

# REAL-WORLD MANAGEMENT OF PATIENTS WITH IMMUNE THROMBOCYTOPENIA IN ITALY: A RETROSPECTIVE DATABASE STUDY

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## BACKGROUND AND OBJECTIVES

- **Immune thrombocytopenia (ITP)** is an autoimmune blood disease characterized by low platelet count [1].
- Newly diagnosed patients are traditionally managed with corticosteroids (CS), but national and international guidelines discourage long-term steroid therapy [2,3].
- In patients with steroid dependency or unresponsiveness, other therapy options are rituximab, thrombopoietin receptor agonists (TPO-RA), and splenectomy [4].
- Up to now, there are poor data on the epidemiology of ITP [5] and the cost of care for disease management [6].

**OBJECTIVES.** The present real-world analysis was undertaken to describe the ITP adult population in Italy, focusing on epidemiology, patients' therapeutic management, and healthcare costs.

## PATIENTS AND METHODS

### DATA SOURCE AND PATIENTS

A retrospective observational analysis was conducted using data extrapolated from the administrative databases of Italian healthcare institutions corresponding to ~12 million health-assisted subjects.

Between January 2015 and September 2022, patients with ITP were included if at least one of the following criteria was met:

- active exemption code for ITP, **OR**
- hospital discharge diagnosis for ITP, **OR**
- at least one prescription for romiplostim or eltrombopag and discharge diagnosis for unspecified primary thrombocytopenia in the absence of the first two criteria, **OR**
- at least one prescription of fostamatinib or avatrombopag.

The date of inclusion was that of the match with one of the criteria.

