



## 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