

Webinars

Constitutional thrombocytopenia

EuroBloodNet 

Constitutional thrombocytopenia and bleeding risk

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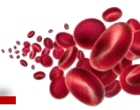
Perugia –Italy

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Conflicts of interest

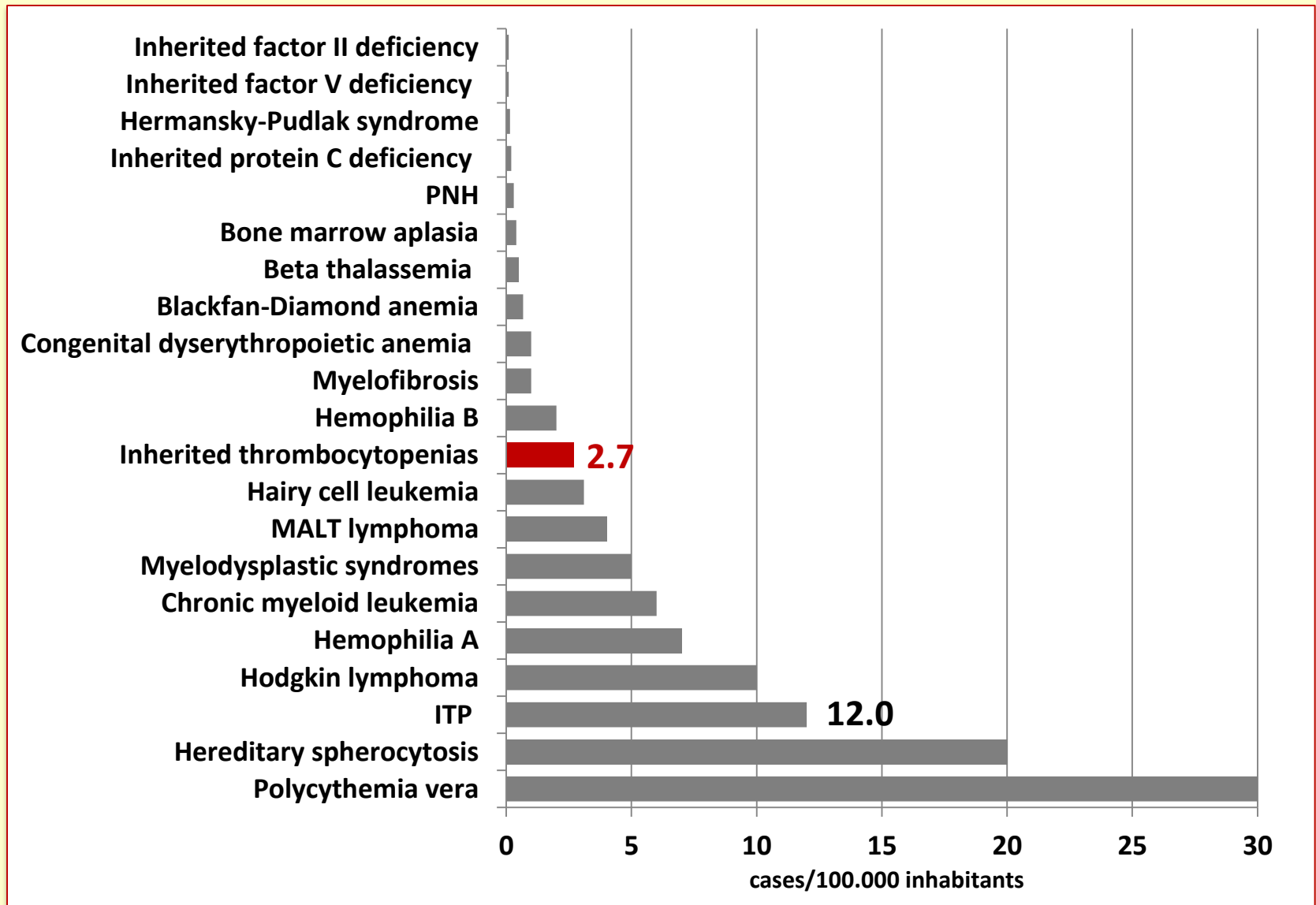
None

Inherited platelet disorders (IPD)

