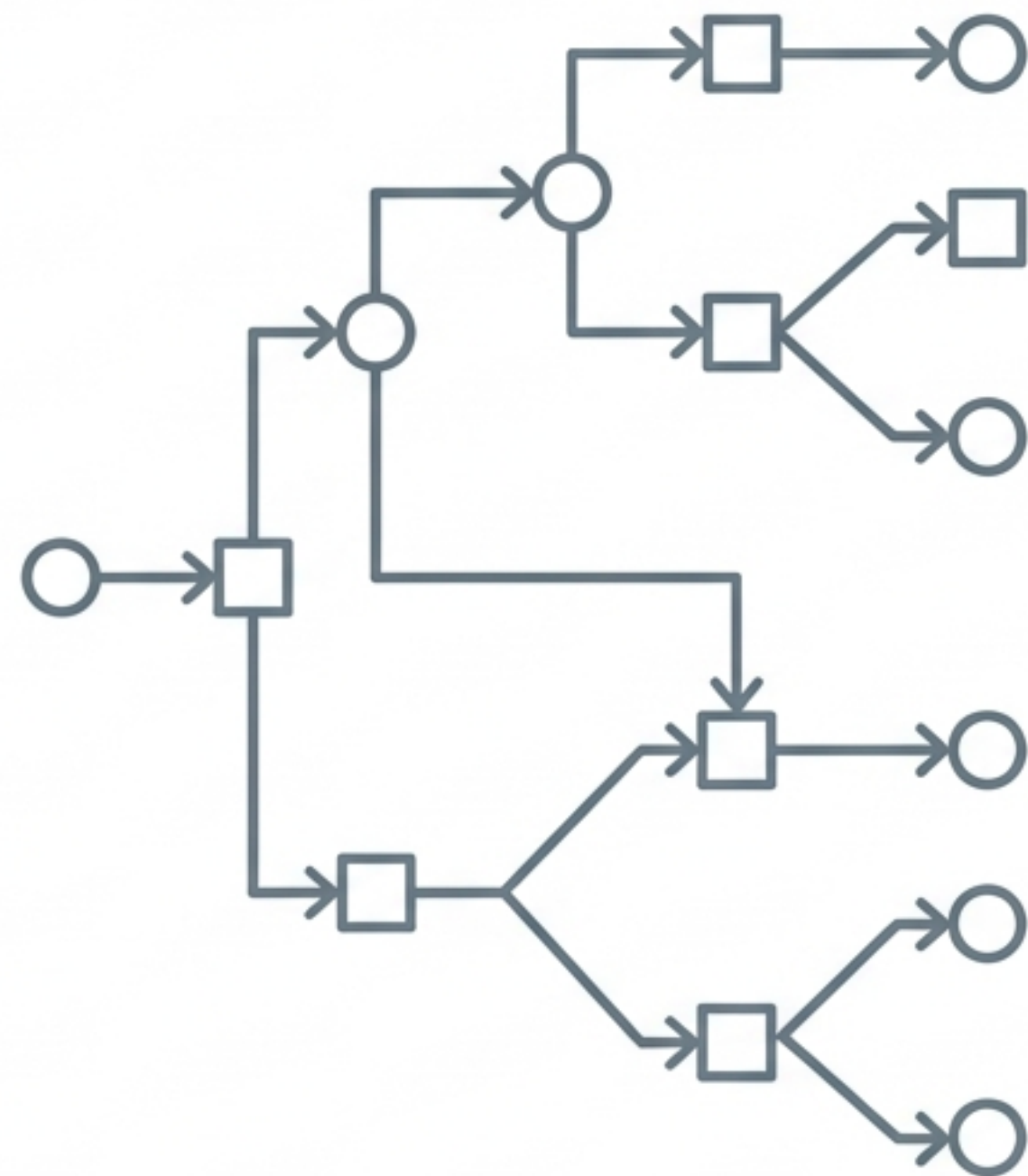


Clinical Playbook: The ASH Immune Thrombocytopenia Guidelines

A functional reference for front-line providers on modernizing ITP management, minimizing unnecessary intervention, and empowering shared decision-making.

