

Transcript Details

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www.reachmd.com
info@reachmd.com
(866) 423-7849

Key Recommendations for ITP: Updates on Management & Treatment from the 2019 ASH Guidelines

Announcer:

You're listening to ReachMD. This medical industry feature, titled "Key Recommendations for ITP: Updates on Management & Treatment from the 2019 ASH Guidelines" is sponsored by Amgen.

Here's your host, Dr. Jennifer Caudle.

Dr. Caudle:

The management of immune thrombocytopenia, or ITP, has evolved over the last decade. In an effort to reflect those changes, the American Society of Hematology's updated Clinical Practice Guidelines on Immune Thrombocytopenia provide recommendations for the management of adult and pediatric ITP. Joining me today to discuss these recommendations is Dr. Keith McCrae, board-certified hematologist and an author of the 2019 ASH Guidelines.

Let's start with some background. As we know, the ASH guidelines on ITP were updated in 2019 after nearly a decade. Dr. McCrae can you provide us a high-level overview of the key updates, starting with recommendations around steroid use?

Dr. McCrae:

Well, corticosteroids are frequently used as the first-line therapy in newly diagnosed adult patients with a platelet count of less than approximately 30,000. Now, in the ASH Guidelines, it's pointed out that steroids should not be used for periods longer than six weeks, and that includes both treatment and taper in newly diagnosed ITP patients.

Dr. Caudle:

Great, and thank you for that summary, Dr. McCrae. What do the updated ASH guidelines now recommend around splenectomy?

Dr. McCrae:

Well, historically splenectomy has been used after corticosteroids based on the high percentage of patients that achieve remission following surgical intervention. In fact, long-term studies suggest that remission is obtained in about two-thirds of patients who undergo splenectomy. Because a significant number of patients will not respond, other agents, however, are preferred for management prior to splenectomy because of the long-term increased risk of infection and thrombosis in patients who are splenectomized. That, coupled with the risk of surgical morbidity and mortality, has led to the updated ASH Recommendations to wait at least one year after diagnosis, if possible, before performing splenectomy.

Dr. Caudle:

And finally, Dr. McCrae, are there any other key themes in the updated ASH guidelines you would like to share?

Dr. McCrae:

A very important point is that incorporation of the patient voice or values into decision-making, especially with respect to second-line treatment of ITP lasting three months or more, has been incorporated throughout the guidelines. The updated 2019 ASH Guidelines have also now provided a treatment algorithm for distinguishing between second-line therapies with patient value and preferences as its focal point. Different options are available and based on the patient's preference.

Dr. Caudle:

Thank you so much for joining us for this quick update, Dr. McCrae.

Announcer:

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