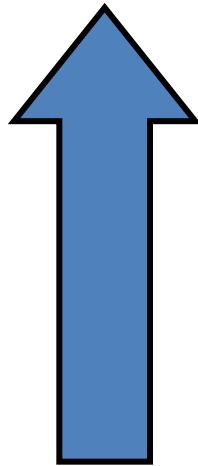


Actualités biblio intérêt de la dexaméthasone en 1^{ère} ligne dans le PTI de l'adulte ?

M Michel

1st -line treatment for newly-diagnosed ITP in adults (plt ct < 30 x 10⁹/L):

Life-threatening hemorrhage



Minor or no bleeding symptoms



IVIg (2g/kg) + HDMP + platelet transfusions ± anti-D (if available) ± vinca alkaloids* = « total therapy »

IVIg (1 to 2 g/kg) + Si Score ≥8
 iv. HDMP or prdn or
 Dexamethasone

oral PRDN 1mg/kg/d x 3 weeks or DXM 40 mg x 4 days

PRDN = prednisone, DXM = dexamethasone,
IVIg = intravenous immunoglobulin,
HDMP = high dose of methylprednisolone

*off label use

Rodeghiero F et al. Blood 2008

Provan D et al. Blood 2010;115:168–186

Neunert et al. ASH guidelines Blood 2011

High-dose dexamethasone versus prednisone for treatment of adult immune thrombocytopenia: a prospective multicenter randomized trial

Yu Wei, Xue-bin Ji, Ya-wen Wang, Jing-xia Wang, En-qin Yang, Zheng-cheng Wang, Yu-qi Sang, Zuo-mu Bi, Cui-ai Ren, Fang Zhou, Guo-qiang Liu, Jun Peng and Ming Hou

Table 1. Patient demographics and baseline characteristics

	HD-DXM (n = 95)	PDN (n = 97)	P
Median age, years (range)	43 (18 – 73)	44 (18 – 75)	0.473
Gender, n (%)	64 (67.4)	72 (74.2)	0.342
Median platelet count, $\times 10^9/L$ (range)	7 (0 – 29)	8 (0 – 36)	0.292
Median bleeding score*, score (range)	4 (0 – 13)	4 (0 – 12)	0.836
Antiplatelet autoantibodies, n (%)			
Anti-GPIIb/IIIa positive only	22 (23.2)	19 (19.6)	0.599
Anti-GPIb/IX positive only	12 (12.6)	11 (11.3)	0.827
Double positive	18 (18.9)	20 (20.6)	0.857
Double negative	43 (45.3)	47 (48.5)	0.667

HD-DXM indicates high-dose dexamethasone; PDN, prednisone; n, number;

* Bleeding score was graded by an ITP specific bleeding scale by Khellaf et al.¹⁰

Randomized controlled open-label trial in treatment naive newly-diagnosed ITP 1/1 randomization:

DXM: 40mg D1-D4
(repeated by D10 if plt ct <30 $\times 10^6/L$)

vs PRDN 1 mg/kg/day
X 4 weeks (then tapered over 4 to 6 weeks)

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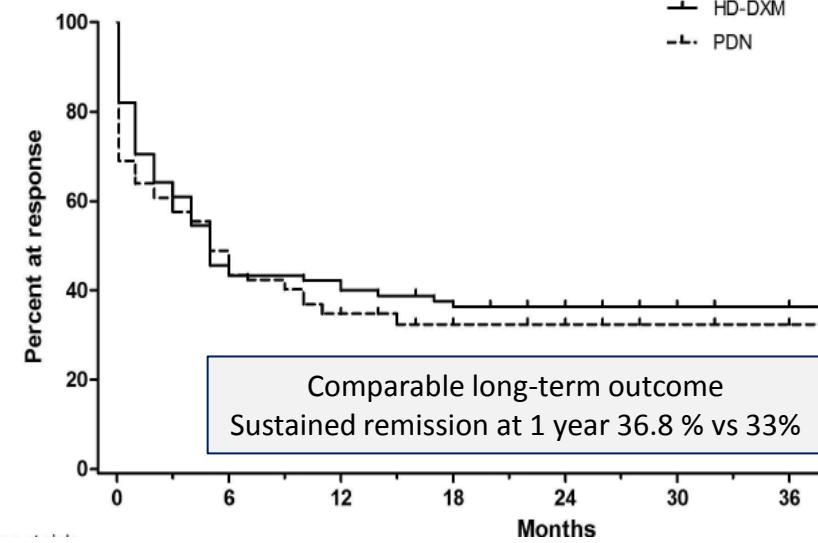
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Primary endpoint:
Rate of initial and sustained response* in both arms