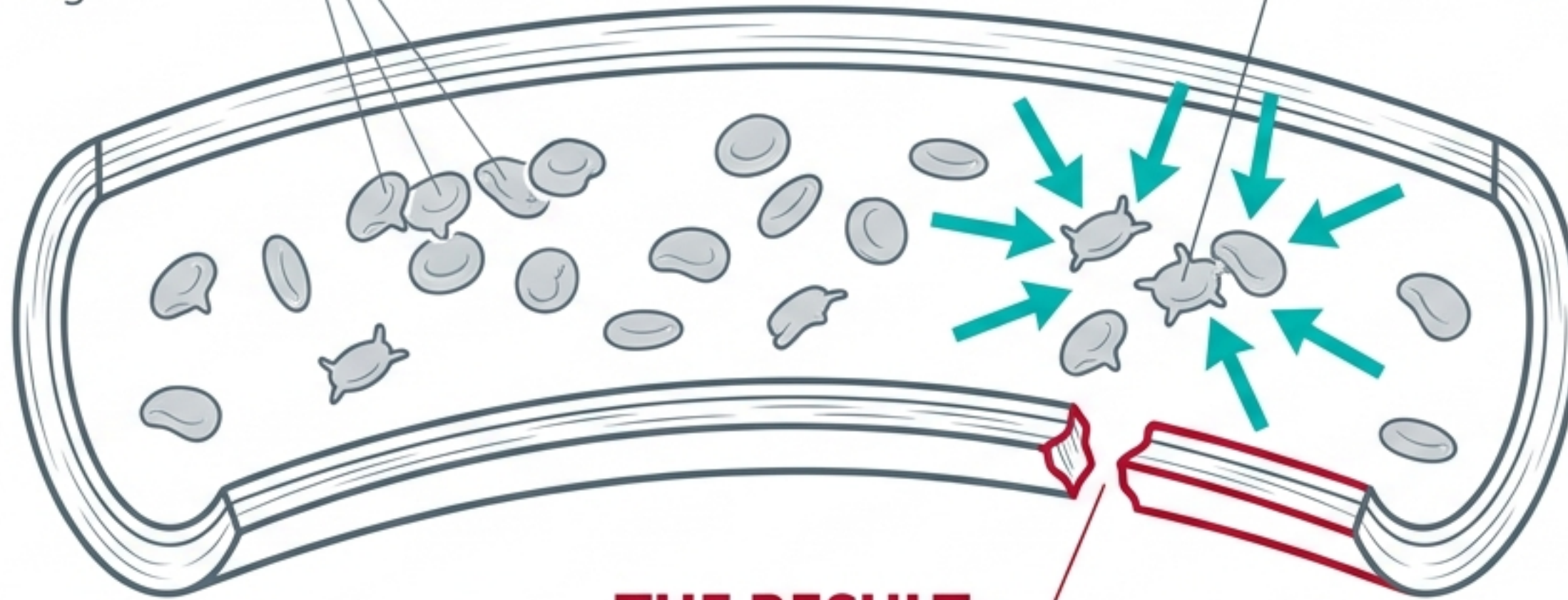


PLATELETS

Essential for blood clotting.