## RESULTS

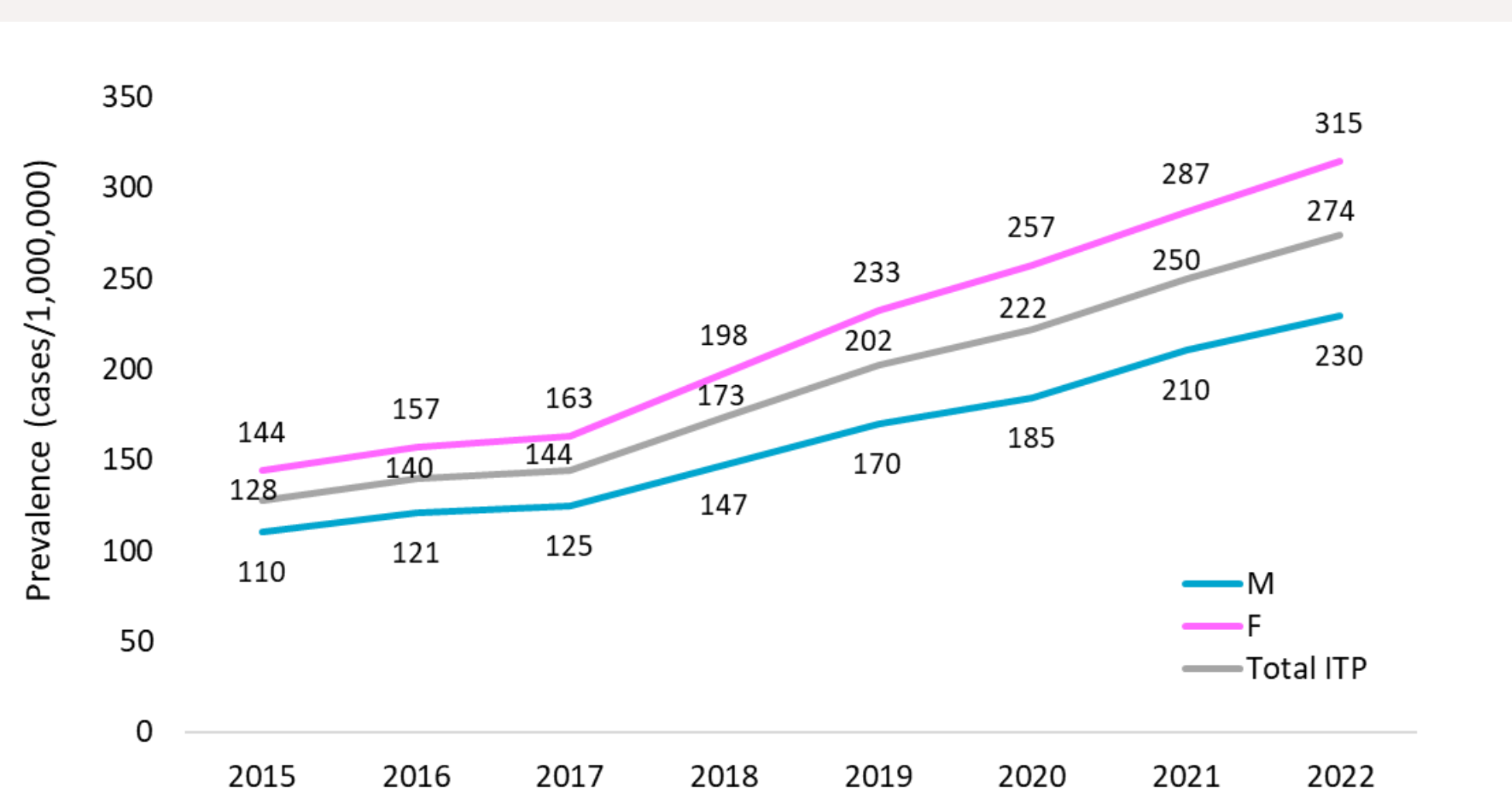
### BASELINE DEMOGRAPHIC AND CLINICAL CHARACTERISTICS

Total 2,891 adults with ITP were identified from January 2015 to September 2022: mean age was 57.6 years, and 43% were male.

### EPIDEMIOLOGICAL ESTIMATES OF ITP

The prevalence of ITP showed an increasing trend over time, from 128/1,000,000 in 2015 to 274/1,000,000 in 2022.

Prevalence rates of ITP were higher in women: in 2022 the prevalence rate in the female adult population was 315/1,000,000 vs 230/1,000,000 in the male adult population (**Fig. 1**).



**Fig. 1.** Prevalence of IPT over time in overall patients and by gender.

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## AUTHORS

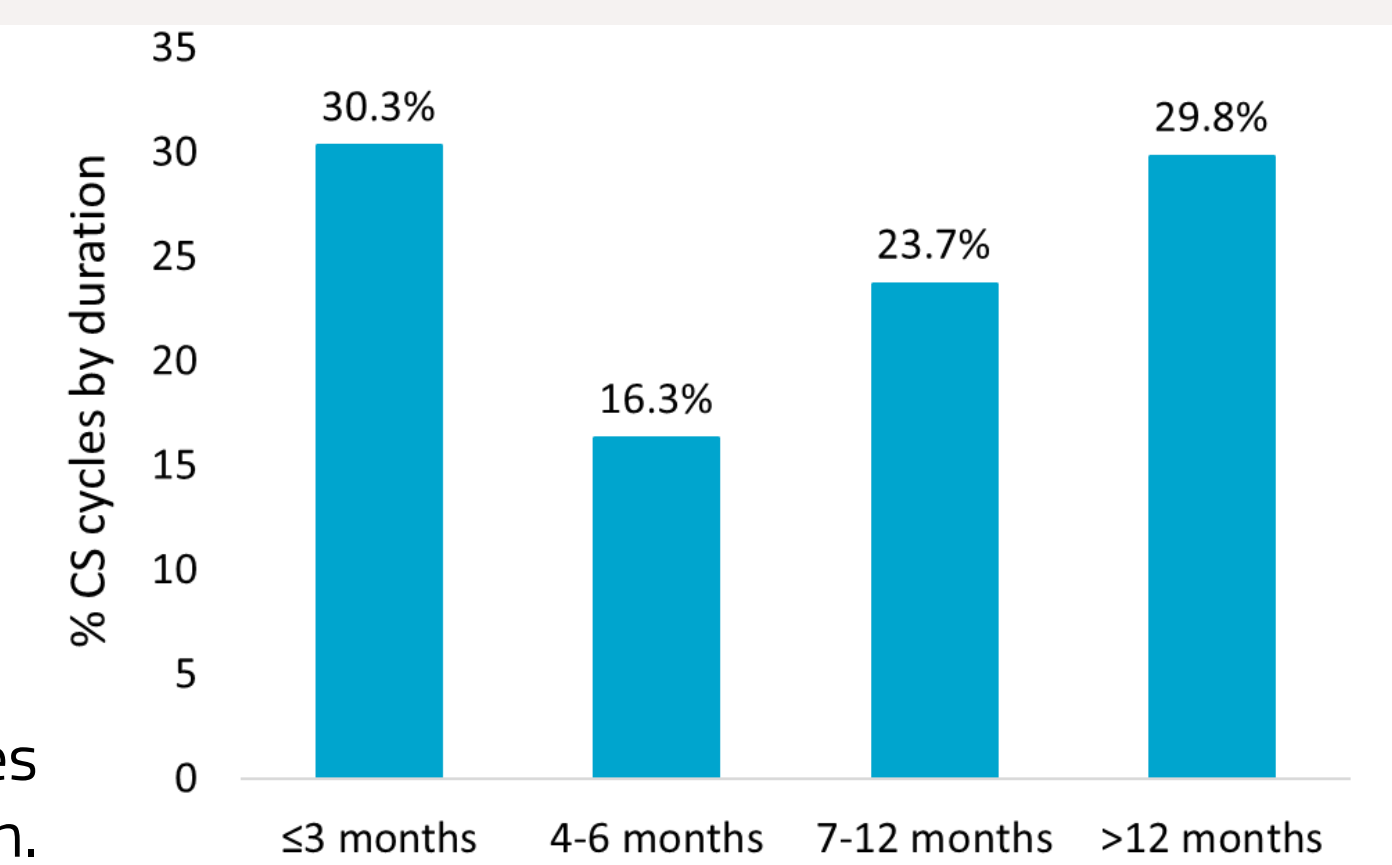
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## THERAPEUTIC SCHEMES

