



Higher Symptom Burden in Patients With Immune Thrombocytopenia Experiencing Fatigue: Results From the ITP World Impact Survey (I-WISh)

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Disclosures

- **JBB** reports consultancy fees from Rigel, Principia, Regeneron, 3SBios, Dova, Momenta, Rallybio, Amgen, Novartis, Argenx, UCB, CSL Behring, and Shionogi. **WG** reports honoraria for speaking engagements and participation in advisory boards from Amgen, Novartis, Pfizer, and Principia, and also received research grants from Bayer, Bristol Myers Squibb, and Pfizer. **NC** reports honoraria for speaking engagements and advisory boards from Amgen and Novartis. **CK** reports PDSA received payment for recruiting patients to I-WISh and for promoting I-WISh on the globalitp.org website, grant and consultancy fees outside the submitted work from Novartis, grant and honorarium from Amgen, grant and consultancy fees from Pfizer and UCB, and grants from Argenx, Principia, Rigel and CSL Behring. **YT** reports consultancy fees and honoraria from Novartis, honoraria from Kyowa Kirin, and consultancy fees from Sysmex. **CS** reports honoraria for participating in speakers' bureaus and advisory boards from Novartis, Amgen, Takeda, Novo Nordisk, Bayer, CSL Behring, Roche, and Sobi. **MM** received consultancy fees paid to the ITP Support Association from Novartis, UCB, and Sobi. **BL** received consultancy fees from UCB and an honorarium from Novartis, paid to AIPIT. **TB** is an employee of Adelphi Real World, which has received consultancy fees from Novartis. **JH** is a full-time employee of Novartis Pharma AG. **DP** received research grants and honoraria from Novartis and Amgen and consultancy fees from UCB, MedImmune, and ONO Pharmaceutical. **AK, MH, and SL** have nothing to disclose

Introduction

Fatigue is a commonly reported symptom in patients with ITP and can significantly impact patients' QoL^{1,2}

However, there is a lack of detailed information on the persistence and severity of fatigue, and no understanding as to why some patients experience it while others do not^{2,3}



I-WISH studied the burden of ITP and its impact on QoL using a global patient and physician sampling frame

Here, we report the symptom burden in patients with ITP experiencing fatigue

ITP, immune thrombocytopenia; I-WISH, ITP World Impact Survey; QoL, quality of life.

1. Kruse A, et al. *Blood*. 2019;134(suppl 1):2362. 2. Hill QA, Newland AC. *Br J Haematol*. 2015;170(2):141-149. 3. Sestøl HG, et al. *Expert Rev Hematol*. 2018;11(12):975-985.

Methods

I-WISh was an exploratory, cross-sectional 30-minute survey conducted in 13 countries between December 2017 and May 2018



1507
patients with ITP



472 physicians

- Some questions on fatigue were evaluated based on responses to specific statements. Responses were rated on a 7-point Likert scale to indicate the level of agreement or disagreement with a particular statement, eg:

“Not at all”,
“Not severe at all”, etc.



“A great deal”,
“Worst imaginable”, etc.





Scores of 5-7 indicated agreement unless stated otherwise.


Results: Most patients reporting fatigue at diagnosis also reported it at time of survey

Demographics

-  The mean age of patients was 47 years, 65% were female, and patients had been diagnosed with ITP a median of 5 years prior to the time of the study
-  Physicians had a mean caseload of 34 current patients with ITP, and 18 newly diagnosed patients in the past 12 months

Patient and physician perceptions of fatigue as a symptom of ITP

-  When asked which symptoms (if any) they had at diagnosis and at time of survey, most patients reported fatigue at diagnosis (58% [870/1507]) or at time of survey (50% [752/1507])
 - Of the 870 patients reporting fatigue at diagnosis, 587 also reported it at time of survey
-  Physicians perceived fatigue as a common symptom of ITP less frequently than patients at diagnosis (30%) or at any time (31%)

- 
 - Of the patients with fatigue, 73% rated its severity as 5-7 at diagnosis (where 1 represents “not severe at all” and 7 represents “worst imaginable”), and 65% rated its severity as 5-7 at time of survey
 - Fatigue was the top symptom patients wanted to be resolved (46%)

