Category :**Hematology: Other**

A161 - ***Caplacizumab induces fast and durable platelet count responses with improved time to complete remission and recurrence-free survival in patients with acquired thrombotic thrombocytopenic purpura***

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Introduction:

Key therapeutic goals in patients with acquired thrombotic thrombocytopenic purpura (aTTP) are to rapidly control platelet consumption and maintain durable remission.
In the Phase 3 HERCULES trial (NCT02553317), caplacizumab (CPLZ) treatment resulted in significantly faster time to platelet count normalization versus placebo (PBO). Aim: to characterize the durability of platelet count responses in the HERCULES trial.

Methods:

This was a post hoc analysis of the HERCULES intent-to-treat population (CPLZ, n=72; PBO, n=73). We identified patients with fast platelet count response and described the exacerbation rate. Time to durable platelet count response, time to complete remission (CR), and recurrence-free survival (RFS) were calculated.

Results:

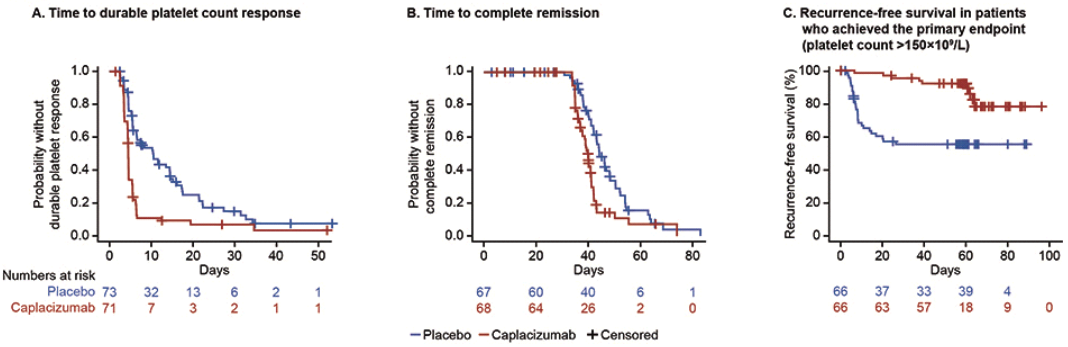
Most patients achieved initial platelet count normalization ≤3 days (CPLZ, 56/72 [78%]; PBO, 43/73 [59%]). In patients with fast platelet count response (≤3 days), exacerbation rate was 4% (2/56) with CPLZ and 44% (19/43) with PBO. In patients with time to platelet count response >3 days, exacerbation rate was 7% (1/15) with CPLZ and 30% (9/30) with PBO. Of patients who had exacerbations, 90% (CPLZ, 2/3; PBO, 26/28) switched to open-label CPLZ, which may have favored outcomes of PBO patients. Median (95% confidence interval) time to durable response was 4.5 (4.4–4.6) days with CPLZ and 10.5 (6.5–14.5) days with PBO (Figure 1A); median time to CR was 40.0 (37.7–41.1) days with CPLZ and 44.2 (42.0–48.2) days with PBO (Figure 1B). Overall RFS during the study period demonstrated early and sustained benefit for CPLZ over PBO (Figure 1C).

Conclusion:

CPLZ was associated with a faster and sustained platelet count response versus PBO, where many fast responders subsequently had an exacerbation. Fast platelet count responses with CPLZ were maintained and translated into clinically relevant improvements in time to CR and overall RFS. This study and editorial support funded by Ablynx, a Sanofi company. Previously presented at 25th EHA Congress and 62nd ASH Meeting.

Image :

Figure 1



Time to durable platelet count response was defined as time to last daily TPE during the overall treatment period. Time to complete remission was defined as platelet count >150×10^9/L and lactate dehydrogenase <1.5× the upper limit of normal for >30 days after cessation of daily TPE. Recurrence-free survival was defined as absence of exacerbation or relapse during the overall study period. TPE, therapeutic plasma exchange.