Table 2. Comparison of outcomes between the two arms

	HD-DXM (n = 95)	PDN (n = 97)	P	OR	95% CI
Overall response, n (%)	78 (82.1)	67 (69.1)	0.044	2.054	1.042 – 4.050
CR, n (%)	48 (50.5)	26 (26.8)	0.001	2.789	1.526 – 5.097
Median TTR, d (range)	3 (1 – 9)	6 (2 – 24)	< 0.001		
SR, n (%)	38 (40.0)	40 (41.2)	0.884	0.950	0.534 – 1.690
Sustained CR, n (%)	26 (27.4)	17 (17.5)	0.120	1.773	0.889 – 3.539
Additional therapy*, n					
HD-MP	2	3			
IVIg	15	14			
Splenectomy	5	8			
Rituximab	12	11			
Rh-TPO	9	8			
Vincristine	5	4			
Ciclosporin	4	4			
Azathioprine	5	3			
Herbs	0	2			

the difference is non significant if evaluated by PP population (84.8% vs 74.4%, p = 0.099)



* Rodeghiero R. et al. Blood 2009

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No deaths (patients with life-threatening bleeding were excluded), occurrence of some adverse events were more frequent in the prednisone arm (NS) leading to treatment discontinuation in 2 patients in the prdn arm
 One case of pneumonia in a 74-year old woman

DXM versus PRDN
Point à discuter dans nouveau PNDS...

Table 4. Adverse events during treatment

Adverse events, n (%)	HD-DXM		PDN	
	Total (n = 95)	≥ 60 years (n = 18)	Total (n = 97)	≥ 60 years (n = 20)
ALT	1 (1.1)	0 (0)	0 (0)	0 (0)
Arthralgia	0 (0)	0 (0)	2 (2.1)	1 (5.0)
Cushingoid appearance	0 (0)	0 (0)	13 (13.4)	2 (10.0)
Diarrhea	0 (0)	0 (0)	1 (1.0)	0 (0)
Dizziness	2 (2.1)	1 (5.6)	5 (5.2)	2 (10.0)
Edema	0 (0)	0 (0)	4 (4.1)	2 (10.0)
Fatigue	1 (1.1)	0 (0)	4 (4.1)	1 (5.0)
Fever	1 (1.1)	0 (0)	0 (0)	0 (0)
Hyperglycemia	4 (4.2)	1 (5.6)	6 (6.2)	3 (15.0)
Hypertension	4 (4.2)	2 (11.1)	8 (8.2)	3 (15.0)
Infection	0 (0)	0 (0)	3 (3.1)	1 (5.0)
Insomnia	8 (8.4)	3 (16.7)	5 (5.2)	2 (10.0)
Mood disorders	7 (7.4)	2 (11.1)	4 (4.1)	1 (5.0)
Nausea	2 (2.1)	1 (5.6)	3 (3.1)	1 (5.0)
Palpitation	2 (2.1)	1 (5.6)	1 (1.0)	0 (0)
Peptic ulcer	2 (2.1)	0 (0)	5 (5.2)	1 (5.0)
Weight gain	0 (0)	0 (0)	10 (10.3)	3 (15.0)

HD-DXM indicates high-dose dexamethasone; PDN, prednisone; ALT, alanine aminotransferase.