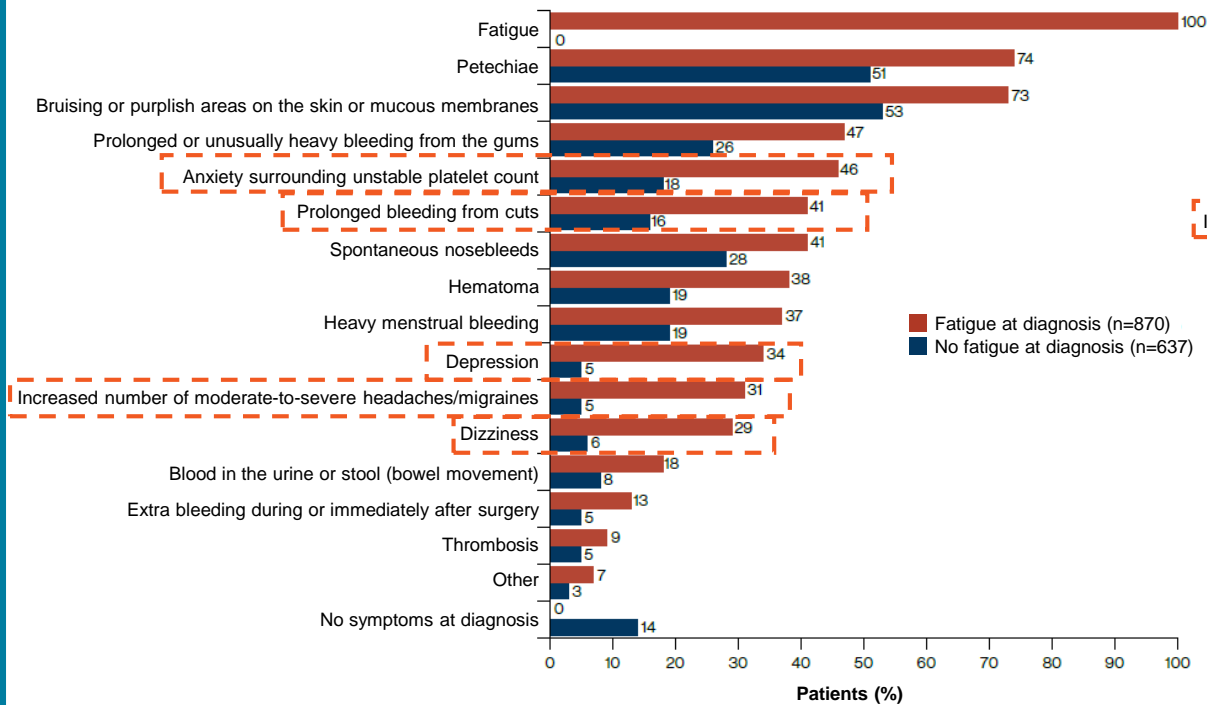
Results: Patients with fatigue appeared to have a higher symptom burden than those without fatigue

Prevalence of ITP symptoms in patients with fatigue at diagnosis and at time of survey

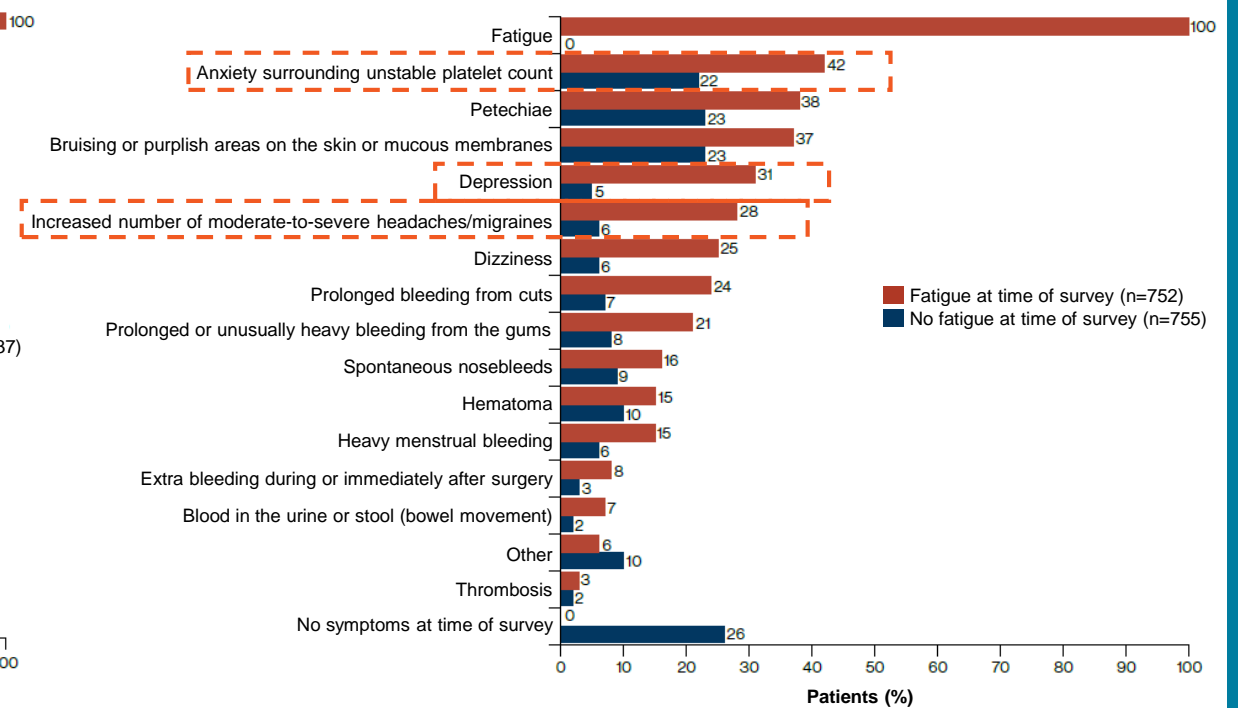
- At diagnosis and at time of survey, more patients reporting fatigue also experienced several other ITP symptoms compared with those without fatigue