THE ERROR

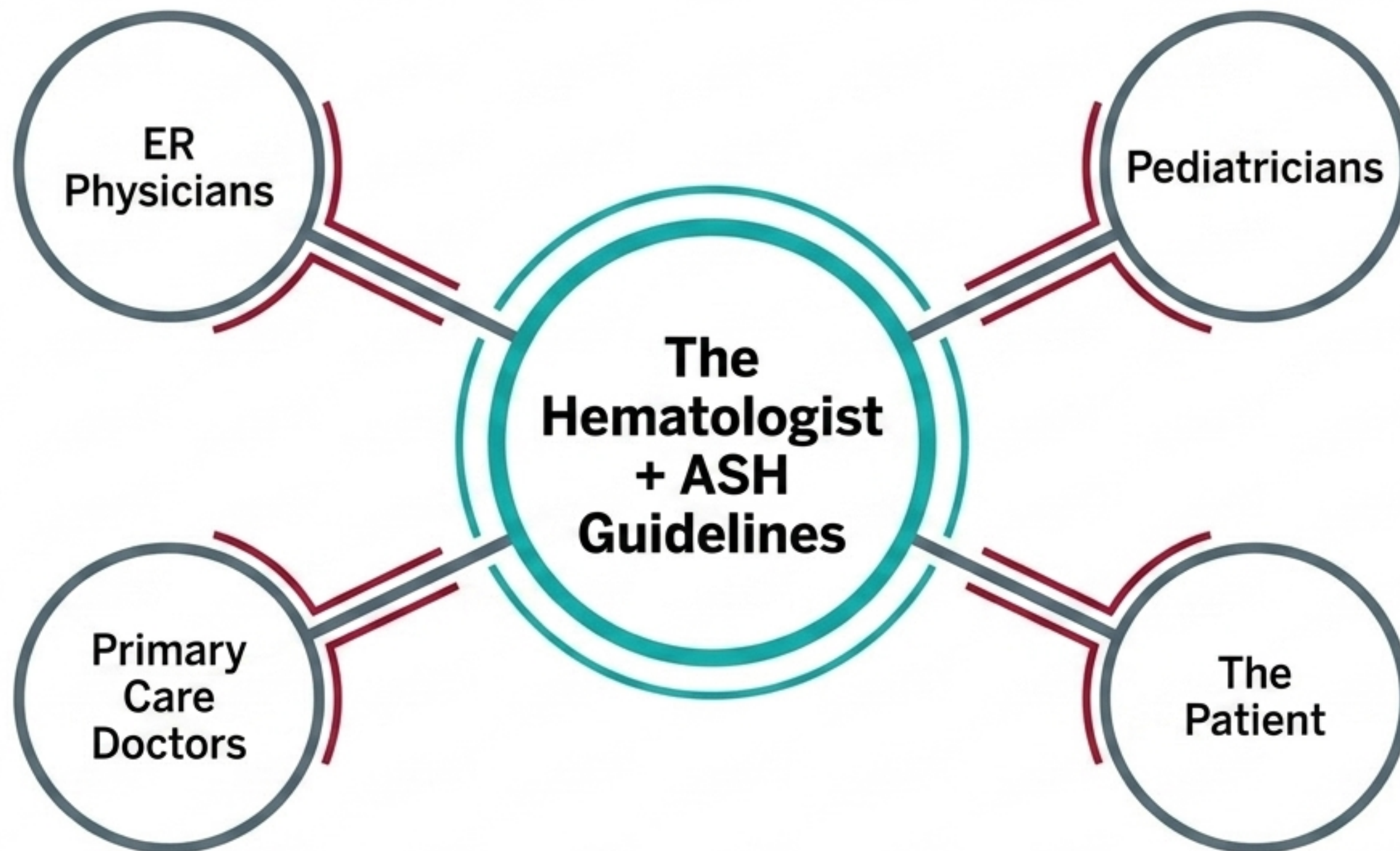
The body's immune system mistakenly targets and destroys its own platelets.



THE RESULT

Moderate to Severe Bleeding Episodes.

Immune Thrombocytopenia (ITP) is a rare autoimmune disorder characterized by a dangerous shortage of platelets.



The Goal:

Put all available ITP information in one place to support evidence-based care decisions.

The Strategy:

Equip hematologists to educate the front-line providers who are almost always the first to see patients with ITP, facilitating active, shared decision-making.