- A heterogeneous group of rare congenital hemorrhagic disorders with reduced platelet number (inherited thrombocytopenias, IT) and/or altered platelet function (inherited platelet function disorders, IPFD)
- Mucocutaneous bleeding diathesis of very variable severity
- Large heterogeneity in terms of molecular/genetic defect (for some forms not yet identified)
- Diagnosis of many forms is cumbersome and sometimes requires complex assays

Inherited thrombocytopenias

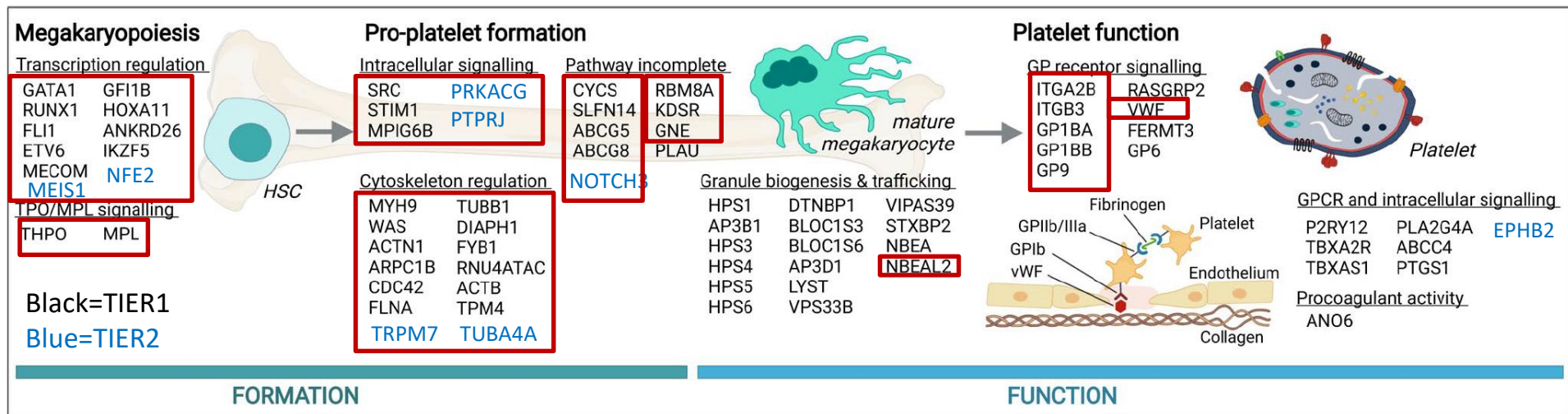
prevalence compared with other rare blood disorders