(A) Percentages of Patients With or Without Fatigue at Diagnosis



(B) Percentages of Patients With or Without Fatigue at Time of Survey



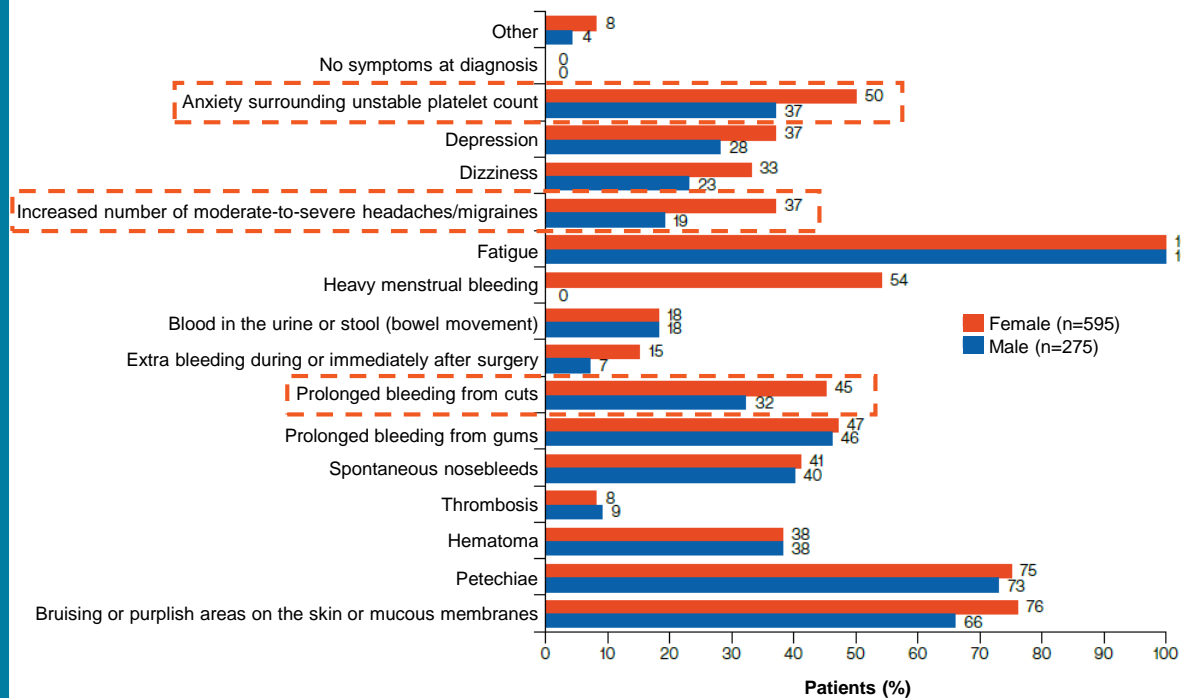
Results: Overall, symptom burden was similar, irrespective of sex (differences <10 percentage points)

