

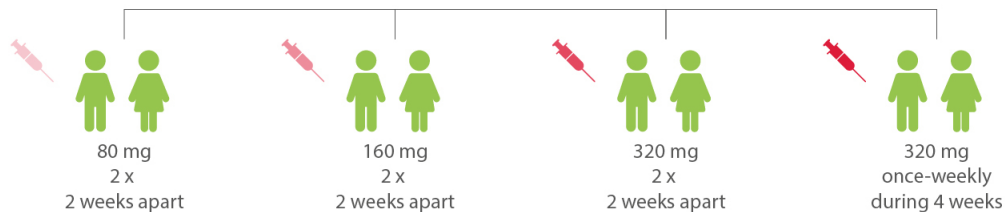
Subcutaneous veltuzumab in immune thrombocytopenia is convenient and well-tolerated, without significant safety concerns with platelet responses and bleeding reduction occurring in all dose groups and response durability improved with higher doses



n=50 adults with primary immune thrombocytopenia who failed ≥ 1 standard therapy with platelets $< 30 \times 10^9/l$ but no major bleeding



comparison of dosing schedules for subcutaneous injections of low-dose humanized anti-CD20 antibody veltuzumab



- 47 patients could be evaluated for platelet response to veltuzumab
- Responses and bleeding reduction occurred in all dose groups without dose dependence
 - 49% (23/47) had objective responses (platelets $\geq 30 \times 10^9/l$ and $\geq 2 \times$ baseline)
 - 32% (15/47) had complete responses (platelets $\geq 100 \times 10^9/l$)
- In all dose groups, B-cell depletion occurred after the first dose until recovery starting 12 to 16 weeks after treatment
- Response durability progressively increased with total dose, achieving a median of 2.7 years with 4 weekly 320-mg doses