Gene variants associated with platelet disorders

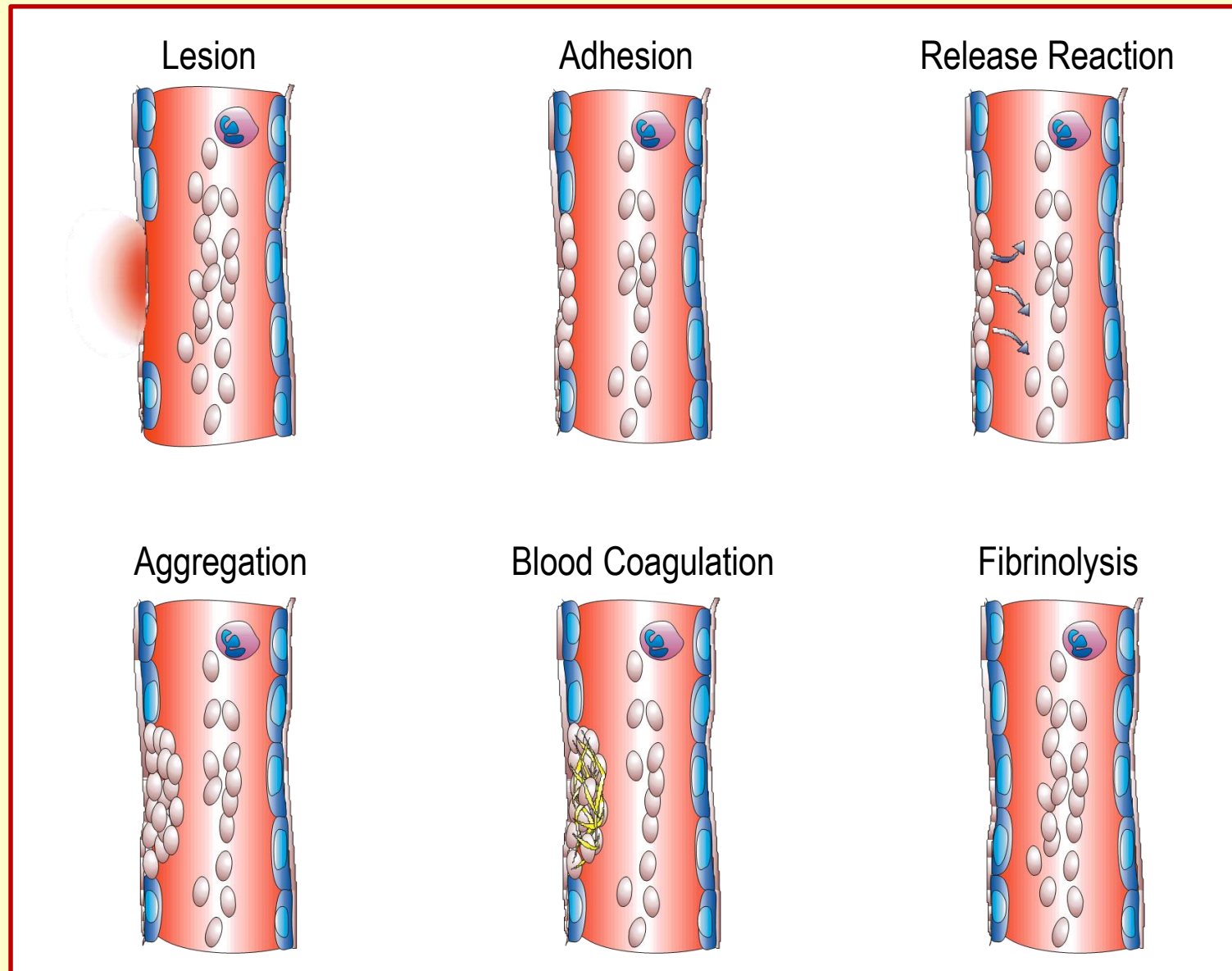
76 genes causing inherited platelet disorders