Prevalence of ITP symptoms in male and female patients with fatigue at diagnosis and at time of survey

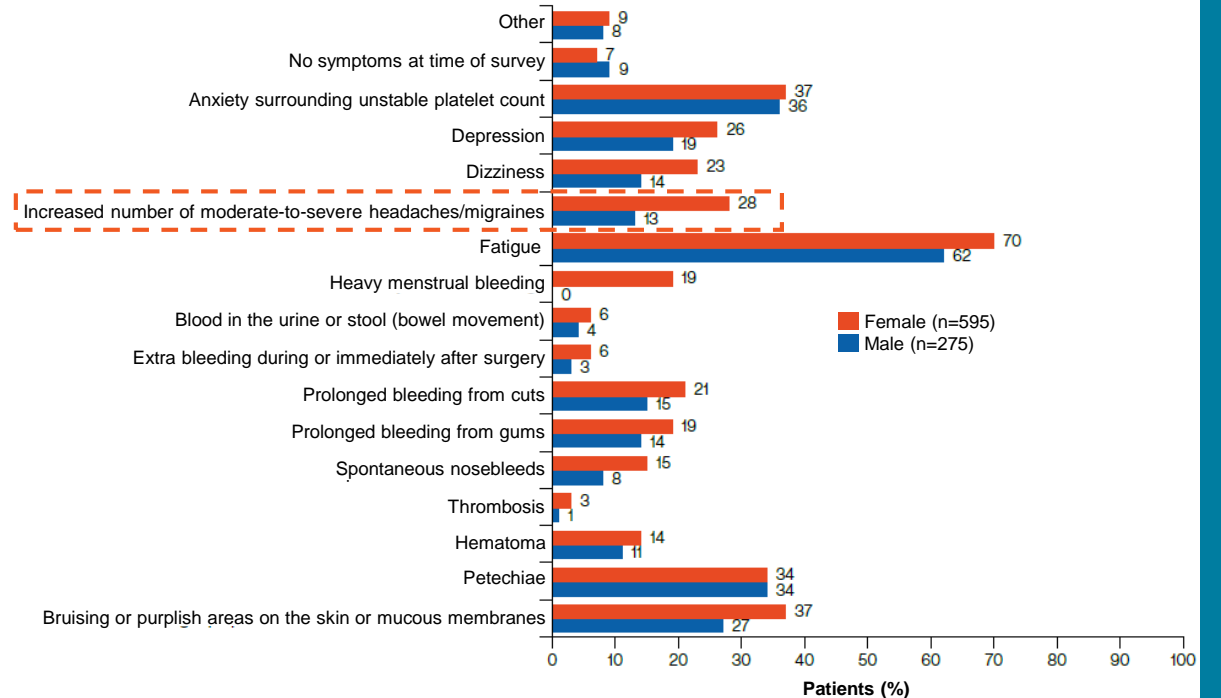
- Moderate-to-severe headache/migraine was more frequent in female patients, both at diagnosis and time of survey
- Prolonged bleeding from cuts and anxiety around unstable platelet count were more frequent in female patients at diagnosis



(A) Percentages of Patients at Diagnosis



(B) Percentages of Patients at Time of Survey^a



^aFiltered by patients reporting fatigue at diagnosis. ITP, immune thrombocytopenia.

Results: No clear correlation was identified between fatigue and last platelet count

Patient and physician perceptions of fatigue associated with platelet count

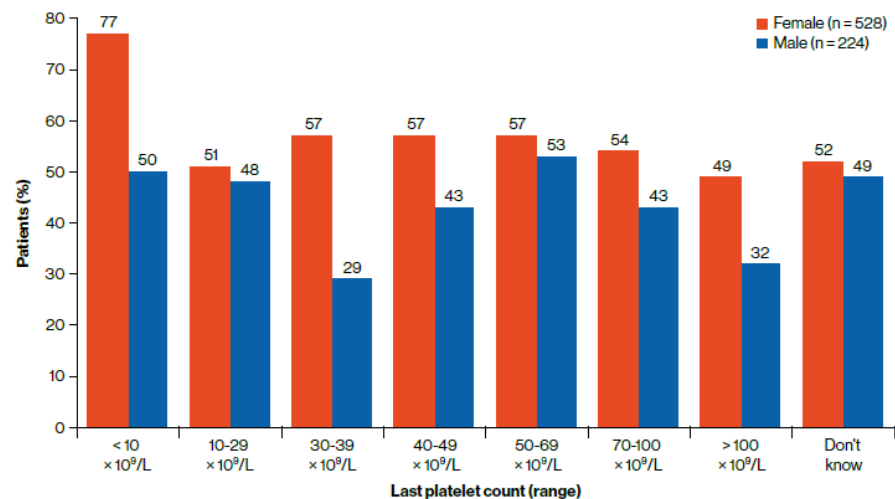


No clear pattern was observed between improved platelet count and decreased reporting of fatigue in patients with ITP at time of survey