The Precision Pathway

Initial management of ITP is highly dependent on patient age. The ASH guidelines firmly separate pediatric and adult clinical pathways right at the point of diagnosis.



**PEDIATRIC
PATIENTS**

**Rule: Observation
& Avoidance**



**ADULT
PATIENTS**

**Rule: Highly Regulated
Corticosteroid Use**

The Pediatric Risk/Benefit Balance

**Minimal Bleeding &
High Spontaneous
Resolution**

**Side Effects of
Unnecessary
Interventions**

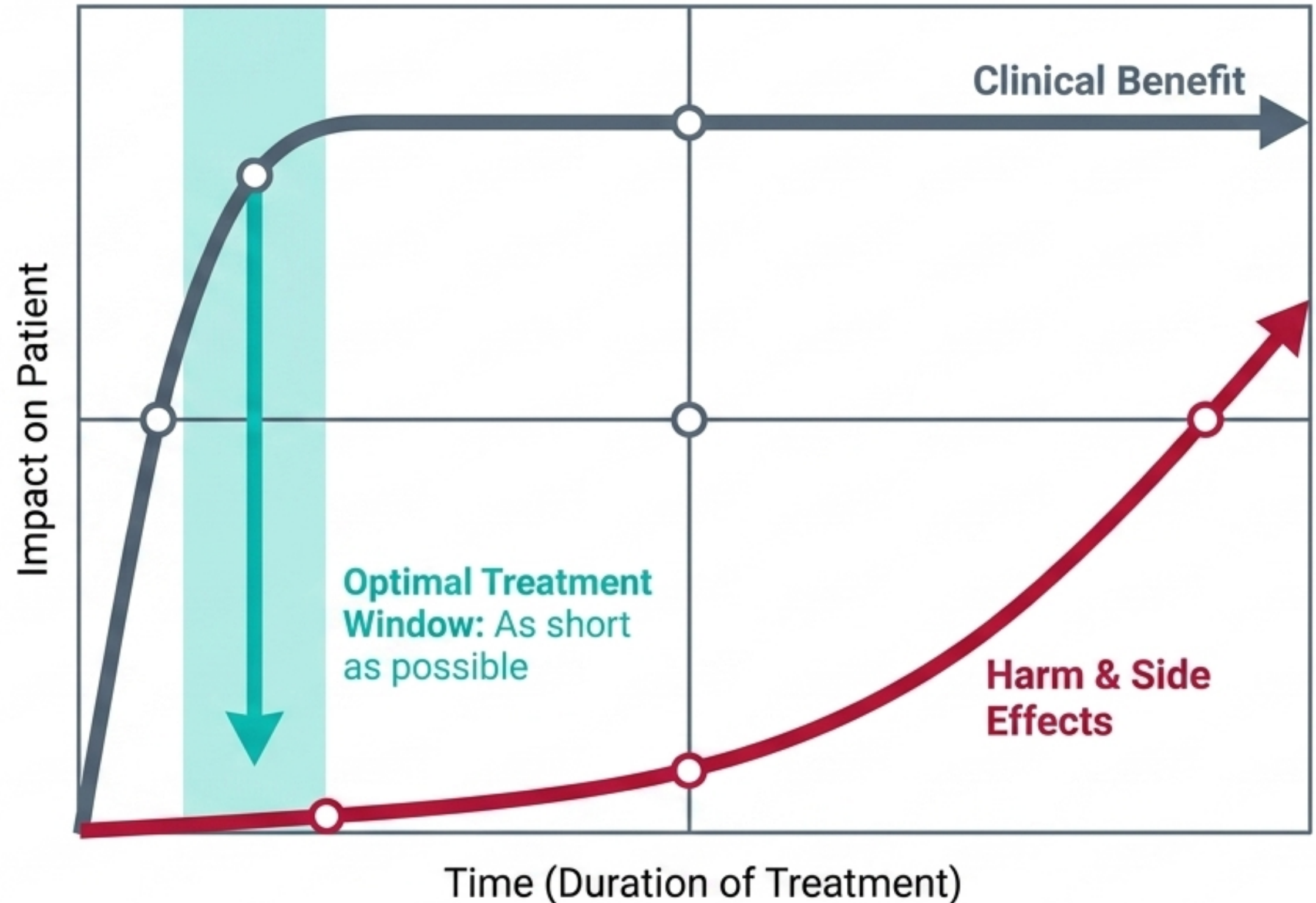


The pediatric mandate: Avoid unnecessary treatment. Interventions should be strictly limited, as the potential harm of treatment almost always outweighs the benefits for children.

Adult First-Line Therapy: The Corticosteroid Window

