One-year efficacy and safety of avatrombopag for chronic immune thrombocytopenia in Japanese adults

Hiroki Yamaguchi, MD,[1] Masaki Iino, MD,[2] Yoshiaki Tomiyama, MD,[3]
Harumi Kamiya,[4] Jessica Zhang, MS,[5] Nina Skuban, MD[5]

[1]Nippon Medical School Hospital, Tokyo, Japan; [2]Yamanashi Prefectural Central Hospital, Yamanashi, Japan;
[3]Osaka University Hospital, Osaka, Japan; [4]Sobi, Tokyo, Japan; [5]Sobi, Waltham, MA, USA

87th Annual Meeting of the Japanese Society of Hematology

Friday, October 10, 2025

Disclosures

Hiroki Yamaguchi has received consulting/honoraria fees from AbbVie GK, Daiichi-Sankyo Co. Ltd., Nippon Shinyaku Co. Ltd., Novartis Pharma K.K., and PharmaEssentia Co. Ltd.

Masaki Iino and **Yoshiaki Tomiyama** have nothing to disclose.

Harumi Kamiya, **Jessica Zhang**, and **Nina Skuban** are employees of Sobi.

Background and Objectives

Immune thrombocytopenia (ITP) is a rare autoimmune disease characterized by low platelet counts (<100×10^9/L) and an increased bleeding risk; ITP is associated with bleeding-related symptoms, fatigue, and decreased health-related quality of life[1-3]

The incidence of ITP in Japanese adults between 2004 and 2007 was 2.20 cases per 100,000 people per year[4]

In Japan, guidelines recommend corticosteroids as first-line treatment of ITP; however, corticosteroids are associated with variable and transient efficacy, as well as short- and long-term adverse events[5,6]

Avatrombopag (AVA), a widely approved oral thrombopoietin receptor agonist,[7,8] was recently approved for the treatment of adults with persistent and chronic ITP in Japan[9]

AVA absorption is not affected by food type or supplements, so there are no restrictions on meal composition; AVA has a favorable pharmacokinetic profile across different ethnicities[7]

Data on the longer-term efficacy and safety of AVA in Japanese patients with ITP are limited

Here, we report results from the open-label extension (OLE) phase of a phase 3 trial evaluating the efficacy and safety of long-term therapy with AVA in Japanese patients

AVA, avatrombopag; ITP, immune thrombocytopenia; OLE, open-label extension.

1. Bussel et al. *Expert Rev Hematol*. 2021;14:1013-25. **2.** Matzdorff et al. *Oncol Res Treat*. 2018;41 Suppl 5:1-30. **3.** Cooper et al. *Am J Hematol*. 2021;96:199-207. **4.** Kurata et al. *Int J Hematol.* 2011;93:329-35. **5.** Kashiwagi et al. *Int J Hematol*. 2020;111:329-51. **6.** Singh et al. *J Clin Med*. 2021;10:789. **7.** Doptelet [prescribing information]. Morrisville, NC, USA: AkaRx, Inc., 2025. **8.** Doptelet [summary of product characteristics]. Stockholm, Sweden: Swedish Orphan Biovitrum AB, 2025. **9.** Doptelet [Japan prescribing information]. Tokyo, Japan: Swedish Orphan Biovitrum Japan Co., Ltd., 2025.

