

ATRA plus LD-RTX for ITP

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Wu Y-J, Liu H, Zeng Q-Z, Liu Y, Wang J-W, Wang W-S, Feng J, Zhou H-B, Huang Q-S, He Y, Fu H-X, Zhu X-L, Jiang Q, Jiang H, Chang Y-J, Xu L-P, Huang X-J, Zhang X-H; Cooperative ITP Working Group. All-*trans* retinoic acid plus low-dose rituximab vs low-dose rituximab in corticosteroid-resistant or relapsed ITP. *Blood*. 2022;139(3):333-342.

1. Your patient is a 46-year-old man with corticosteroid-resistant immune thrombocytopenia (ITP). According to the multicenter prospective randomized controlled study by Wu and colleagues, which of the following statements about responses to all-*trans* retinoic acid (ATRA) plus low-dose rituximab (LD-RTX) vs LD-RTX monotherapy in patients with corticosteroid-resistant or relapsed ITP is correct?

- Overall response was achieved in 80% of patients in the ATRA plus LD-RTX group vs 59% of patients in the LD-RTX monotherapy group within 1 year after enrollment
- Sustained response was not significantly different between groups
- Twenty-five percent of patients in the combination group and 12% of patients in the monotherapy group achieved complete response
- Relapse-free survival rate was not significantly different between groups

2. According to the multicenter prospective randomized controlled study by Wu and colleagues, which of the following statements about adverse events (AEs) with ATRA plus LD-RTX vs LD-RTX monotherapy in patients with corticosteroid-resistant or relapsed ITP is correct?

- The 2 most common AEs for the combination group were vomiting and headache
- Severity of AEs was mostly grades 2 to 3
- Twenty-one percent of patients receiving monotherapy complained of fever and 14% reported upper respiratory infections
- No patients in either group died during the study

3. According to the multicenter prospective randomized controlled study by Wu and colleagues, which of the following statements about clinical implications of the comparative efficacy and safety of ATRA plus LD-RTX vs LD-RTX monotherapy in patients with corticosteroid-resistant or relapsed ITP is correct?

- The efficacy findings do not support the use of ATRA plus LD-RTX for the treatment of adult patients with corticosteroid-resistant or relapsed ITP
- Combination treatment using agents with different mechanisms of action may be important for patients who have a poor response to a single agent
- The study proves that relapse-free survival is higher with ATRA plus LD-RTX than with LD-RTX alone
- Treatment with ATRA plus LD-RTX should be sufficient for patients with more severe bleeding