

SWL ITP treatment algorithm – v2 18/07/19

0 - 3 months  
Newly diagnosed ITP

3-12 months  
Persistent ITP

> 12 months  
Chronic ITP

General management (non-acute)

**1<sup>st</sup> line treatment – ‘Rescue therapy’**

- Symptomatic
- Platelet count  $30 \times 10^9/L$
- Elective procedure with potential blood loss

Oral prednisolone  
1-2 mg/kg/day as single or divided dose

IVIg 1 g/kg/day for 2 days

**2<sup>nd</sup> line treatment – ‘Active’ treatment if unresponsive to 1<sup>st</sup> line treatment**

**Splenectomy (after 6 months)**

- Platelet count  $< 10-20 \times 10^9/L$
- High risk of bleeding with platelet count  $< 30 \times 10^9/L$
- Continuous glucocorticosteroid therapy

**Contraindications:**

- Frail elderly
- Hepatic or mixed hepatic/splenic sequestration of  $^{111}In$ -labelled platelets on autologous platelet scan

Splenectomy may not be appropriate following shared decision making with patient

**Rituximab**  
375mg/m<sup>2</sup> weekly for 4 weeks

- Mycophenolate 1000 mg twice daily
- Danazol 200 mg 2-4 times daily
- Dapsone 75-100 mg daily
- Vinca alkaloids (vincristine 6mg/course, vinblastine 30 mg/course)
- Ciclosporin A 5 mg/kg/day for 6 days then 2.5-3 mg/kg/day
- Azathioprine 1-2 mg/kg – max 150 mg/day
- Cyclophosphamide 1-2 mg/kg/day po for 16 weeks

**3<sup>rd</sup> line treatment – Active treatment for chronic ITP with on-going complications where 1<sup>st</sup> and 2<sup>nd</sup> line treatment failed, are contraindicated or not tolerated**

**Splenectomy (see above)**

Consider **eltrombopag** after splenectomy or if splenectomy is contraindicated or inappropriate

Consider **romiplostim** after splenectomy or if splenectomy is contraindicated or inappropriate and if eltrombopag not suitable (contraindication, adverse drug reactions, treatment failure)

**Acute Emergency Treatment**  
For severe life-threatening bleeding

Hospitalisation including general measures to reduce bleeding risk

- Contributing medication (NSAIDs, anticoagulants, anti-platelets)
- Blood pressure control
- Maintenance of urine output

**Platelet transfusions**  
(e.g. two platelet units every 4-6 hours)

**and/or**

**Intravenous immunoglobulin**  
(1 g/kg repeated the following day if the platelet count remains  $50 \times 10^9/L$ )

**and/or**

**Intravenous methylprednisolone**  
(1 g per day for 3 days)