Study Design of the Extension Phase

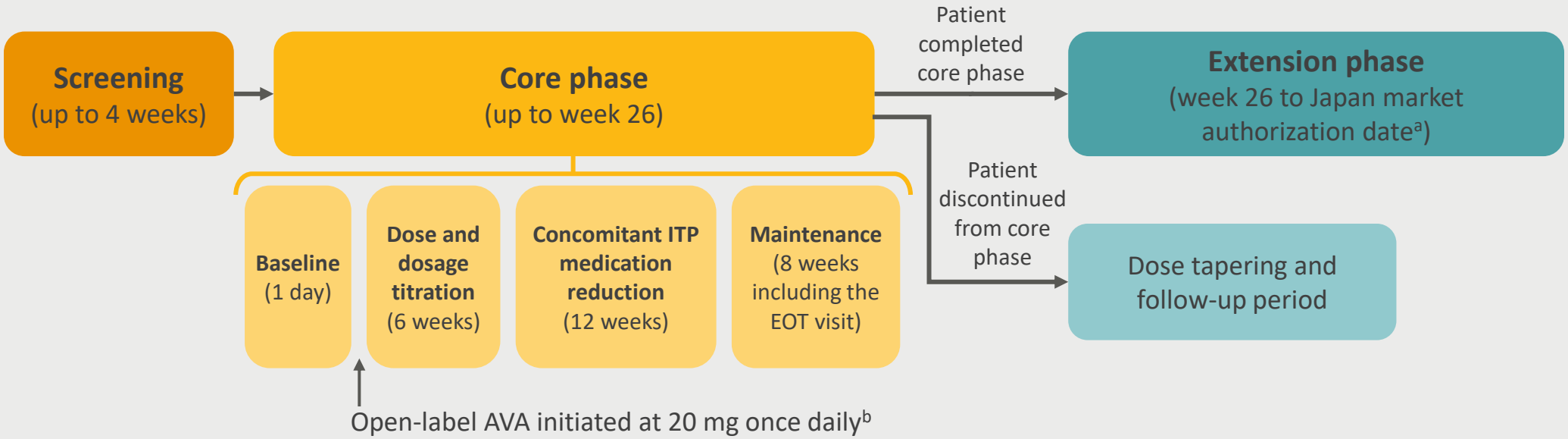
AVA-ITP-307 (NCT05369208, jRCT2031220005) open-label, phase 3 study

Study participants:

- Japanese adults (aged ≥18 years) diagnosed with chronic ITP (≥12 months) and prior insufficient treatment response
- An average of 2 platelet counts (PCs) <30×10^9/L

OLE inclusion criteria:

- No significant safety or tolerability concerns during the core phase



The 26-week core phase is complete. The extension phase is ongoing.

AVA, avatrombopag; EOT, end of treatment; ITP, immune thrombocytopenia; OLE, open-label extension; PC, platelet count.
[a]Patients continued for a maximum of 2 months in a post-marketing clinical study until AVA was commercially available. [b]AVA starting dose was 20 mg once daily. AVA dose was titrated up to a maximum dose of 40 mg once daily or down to a minimum dose of 20 mg once weekly to maintain a PC of ≥50×10^9 to <200×10^9/L.
Yamaguchi et al. *Int J Hematol*. 2025;122:521-32.

Extension Phase: Study Objective and Assessments

Primary Objective: To evaluate safety and tolerability of long-term therapy with AVA in Japanese patients with chronic ITP

Secondary Objective: To evaluate effectiveness of long-term therapy with AVA as measured by platelet response, bleeding, and the use of rescue medication