47 genes causing inherited thrombocytopenias

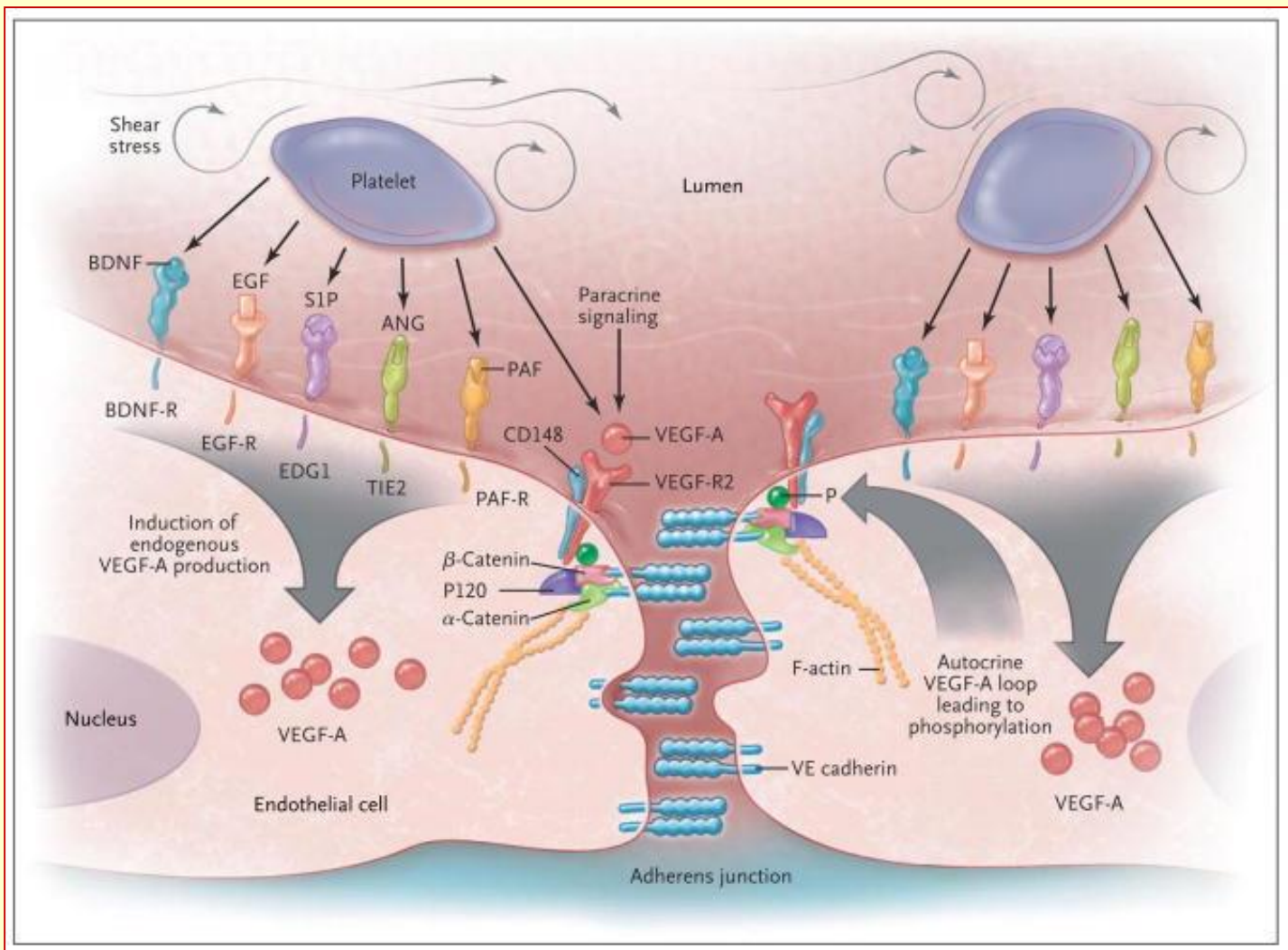


Gene list updated annually by the ISTH Scientific and Standardization Committee for Genomics in Thrombosis and Hemostasis (ISTH SSC-GinTH) (https://www.isth.org/page/GinTh_GeneLists)

Platelets in Hemostasis



Platelets exert a trophic effect on the endothelium



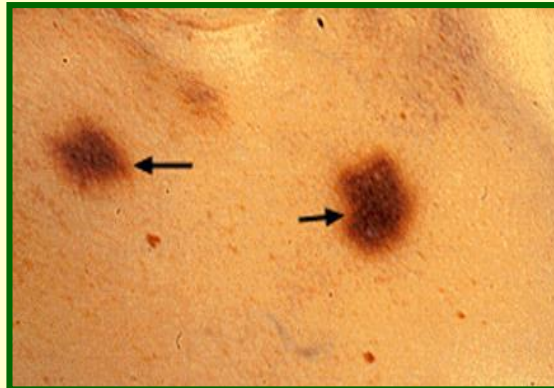
Nachman RL & Rafii S, N Engl J Med 2008, 359:1261.

