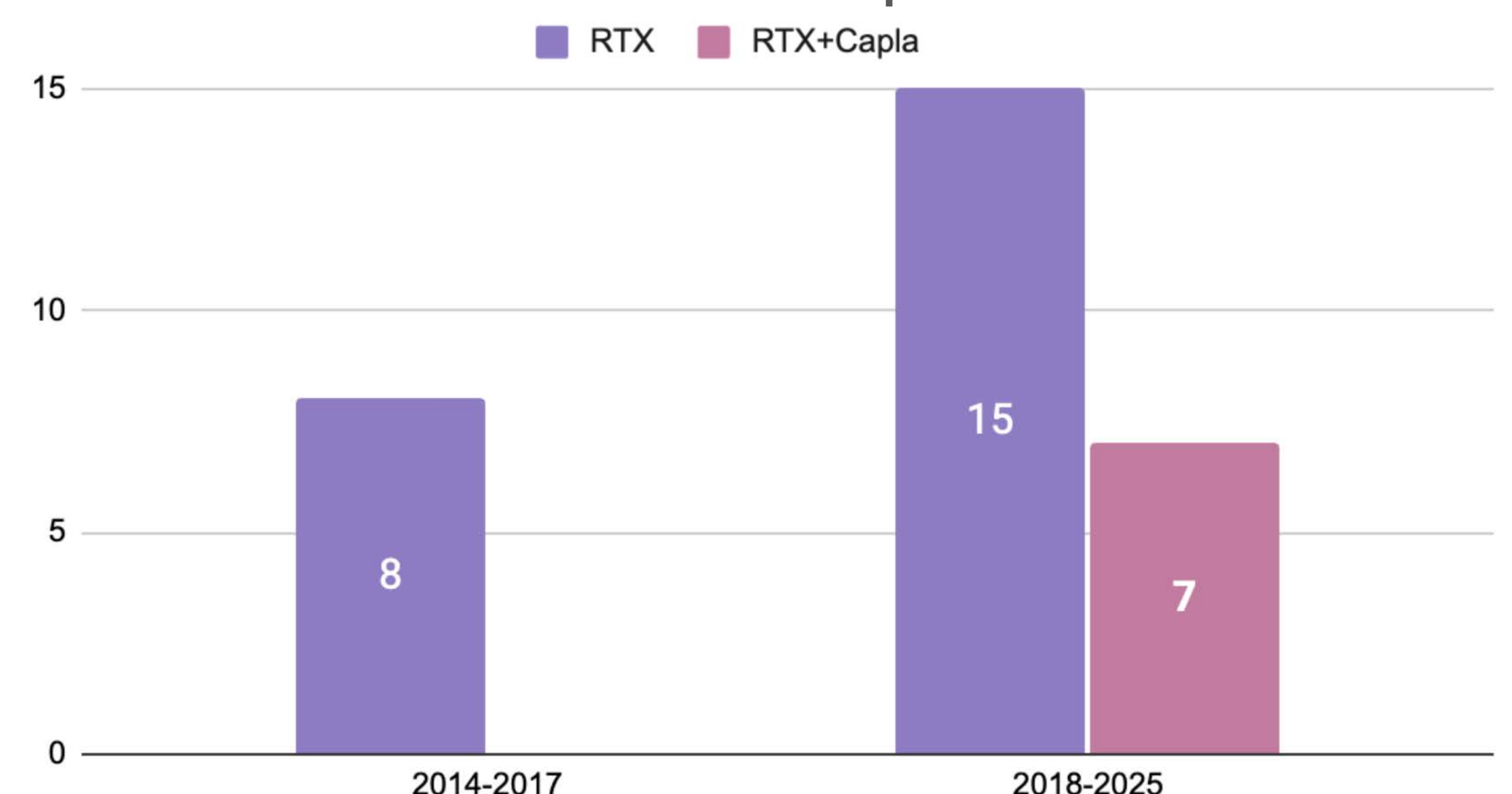
Relapse rate (RTX)



Average length of hospitalization (2018 onwards)



Use of rituximab and caplacizumab



Conclusion and relevance

Rituximab did not clearly reduce relapse rates compared with published data.

Caplacizumab did not reduce length of hospitalization.

However, the small sample size limits the strength of these findings.

Larger real-world studies are needed to better define the role of these therapies.

