

#### **C4. THE ROLE OF THROMBOPOIETIN RECEPTOR AGONISTS (TPO-R) IN THE TREATMENT OF CHRONIC IMMUNE THROMBOCYTOPENIA OF ADULT- THE EXPERIENCE OF FUNDENI CLINIC OF HEMATOLOGY**

*Iulia Ursuleac, Adriana Coliță, Mariana Vasilică, Răzvan Stoia, Bogdan Ionescu, Sorina Bădeliță, Daniel Coriu, Radu Niculescu*

Fundeni Clinic of Hematology and Bone Marrow Transplant, Bucharest, Romania

Introduction: TPO-R agonists represent an available therapeutical option for those patients with chronic immune thrombocytopenia (ITP) refractory or with contraindication for splenectomy. The two agents are: Eltrombopag (Revolade) with oral, daily administration and Romiplostim (N'Plate), with subcutaneously, weekly administration. Clinical trials showed their efficacy in order to maintain a safe number of platelets  $\sim 50000/\text{mmc}$ , prevent fatal bleeding and offer to the patients a good quality of life with few adverse reactions.

Material and method: a clinical epidemiological retrospective study of 33 patients with ITP, treated with TPO-R agonists in Fundeni Clinic of Hematology between 2011-2013.

Results: therapeutical indications were – third line therapy (failure after splenectomy and corticosteroids): 6 patients; bridging through splenectomy -11 patients; second line therapy- 13 patients (4 patients with hepatitis C and B active infection, who undergone concomitant antiviral therapy, maintaining normal level of platelets). The age was variable, between 21-68 years old. 27 patients received Eltrombopag and 9 patients Romiplostim. 2 patients received both Eltrombopag and Romiplostim. 29 patients responded with platelets above  $50000/\text{mmc}$ , 9 of them had a sustained response, maintained after stopped medication: 4 after Romiplostim therapy and 5 after Revolade treatment. 2 patients were lost from evidence. During treatment were reported as adverse reactions headache, artralgiias and one female patient had a transient episode of hepatocytolysis and cholestasis, but without clinical evidence.

Discussion: the TPO-R agonists are a good option for the treatment of ITP refractory patients, for splenectomy bridging or for those with antiHCV/HVB therapy. The therapy is safe, with minimum adverse events. Because of the financial reasons the period of the treatment is limited.