Thrombocytopenia: clinical presentation

- Petechiae
- Ecchymoses/bruises
- Purpura
- Gum Bleeding
- Epistaxis
- Meno-metrorrhagia, GI bleeding
- ICH
- Surgery/trauma-related bleeding



Petechiae



Ecchymoses



Purpura



Gum bleeding

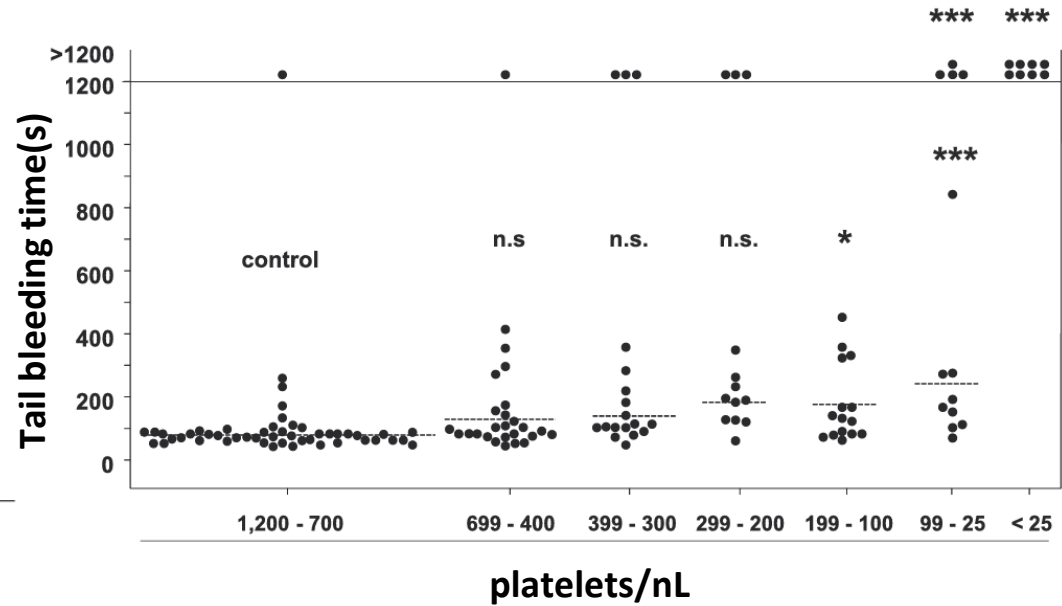
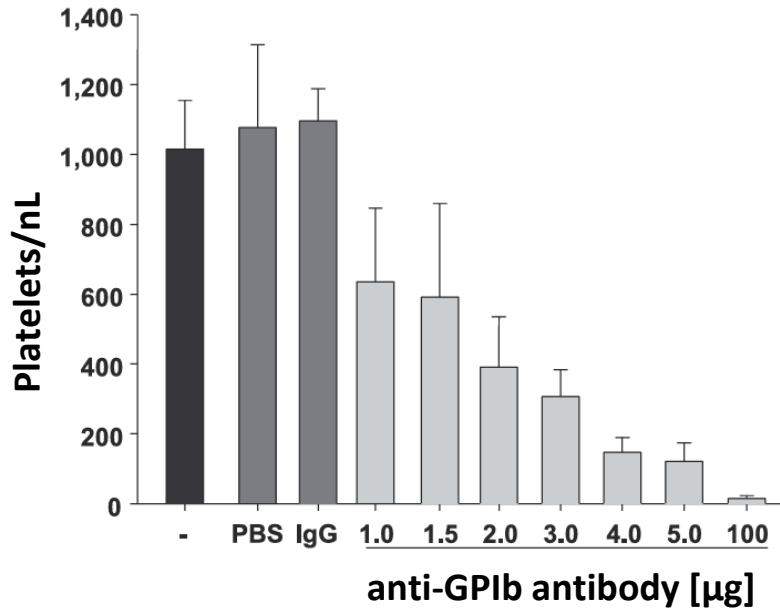