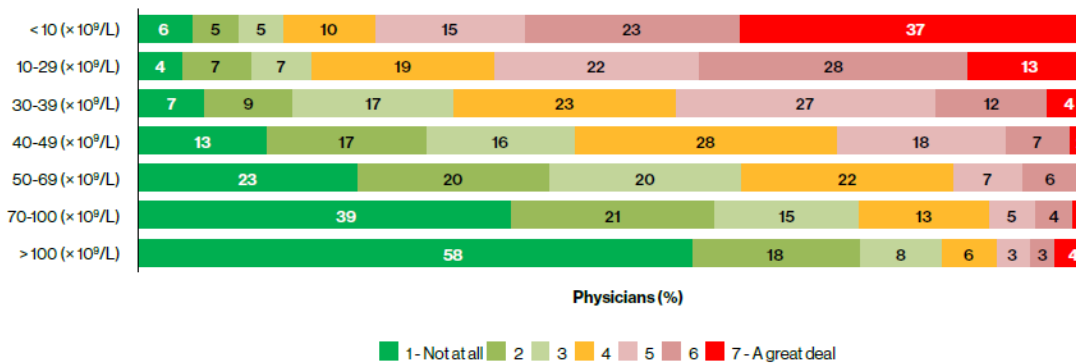


Physicians appeared to perceive a clear correlation between improved platelet count and decreased fatigue reporting in patients, with a substantial proportion of physicians associating more severe fatigue with lower counts

(A) Proportion of Patients With ITP Reporting Fatigue at Time of Survey by Last Platelet Count



(B) Proportion of Physicians Perceiving Severity of Fatigue at Different Platelet Counts^a



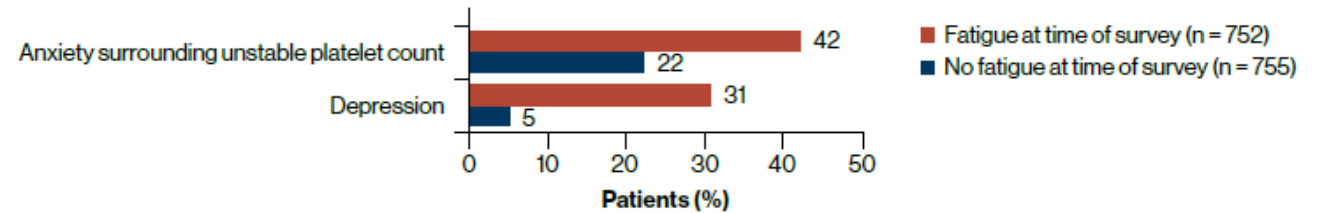
^aSome percentages may not add up to 100% due to rounding. Physicians rated how much they agreed with the statement using a 7-point Likert scale, ie, 1=not at all to 7=a great deal. ITP, immune thrombocytopenia.

Results: Patients with fatigue at time of survey experienced a higher impact of ITP in other areas compared with those without fatigue



