

SUSTAINED REMISSION OF IMMUNE THROMBOCYTOPENIA WITH THE USE OF ELTROMBOPAG

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BACKGROUND

Eltrombopag is a Thrombopoietin receptor agonists (TRA). This drug has been approved for the treatment of chronic immune thrombocytopenia (ITP). The platelet (PLT) count response is usually maintained as long as the medication is continued, however once it is stopped, PLT counts typically drop to pretreatment levels at which point patients may be at increased risk of bleeding.

PURPOSE

- ✓ Describe a case of a patient treated with eltrombopag who unexpectedly achieved durable PLT count responses after stopping TRA treatment.

MATERIALS AND METHODS

- Demographic, clinical and laboratory data were collected through medical records.

- We defined the TRA-induced remission as the achievement of a PLT count above $100 \times 10^9/L$; continuation of PLT count above $100 \times 10^9/L$ during treatment; and persistence of PLT count above $100 \times 10^9/L$ even after treatment was discontinued, without the use of concomitant maintenance therapies.

- In addition, adverse events during treatment were recorded.

RESULTS

- 75 year old female
- Chronic ITP for 11 years
- **Prior ITP treatments:** corticosteroids, intravenous immunoglobulins and dapsons.
- Splenectomy 8 years before treatment with TRA.
- **PLT counts before eltrombopag:** $11 \times 10^9/L$

Weeks of treatment With TRA	2	6	8
PLT counts	$37 \times 10^9/L$	$83 \times 10^9/L$	$327 \times 10^9/L$

- The first dose of eltrombopag was 50 mg and was increased 75mg at week 5.
- **Eltrombopag was slowly tapered and then stopped after 11 weeks with PLT counts above $100 \times 10^9/L$ and absence of bleeding** was attained during the treatment.
- **The PLT count remained above $150 \times 10^9/L$ at last follow-up, 22 months after stopping eltrombopag.**
- **Diarrhea** was the only adverse effect recorded during treatment.

CONCLUSIONS

The patient unexpectedly achieved durable PLT count responses after stopping eltrombopag treatment.

Short- and medium-term treatment with TPA may avoid side effects and reduce the financial burden this costly treatment places upon healthcare systems. However, the frequency of sustained response after discontinuing eltrombopag without additional therapy for ITP is largely unknown.

The communication of such cases is important since it may boost new studies which will re-examine the need of long-term use of eltrombopag in all patients with ITP.