For adults requiring first-line therapy, corticosteroids are standard. However, the guidelines mandate keeping the course of treatment as short as possible. Long-term usage introduces severe harm without yielding additional clinical benefit.

New guidelines establish strict parameters for when to use them, duration, patient selection, and monitoring protocols.

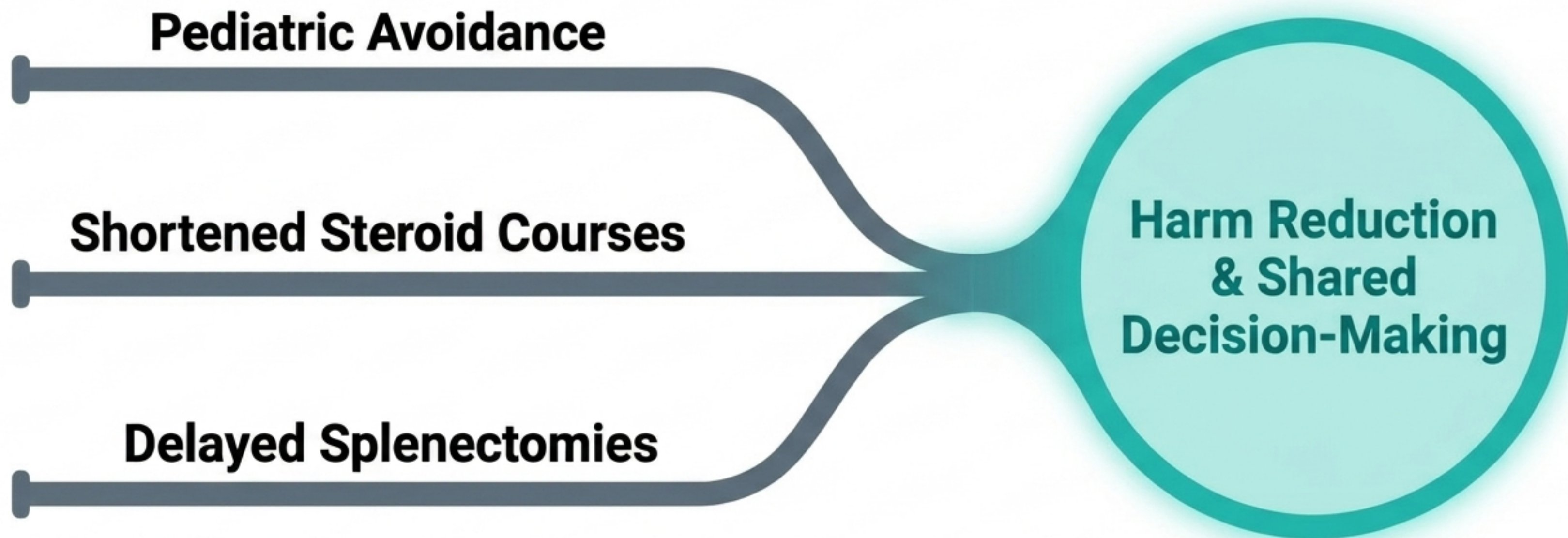


The Second-Line Therapy Diagnostic Matrix

	Splenectomy	TPO-RAs	Rituximab
Timing Restrictions	Delay at least 1 year	Immediate if needed	Immediate if needed
Route of Admin	Surgical	Medication	Medication
Treatment Length	Permanent	Varies	Varies
Side Effect Profile	Life-long risks	Evaluate based on patient co-morbidities	Evaluate based on patient co-morbidities

