COMMISSIONED QUESTION

Where does subcutaneous TPO-RA dosing fit against FcRn inhibitors in second-line chronic ITP?

Indication: chronic primary immune thrombocytopenia (cITP), adult, second-line. Modality lens: TPO-RA SC vs FcRn IV/SC. Time horizon: 24 months. Stakeholder lens: medical affairs strategy. Snapshot date: 14 May 2026.

EMA FDA CLINICALTRIALS.GOV PUBMED EHA / ASH

BRIEF SPECS

One question. Five business days. Audit-grade.

Every claim downstream of this slide carries a provenance tag: Sourced, Inferred, Hedged. Anchor source set locked at intake; deviations logged in the methodology slide.

SCOPE **1 question**	LENGTH **10-15 pages**	TURNAROUND **5 business days**
SNAPSHOT **2026-05-14**	STALENESS RULE **90 days**	PEER REVIEW **1 pass**

EMA EPAR · FDA LABEL · CT.GOV · PUBMED · EHA 2025 · ASH 2024-2025

FINDING 01

TPO-RA SC and FcRn answer different clinical questions; sequencing is not symmetric.

TPO-RA SC offers durable platelet response with chronic dosing tail; FcRn delivers fast, transient IgG-mediated lift. Provenance below.

CLAIM	TIER	SOURCE / NOTE
Romiplostim and avatrombopag deliver durable platelet response >=50x10^9/L at week 24 in registrational cohorts.	SOURCED	EMA EPAR + pivotal RCT publications
Efgartigimod (FcRn) achieves faster onset (median <=8 days to first platelet response) vs TPO-RA week-2-4 window.	SOURCED	ADVANCE / ADVANCE+ readouts, published
FcRn discontinuation rebound risk is higher than TPO-RA taper risk in real-world adult ITP.	INFERRED	Indirect comparison; no head-to-head RCT
SC delivery preference will tilt MSL conversations toward TPO-RA SC where infusion logistics dominate access.	HEDGED	Editorial - 2026 EU access posture

FINDING 02

Second-line cITP competitive set, framed by mechanism not by single asset.

No single-asset hit piece. Each modality is positioned in the live class; evidence tier is labeled per row.

MODALITY	POSITION	EVIDENCE TIER	ANCHOR
TPO-RA SC Romiplostim, avatrombopag	Durable maintenance; SC convenience; payer-familiar	SOURCED	EMA EPAR + RCTs
FcRn IV/SC Efgartigimod	Fast onset; IgG-mediated; finite-cycle dosing	SOURCED	ADVANCE / ADVANCE+
SYK inhibitor Fostamatinib	Salvage in TPO-RA-refractory; modest response rate	INFERRED	FIT trials + post-marketing
BTK inhibitor Rilzabrutinib (Sanofi)	Late-stage; oral; potential to disrupt sequencing	HEDGED	LUNA 3 readout + FDA submission

WHAT THIS ANALYSIS DOES NOT CLOSE

Two unanswered questions that survive this brief.

Explicit on what we did not resolve. Each is a candidate scope for a Tier 2 follow-on.

Question 1 - Head-to-head data

No RCT compares TPO-RA SC directly against FcRn in second-line cITP. Indirect treatment comparisons remain editorial. Probe: investigator-initiated trial appetite at academic sites.

Question 2 - BTK disruption window

Rilzabrutinib readout + label language will reshape sequencing logic if oral durable response is confirmed. Probe: MSL-side messaging readiness at major EU centers.

- **Watch:** EHA 2026 abstract embargo lift - track for ITP late-breakers (oral and BTK).
- **Watch:** EMA CHMP agenda for FcRn label extensions to pediatric or chronic maintenance use.
- **Watch:** US payer policy on infused FcRn site-of-care - shifts MSL conversation patterns.

HOW THIS BRIEF WAS BUILT

Every claim is audit-traceable. Every exclusion is logged.

Gate A: deep-research verification pass. Gate B: LLM-council adversarial review. One peer reviewer pass. Snapshot locked; staleness banner at 90 days. Per-claim provenance tier propagates from PDF to deck.

Sources consulted (anchors)

- EMA EPARs - romiplostim, avatrombopag, efgartigimod, fostamatinib
- FDA labels + advisory committee briefs
- ClinicalTrials.gov - active and completed cITP trials
- PubMed - registrational RCT publications
- EHA 2025 + ASH 2024-2025 abstract proceedings

Exclusions logged

- Pediatric ITP - out of scope per intake
- Splenectomy outcomes - out of scope per intake
- RWE registry data >36 months old - staleness exclusion
- Off-label combination regimens - not assessed
- Pipeline assets pre-Phase 2 - not assessed

Reviewer: [Peer reviewer initials] · Revision history: v1.0 draft, v1.1 peer pass, v1.2 client revision · Intake schema: `v1.1.0`