Epistaxis

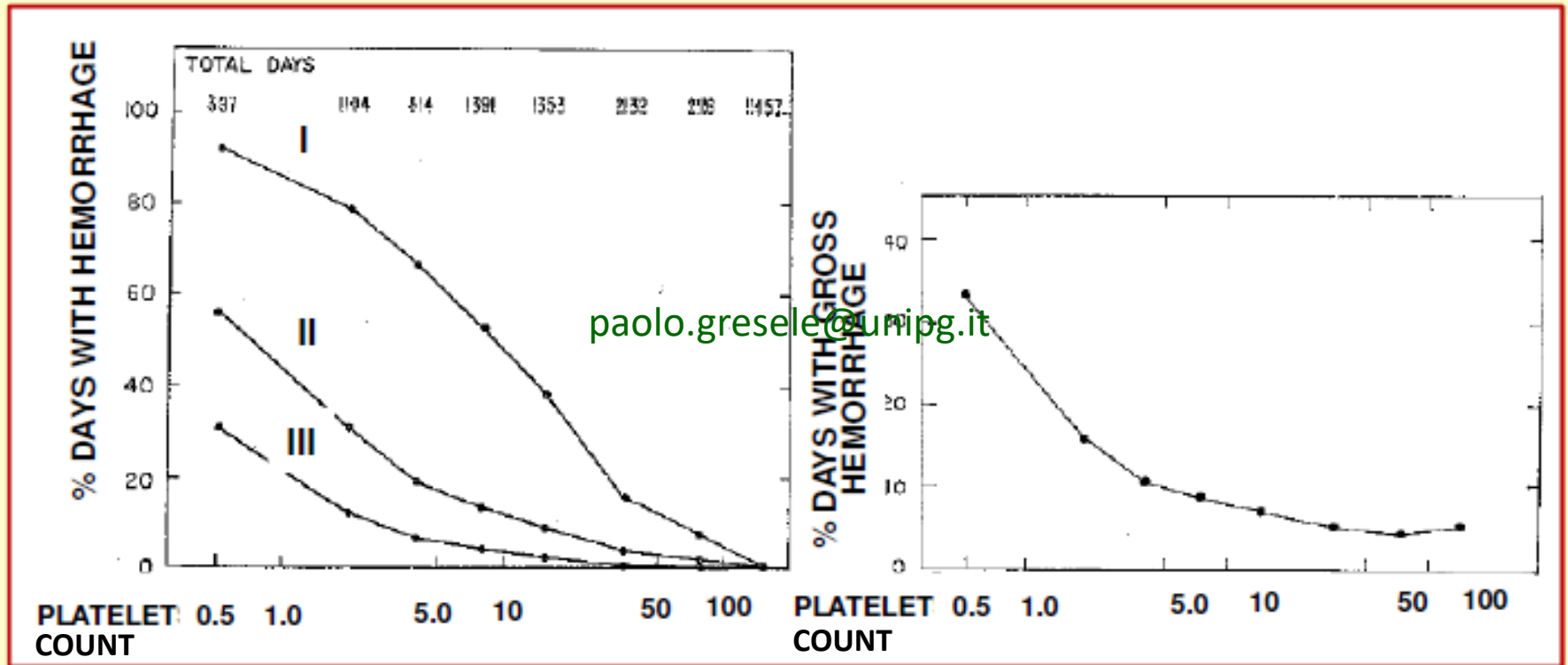


ICH

Only severe thrombocytopenia results in bleeding in mice



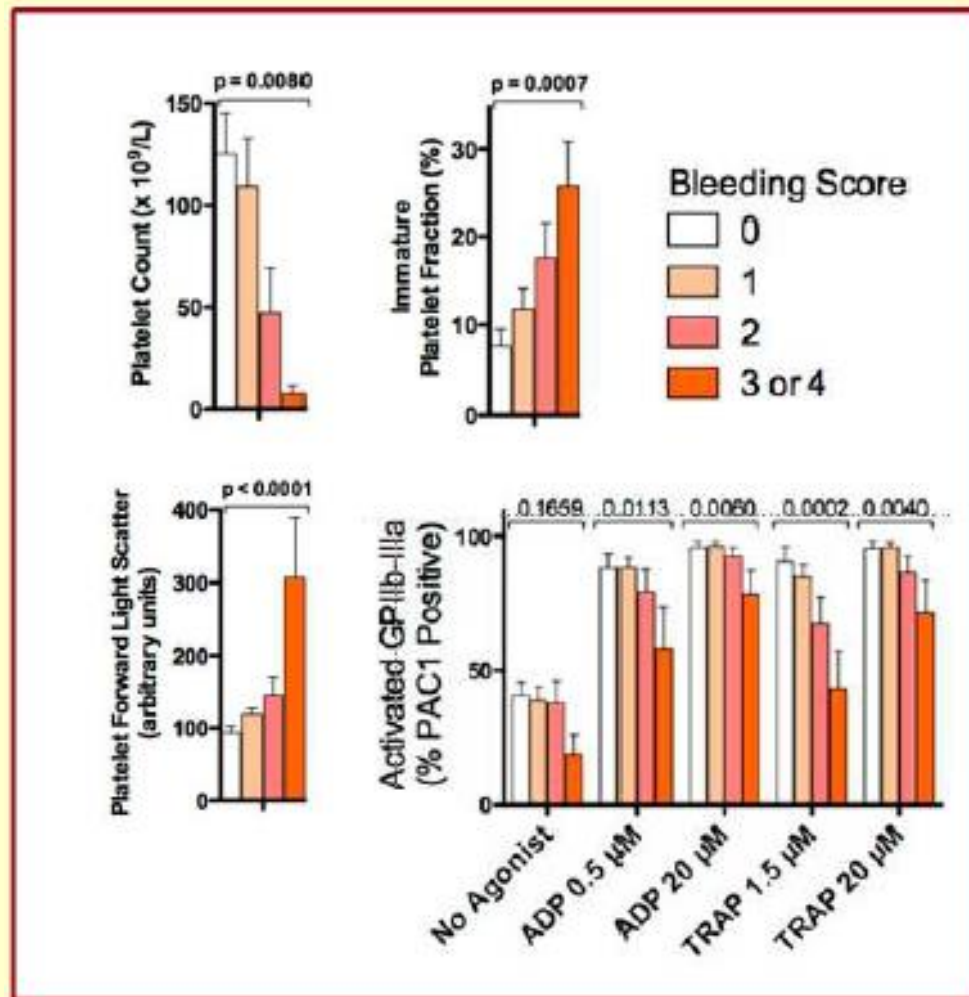
Relation between platelet count and incidence of hemorrhage in patients with acute leukemia



I =all hemorrhage
II =without skin/epistaxes
III=only grossly visible

Platelet dysfunction correlates with bleeding in ITP

A study in 57 pediatric patients



Inherited thrombocytopenias can associate with platelet dysfunction

Without platelet dysfunction		With platelet dysfunction	
ABCC4	MECOM	ANKRD26 (5'-UTR)	SLFN14 (GOF)
ABCG5	MEIS1	ANO6	SRC (GOF)
ABCG8	MPIG6B	ARPC1B	STIM1 (GOF)
ACTB	MPL	ETV6	VWF (GOF)
ACTN1	MYH9	FLNA	WAS
CDC42	NFE2	GATA1	
CYCS	NOTCH3	GFI1B	
DIAPH1 (GOF)	RBM8A	GP1BA (GOF and biallelic)	
FYB1	RNU4ATAC (non coding)	GP1BB (biallelic)	
GNE	THPO	GP9 (biallelic)	
GP1BA (LOF and monoallelic)	TPM4	IKZF5	
GP1BB (monoallelic)	TRPM7	ITGA2B (GOF)	
GP9 (monoallelic)	TUBA4A	ITGB3 (GOF)	
HOXA11	TUBB1	NBEAL2	
KDSR		PRKACG	
		PTPRJ	
		RAP1B (GOF)	
		RUNX1	