Efficacy Assessments

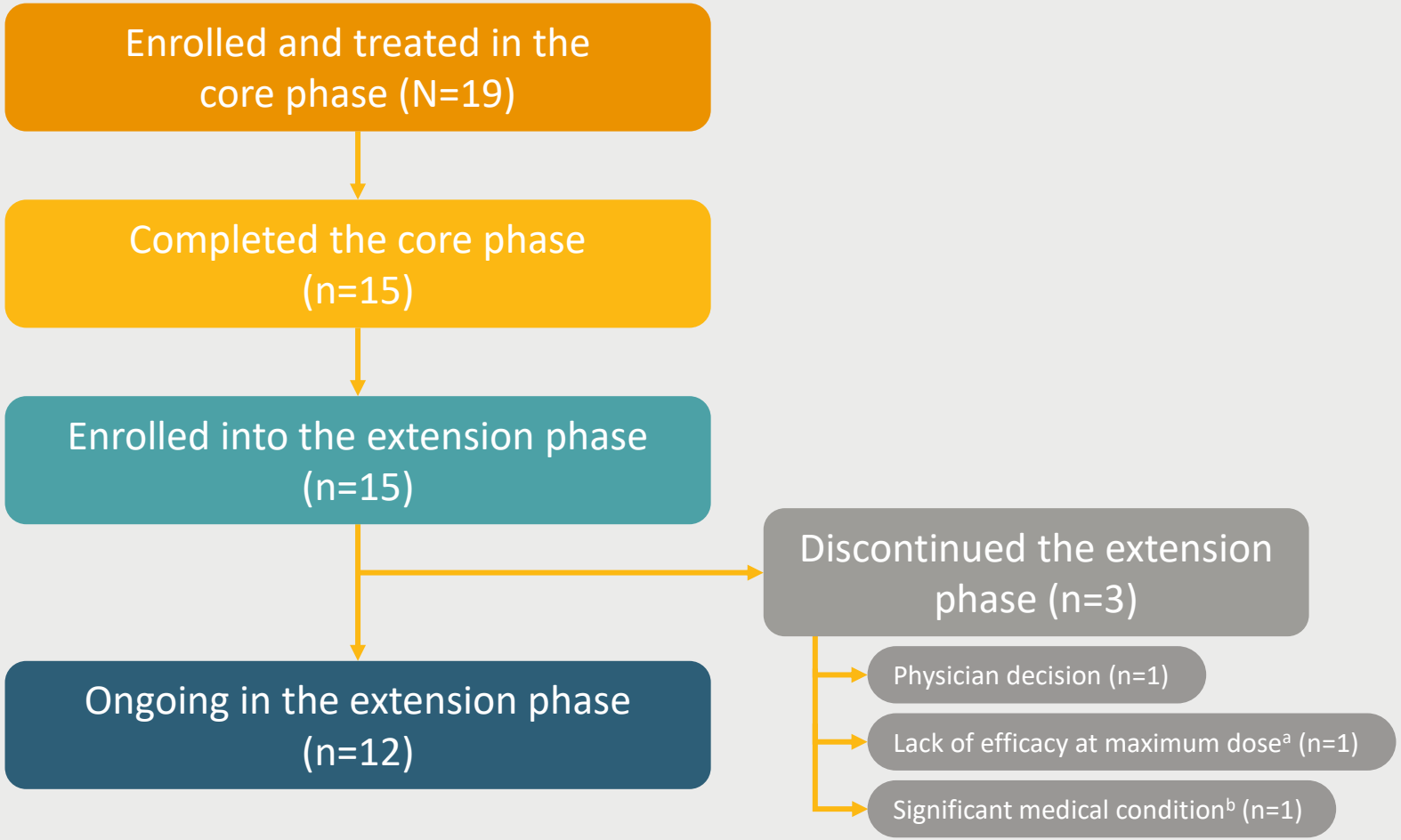
- Median platelet count
- Proportion of patients needing rescue therapy
- Incidence and severity of bleeding

Safety Assessments

- Treatment-emergent adverse events (TEAEs)
- Serious adverse events
- Adverse events of special interest (eg, thromboembolic and bleeding events)

AVA, avatrombopag; ITP, immune thrombocytopenia; TEAE, treatment-emergent adverse event.

Patient Disposition



Mean AVA exposure duration in the core phase and ongoing extension phase (N=19) was 61.9 weeks

Data cutoff: 31 July 2024.