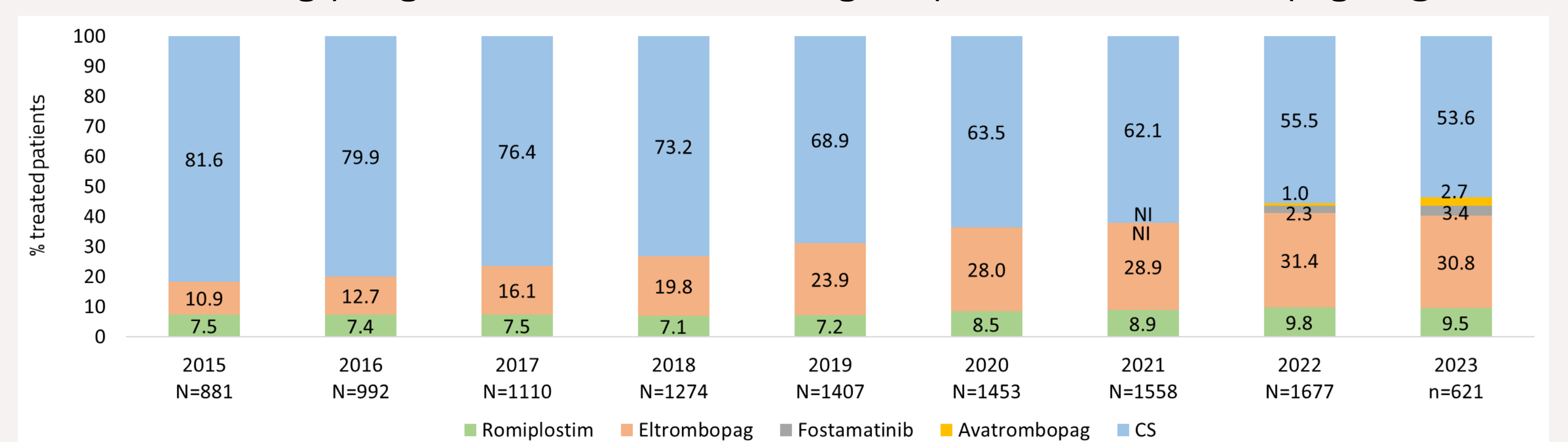
- The analysis of treatment patterns revealed that 9% of patients were not on active therapy for ITP.
- Total splenectomy was performed in 4% of patients.
- Of the treated patients, 57.8% had received only CS and 42.2% CS followed by TPO-RA/fostamatinib.

- Among the included ITP patients, 51.7% had received at least one cycle of CS therapy lasting more than 3 months.
- Total CS treatment duration was 11.1 ± 14.0 months, and 69.7% of CS cycles lasted more than 3 months (**Fig. 2**).