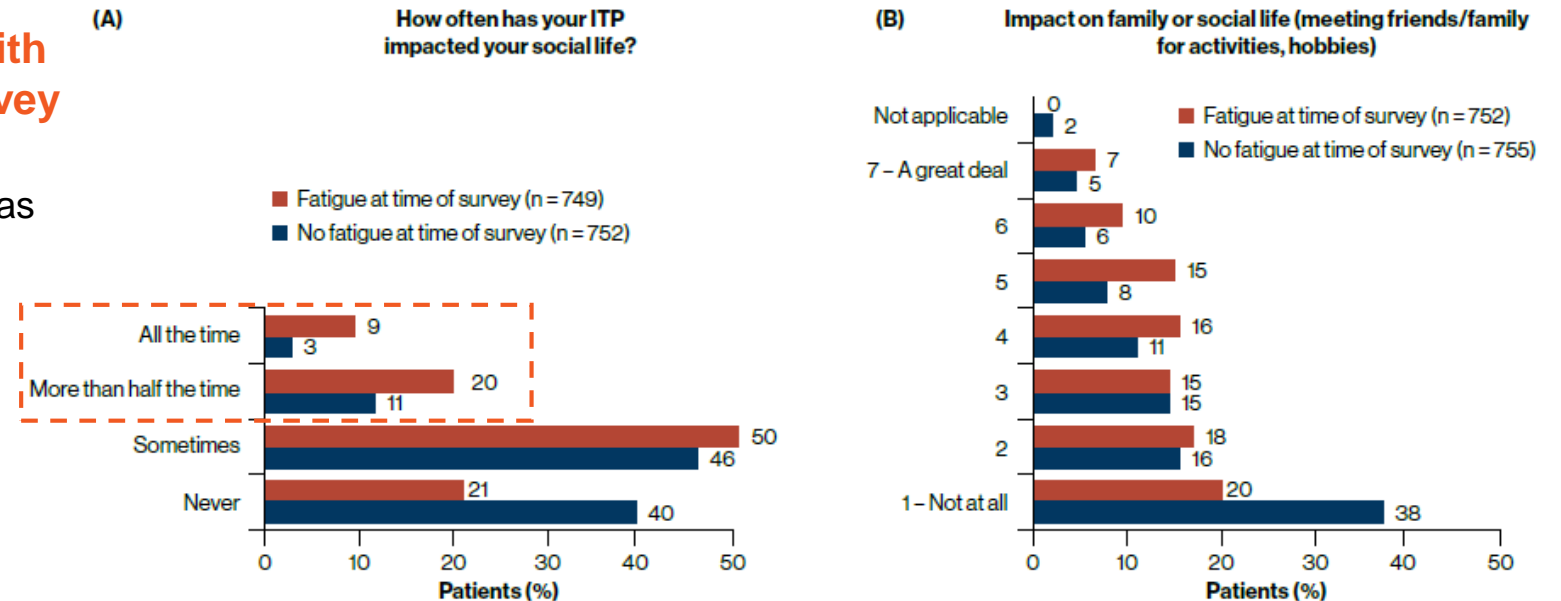
Percentage of patients reporting anxiety surrounding unstable platelet count or reporting depression at time of survey

- Increased frequencies of anxiety around unstable platelet count and of depression were observed in patients experiencing fatigue at time of survey compared with those who were not



Social impact of ITP in patients with and without fatigue at time of survey

- A higher impact of ITP on social life was experienced by patients who reported fatigue at time of survey compared with those who did not



These results suggest that patients with ITP experiencing fatigue have a higher symptom burden compared with patients without fatigue, with often disabling effects on their QoL

This was apparent both at diagnosis and at time of survey

Most patients, approximately two-thirds, reporting fatigue at diagnosis also reported fatigue at time of survey, a median of 5 years later

As described recently in other studies,¹ **no clear correlation was identified between fatigue and last platelet count or treatment at time of survey. This again demonstrates that a given treatment that increases the platelet count may not ameliorate fatigue**

Conclusions

A limitation of the survey was that the assessment of fatigue and other parameters at time of diagnosis was dependent on patients' memories from several years prior to the time of survey, and therefore may be flawed

Fatigue is an important part of ITP, but the lack of a clear correlation between the presence of fatigue in patients and their platelet count suggests that it may have a distinct underlying pathophysiology

Bottom line: how to manage fatigue in patients with ITP remains unclear. Notwithstanding the lack of correlation of fatigue with platelet count, increasing the count is certainly the first step. Fatigue is very likely multifactorial and understanding these factors may allow for a better approach to management

ITP, immune thrombocytopenia; QoL, quality of life.

1. Kruse A, et al. *Blood*. 2019;134(suppl 1):2362.



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- This poster is an encore presentation and data were first presented at the 25th Congress of the European Hematology Association (EHA), Virtual Congress, June 11-14, 2020:
 - Bussel J, et al. Higher symptom burden in patients with immune thrombocytopenia experiencing fatigue: Results from the ITP World Impact Survey (I-WISh) [EHA abstract EP1642]. *HemaSphere*. 2020;4(suppl):758.
- Other I-WISh survey results are reported at ASH 2020 – please see posters 1760 and 845

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