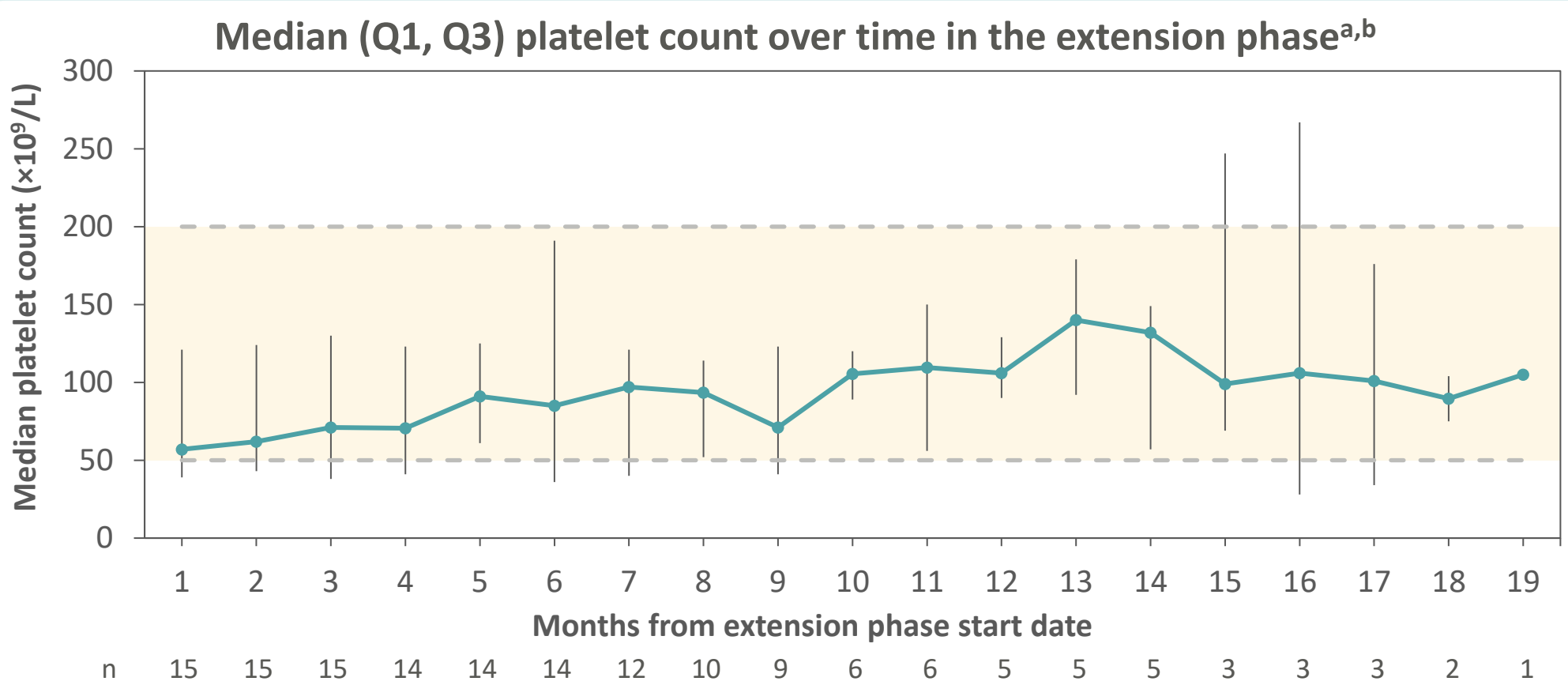
[a]Maximum dose was 40 mg once daily. [b]The patient discontinued treatment due to a serious treatment-emergent adverse event of sepsis.

Extension Phase: Baseline Demographics and Clinical History

Extension phase	Avatrombopag (n=15)[a]
Baseline demographics[b]	
Age, years Mean (SD) Median (range)	 54.6 (17.7) 60 (19–74)
Female, n (%)	13 (86.7)
Clinical history	
Concomitant ITP medication at baseline, n (%)	7 (46.7)
Splenectomy, n (%)	1 (6.7)
Number of previous significant bleeding events, n (%) 0 1	 13 (86.7) 2 (13.3)
Baseline platelet count, n (%) ≤15×10^9/L >15×10^9/L	 7 (46.7) 8 (53.3)

AVA, avatrombopag; ITP, immune thrombocytopenia; SD, standard deviation.
[a]Safety analysis set of patients in the extension phase. Data cutoff: 31 July 2024. [b]Baseline demographics as of the start of the core phase of the study.

Extension Phase: Efficacy

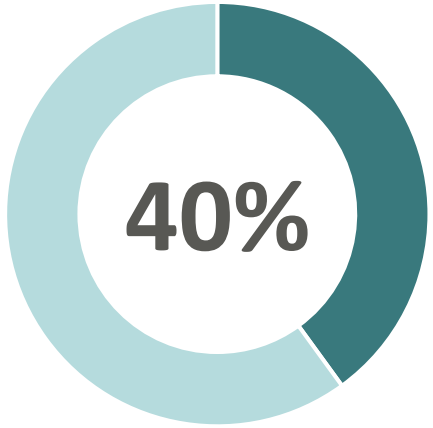


With AVA treatment, the median PC remained in the target range of 50 to <200×10⁹/L throughout the extension phase of the trial

AVA, avatrombopag; PC, platelet count; Q1, first quartile; Q3, third quartile.
[a]Data cutoff: 31 July 2024. [b]Full analysis set of patients in the extension phase.