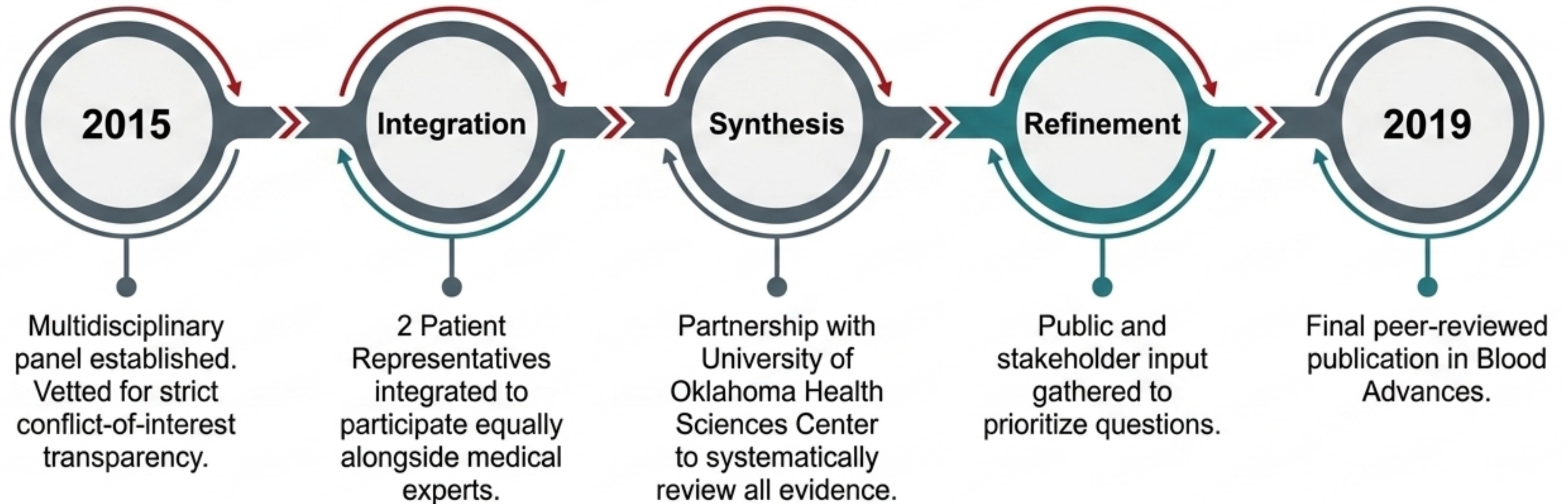
Selecting subsequent therapies requires balancing disease duration, short vs. long-term needs, and patient co-morbidities. **Crucial Update:** Splenectomy must be delayed due to irreversible, lifelong side effects.

The New Paradigm: Minimal Intervention & Shared Decisions



Modern ITP management is fundamentally shifting. The new ASH guidelines move aggressively away from reflexive, heavy-handed medical intervention. The unified goal across all demographics is **harm reduction, careful observation**, and prioritizing **patient-centered shared decision-making above aggressive correction of platelet counts**.

Methodology: A Multi-Year Scientific Process



A multi-year, state-of-the-art, transparent scientific process designed to reflect the **absolute newest clinical evidence**.

Future Research Imperatives



1. Collecting outcomes that are actually important to patients.

2. Applying standard dosing for developmental medications.

3. Securing robust, long-term follow-up data.

4. Perfecting methodologies for engaging patients in shared decision-making.

For the complete clinical practice guidelines, visit:
www.hematology.org/ITPguidelines