**Fig. 2.** Percentage of CS cycles stratified by cycle duration.

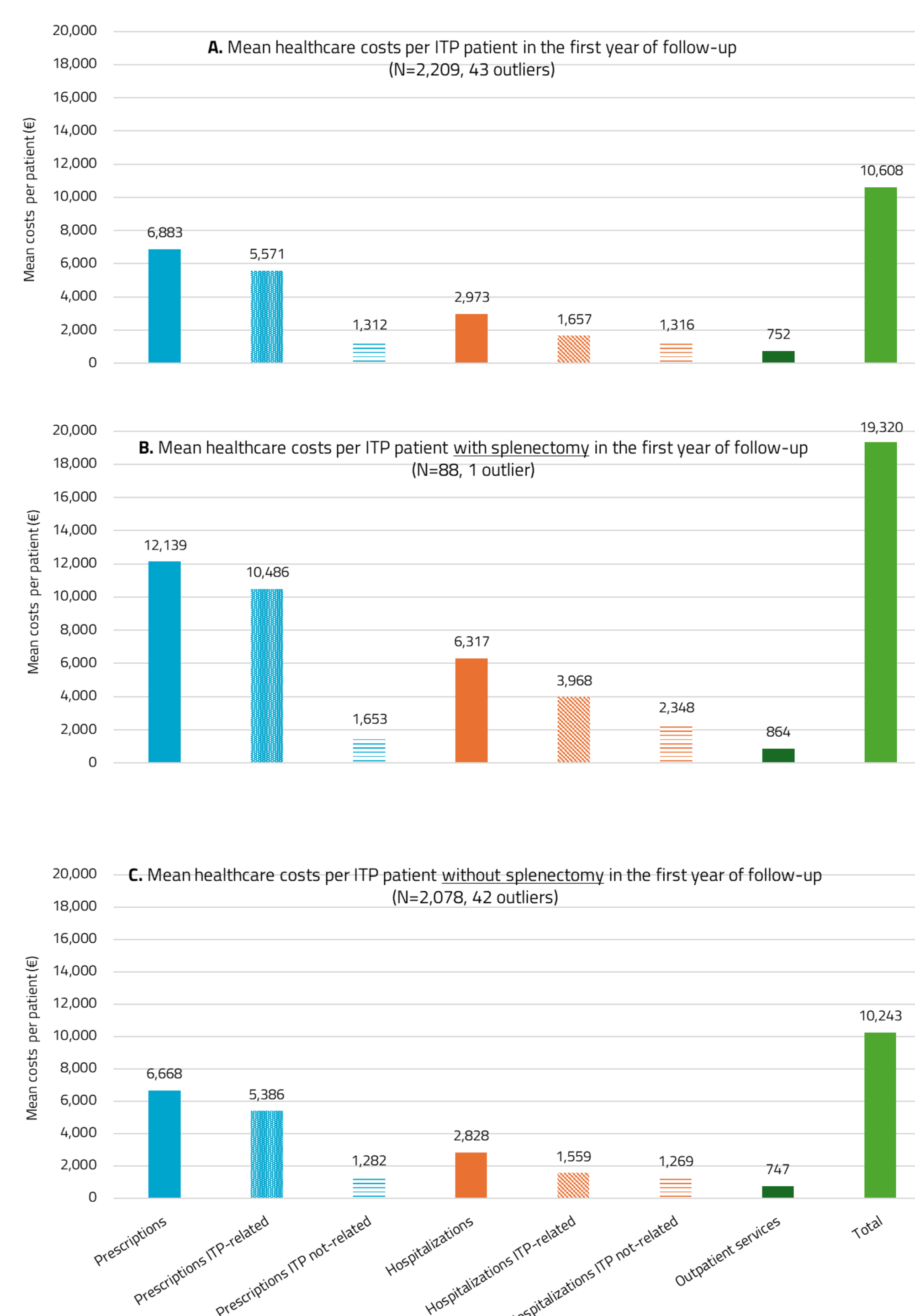
- The proportion of CS-treated patients dropped from 81.6% in 2015 to 53.6% in 2022, along with an increasingly larger utilization of other drugs, in particular avatrombopag (**Fig. 3**).



**Fig. 3.** Proportion of patients prescribed with the drugs for ITP over the years.

## ANALYSIS OF DIRECT HEALTHCARE COSTS ASSOCIATED WITH ITP

Total healthcare cost per patient at 1-year follow-up was €10,608, mostly driven by drug expenses (€6,883, of which €5,571 for ITP-related drugs), followed by hospitalizations (€2973 of which €1,657 for ITP-related hospitalizations), and outpatient specialist services (€751.5). Patients with splenectomy showed higher total costs than those without splenectomy (€19,320 and €10,243, respectively), about one-third for hospitalizations (**Fig. 4**).



**Fig. 4.** Mean healthcare costs per patient in the first year of follow-up, excluded outliers (costs greater than the mean ±3 times the standard deviation) were excluded). Total costs and by cost item (related or not to ITP) are shown for: (A) all patients with ITP, (B) ITP patients with splenectomy, (C) ITP patients without splenectomy.

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## CONCLUSIONS

- These results generated from the real clinical practice in Italy, suggest that, despite the availability of new drugs for the treatment of ITP, the use and treatment duration of CS therapy is still largely above the recommendations of national and international guidelines [2,3].
- Moreover, the choice of surgery remains non-negligible, with healthcare costs almost doubled in patients submitted to splenectomy.
- Lastly, these data underline the need to optimize prescription appropriateness and therapeutic management of ITP patients, also in view to better allocation of healthcare resources.