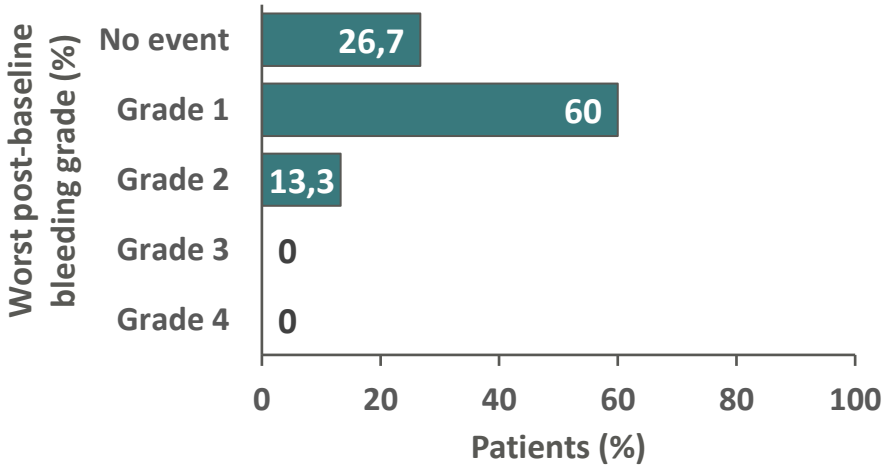
Extension Phase: Efficacy

Proportion of patients who used rescue therapy in the extension phase (n=15)[a,b]



95% CI: 16.3–67.7

Proportion of patients who experienced bleeding events in the extension phase (n=15)[a,b]



As of the data cutoff, 60% of patients did not require rescue therapy during the extension phase of the trial

No patients experienced WHO grade 3 or 4 bleeding events during the ongoing extension phase of the trial

CI, confidence interval; WHO, World Health Organization.
[a]Data cutoff: 31 July 2024. [b]Full analysis set of patients in the extension phase.

Core Phase and Extension Phase: Safety

Summary of TEAEs in the core phase and extension phase[a,b]

n (%)	Avatrombopag (N=19)
Any TEAE	19 (100.0)
Related TEAE[c,d]	4 (21.1)
Serious TEAE[e]	5 (26.3)
Serious related TEAE	0

Three patients discontinued treatment with AVA due to TEAEs (autoimmune hepatitis, diffuse large B-cell lymphoma [DLBCL], and sepsis)

Most common TEAEs (≥15%) in the core phase and extension phase[a,b]

TEAE, n (%)	Avatrombopag (N=19)
COVID-19	4 (21.1)
Insomnia	3 (15.8)
Nasopharyngitis	3 (15.8)
Oropharyngeal pain	3 (15.8)
Upper respiratory tract infection	3 (15.8)

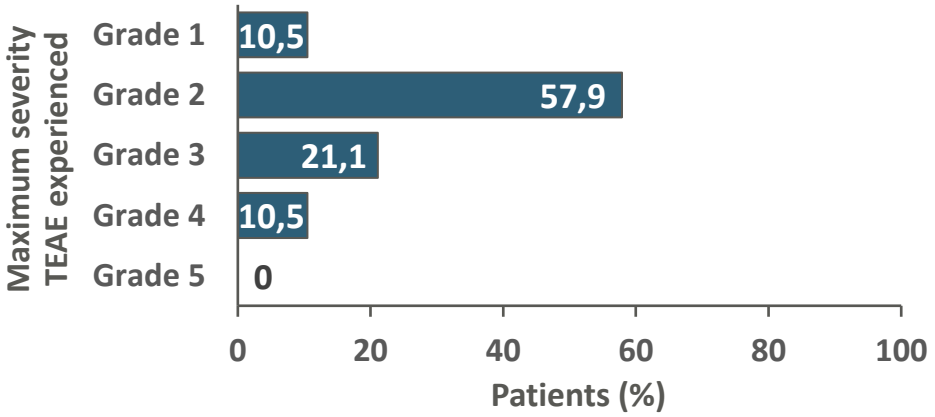
All patients experienced ≥1 TEAE, including 4 patients who experienced a treatment-related TEAE

All serious TEAEs were considered not related to AVA

AVA, avatrombopag; DLBCL, diffuse large B-cell lymphoma; TEAE, treatment-emergent adverse event.
[a]Data cutoff: 31 July 2024. [b]If multiple TEAEs occurred in the same patient, the patient was counted once. [c]Related TEAEs were leukocytosis, palpitations, increased blood pressure, soft tissue necrosis, cerebrovascular accident, headache, and urticaria. [d]In the ongoing extension phase, 1 patient experienced 2 treatment-related TEAEs (soft tissue necrosis and cerebrovascular accident). [e]In the ongoing extension phase, 2 patients experienced 3 serious TEAEs (ileus, sepsis, and colorectal cancer).

