STIP study: Stop TPO-RA in ITP Patients

Short title: STIP study
Principal investigator: M.R. Schipperus
Sponsor: Haga Teaching Hospital
EudraCT nr: 2016-003810-29

Patient population: ITP patients with an indication for TPO-RAs

Required no. of patients: 63

Type of study: Single arm intervention study

Study objectives:

Primary objectives:

Remission vs non-remission at 4 weeks after discontinuation of romiplostim treatment.

> Response is defined by platelet count of more than 30.10^9/L and doubling of plateletcount, in absence of significant bleedings, WHO grade >=3. Remission is defined by stable platelet count, >30.10^9/L, for >4 serried weeks and in absence of bleedings WHO grade >3. Relapse is defined by plateletcount of <30.10^9/L or new bleeding symptoms WHO grade >=3, after initial response (platelets > 30.10^9/L).

Secondary objectives:

- Are the following variables associated with therapy success?
    1. ITP liver/spleen scan
    2. Glycoprotein antibody analysis
    3. T-regulatory cells
    4. TPO-levels
- What is the remission rate (percentage) of ITP after cessation romiplostim at 12 months?
- What is the effect of treatment on the Quality of Life at 1 and 2 years after treatment?
- What are the costs of drugs per included patient: first year as compared to the second year of treatment?
- What is the effect of treatment on hospitalisation rate and length of stay during study in days?
- What is the incidence of bleeding grade 3 or 4 during treatment and during tapering period?

Subject eligibility criteria:

Inclusion criteria:

- Persistent and chronic ITP (>3 months of ITP)
- >18 years old
- Indication for therapy, at least after initial treatment with corticosteroids

Exclusion criteria:

- Previous splenectomy
- Bone marrow disease
- Other bleeding disorder
- Liver disease (Child Pugh > 7)

- Pregnancy
- Secondary ITP and using therapy for secondary cause at time of inclusion
- Prior TPO-RA use longer than 3 months subsequently

Status: **Recruiting**

Participating sites:

- Hagaziekenhuis Den Haag
- UMCU Utrecht
- LUMC Leiden
- Albert Schweitzer Ziekenhuis Dordrecht
- Isala Ziekenhuizen Zwolle
- UMCG Groningen

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Summary:

Immune thrombocytopenia (ITP) is an acquired disorder characterized by low platelets due to high clearance and impaired production. Thrombopoietin receptor agonists are known for their symptomatic platelet rise and have a high chance of success (80-85%) in ITP patients. Their disadvantage consists of high cost and lifelong therapy due to its symptomatic nature – however, retrospective studies have shown that after discontinuation of TPO-RAs 26-55% of the subjects can achieve prolonged remission. One prospective study shows a remission rate of 32% after gradually discontinuing the TPO-RAs.

To date no predictive values for the successful discontinuation of TPO-RAs are available. Confirmation of remission rate after discontinuation of TPO-Ra is of importance for understanding possible immune modulating properties of TPO-RAs. Further, we hypothesize that immune markers like platelet autoantibodies and regulatory T-cells, and spleen-liver scans will show and possibly predict this TPO-RA effect. We will therefore study a. these immunemarkers during treatment and after TPO-RA discontinuation and b. the effect of TPO-RA treatment and its discontinuation on platelet clearance in spleen and liver.