



Immune Thrombocytopenic Purpura (ITP)

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What are the national guidelines for the treatment of ITP

The American Society of Hematology organized a panel of ITP experts and patient advocates to review all of the evidence about how to treat ITP. The guidelines were published in 2019: <http://hematology.org/itpguidelines/>. Based on the medical evidence, this panel provides **recommendations** if the evidence is strong to support the statement. If the evidence is not as strong, a **suggestion** will be made which includes the medical evidence plus the expert opinion of the panel. Please keep in mind this important difference between a recommendation and suggestion. It is important for you and your doctor to decide on the treatment options that are best for your family.

Does my child need to be treated in a hospital or clinic?

My child has a platelet count of $< 20 \times 10^9/L$ and no or minor bleeding

The ASH guideline panel **suggests** against admission to the hospital rather than treatment as an outpatient in children with newly diagnosed ITP and a platelet count $< 20 \times 10^9/L$ and no or minor bleeding

My child has a platelet count of $\geq 20 \times 10^9/L$ and no or minor bleeding

The ASH guideline panel **suggests** against admission to the hospital in children rather than treatment as an outpatient in children with ITP and a platelet count $\geq 20 \times 10^9/L$ and no or minor bleeding only.

How should children with itp and either no bleeding or minor bleeding be treated?

The ASH guideline panel **suggests** observation rather than corticosteroids in children with newly diagnosed ITP and no or minor bleeding for initial therapy

The ASH guideline panel **recommends** against IVIG rather than observation in children with newly diagnosed ITP and no or minor bleeding

The ASH guideline panel **recommends** for observation rather than anti-D immunoglobulin in children with newly diagnosed ITP and no or minor bleeding for initial therapy.

How should children with itp with mucosal bleeding or minor bleeding but diminished quality of life be treated?

The ASH guideline panel **suggests** for corticosteroids rather than IVIG in children with newly diagnosed ITP and non-life threatening mucosal bleeding and/or diminished health related quality of life.

The ASH guideline panel **suggests** for corticosteroids rather than anti-D immunoglobulin in children with newly diagnosed ITP and non-life-threatening mucosal bleeding and/or diminished health related quality of life

The ASH guideline panel **recommends** against a longer course of corticosteroids rather than shorter than 7 days in children with newly diagnosed ITP who require drug therapy

The ASH guideline panel **suggests** prednisone (2-4 mg/kg/day x 5-7 days) rather than dexamethasone (0.6 mg/kg/day x 4 days every 4 weeks) in children with newly diagnosed ITP and non-life-threatening mucosal bleeding and/or diminished health related quality of life

The ASH guideline panel **suggests** either IVIg or anti-D immunoglobulin in children with newly diagnosed ITP and non-life threatening mucosal bleeding and/or diminished health related quality of life.

How should children with chronic itp be treated?

The ASH guideline panel **suggests** for TPO-RAs rather than rituximab in children with ITP who are unresponsive to first-line treatment. The panel placed high value on avoiding immunosuppression.

The ASH guideline panel **suggests** for TPO-RAs rather than splenectomy in children with ITP who are unresponsive to firstline treatment.

The ASH guideline panel **suggests** for rituximab rather than splenectomy in children with ITP who are unresponsive to firstline treatment.