Core Phase and Extension Phase: Safety

TEAEs by maximum severity in the core phase and extension phase[a,b]



- Four patients experienced grade 3 TEAEs (ileus, sepsis, soft tissue necrosis, colorectal cancer, DLBCL, heavy menstrual bleeding, and peripheral arterial occlusive disease)[c,d]
- Two patients experienced grade 4 TEAEs (autoimmune hepatitis and platelet count decreased)[c,d]

The majority of TEAEs were grade 1 or 2

No deaths occurred during the study

Adverse events of special interest (AESI) in the core phase and extension phase[a,d]

AESI, n (%)	Avatrombopag (N=19)
Thromboembolic (TE) events	1 (5.3)
Cerebrovascular accident (stroke)[e]	1 (5.3)
Peripheral arterial occlusive disease	1 (5.3)
Bleeding events	1 (5.3)
Heavy menstrual bleeding	1 (5.3)

Serious AESI: heavy menstrual bleeding occurred in 1 patient (not treatment related; recovered)
Nonserious TE events: peripheral arterial occlusive disease (not treatment related) and cerebrovascular accident (treatment related) occurred in the same patient (ongoing as of data cutoff)

One serious AESI and 2 nonserious AESIs were reported

AESI, adverse event of special interest; DLBCL, diffuse large B-cell lymphoma; MedDRA, Medical Dictionary for Regulatory Activities; PC, platelet count; TE, thromboembolic; TEAE, treatment-emergent adverse event.
[a]Data cutoff: 31 July 2024. [b]Patients with multiple TEAE grades were counted once in the maximum grade. [c]In the ongoing extension phase, 2 patients experienced grade 3 TEAEs (ileus, sepsis, soft tissue necrosis, colorectal cancer, and peripheral arterial occlusive disease) and 1 patient experienced a grade 4 TEAE (decreased PC). [d]If multiple TEAEs occurred in the same patient, the patient was counted once. [e]Cerebrovascular accident was the MedDRA preferred term; stroke was the verbatim term for the event.

Thromboembolic Event Case

Patient Background

- Male
- Age: 74 years
- Comorbidities:
  - Diabetes
  - Hypertension
  - Cataracts

Medical History: ITP

- Chronic ITP since 2002
- Concomitant ITP medications:
  - Romiplostim (until November 2022; discontinued prior to study enrollment)
  - Prednisolone (until January 2024)

Adverse Events

Day 404

Sepsis

- Grade 3, serious TEAE
- Not related to AVA
- Hospitalization was required
- AVA treatment was withdrawn

Peripheral arterial occlusive disease[a,b]

- Grade 3, nonserious AESI
- Not related to AVA

Day 408

Cerebrovascular accident (stroke)[b]

- Grade 2, nonserious AESI
- Hospitalization/prolonged hospitalization was not required
- Related to AVA
  - Sepsis also was considered a possible cause
- Platelet count: 122×10^9/L (day 404)

AESI, adverse event of special interest; AVA, avatrombopag; ITP, immune thrombocytopenia; TEAE, treatment-emergent adverse event.
[a]Diagnosed by the physician as arteriosclerosis obliterans (atherosclerotic disease of the arteries). [b]AVA had already been withdrawn following sepsis.

Conclusions

- Results from the extension phase of this ongoing trial have demonstrated that avatrombopag was efficacious and well tolerated throughout the 1-year follow-up of the extension phase in adult Japanese patients
- Efficacy observed in the core phase was maintained in the ongoing extension phase
- No new or unexpected safety findings were identified

Acknowledgments

- The authors thank the patients, their families, the investigators, and their teams who took part in this study
- The AVA-ITP-307 study was funded by Sobi
- The authors acknowledge Simona Vertuani, PhD, from Sobi for publication coordination
- This presentation was developed by the authors in accordance with Good Publication Practice (GPP) 2022 guidelines (https://www.ismpp.org/gpp-2022)
- Medical writing and editorial assistance, funded by Sobi, were provided by Adrianne Spencer, PhD, and Pamela Barendt, PhD, from Peloton Advantage, LLC, an OPEN Health company (Parsippany, NJ, USA)
- Sobi reviewed and provided feedback on the presentation. The authors had full editorial control of the presentation and provided their final approval of all content