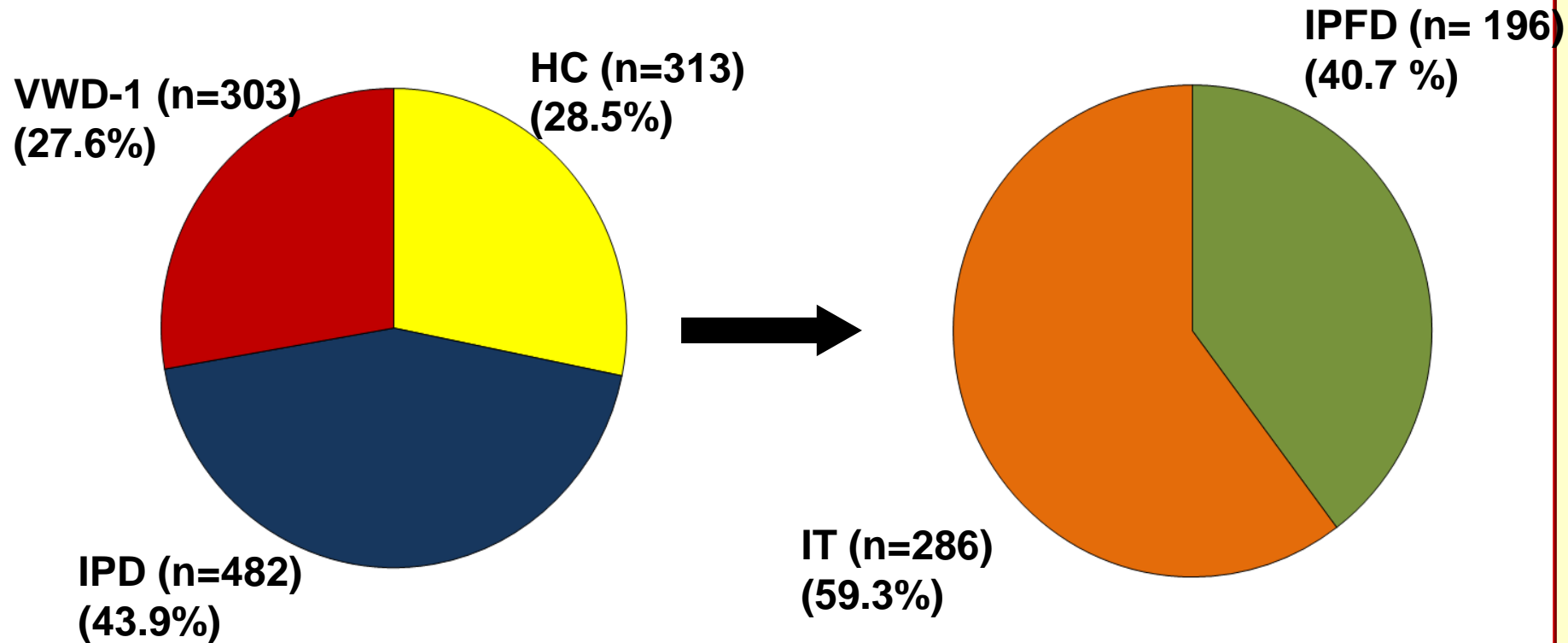
Assessment of the bleeding severity of hemorrhagic disorders

- Measurement of history of spontaneous or provoked hemorrhage by bleeding assessment tools
- Systematic evaluation of the prevalence of excessive bleeding during invasive procedures

BAT-VAL (ISTH-BAT in IPD evaluation) study

Subjects enrolled according to group

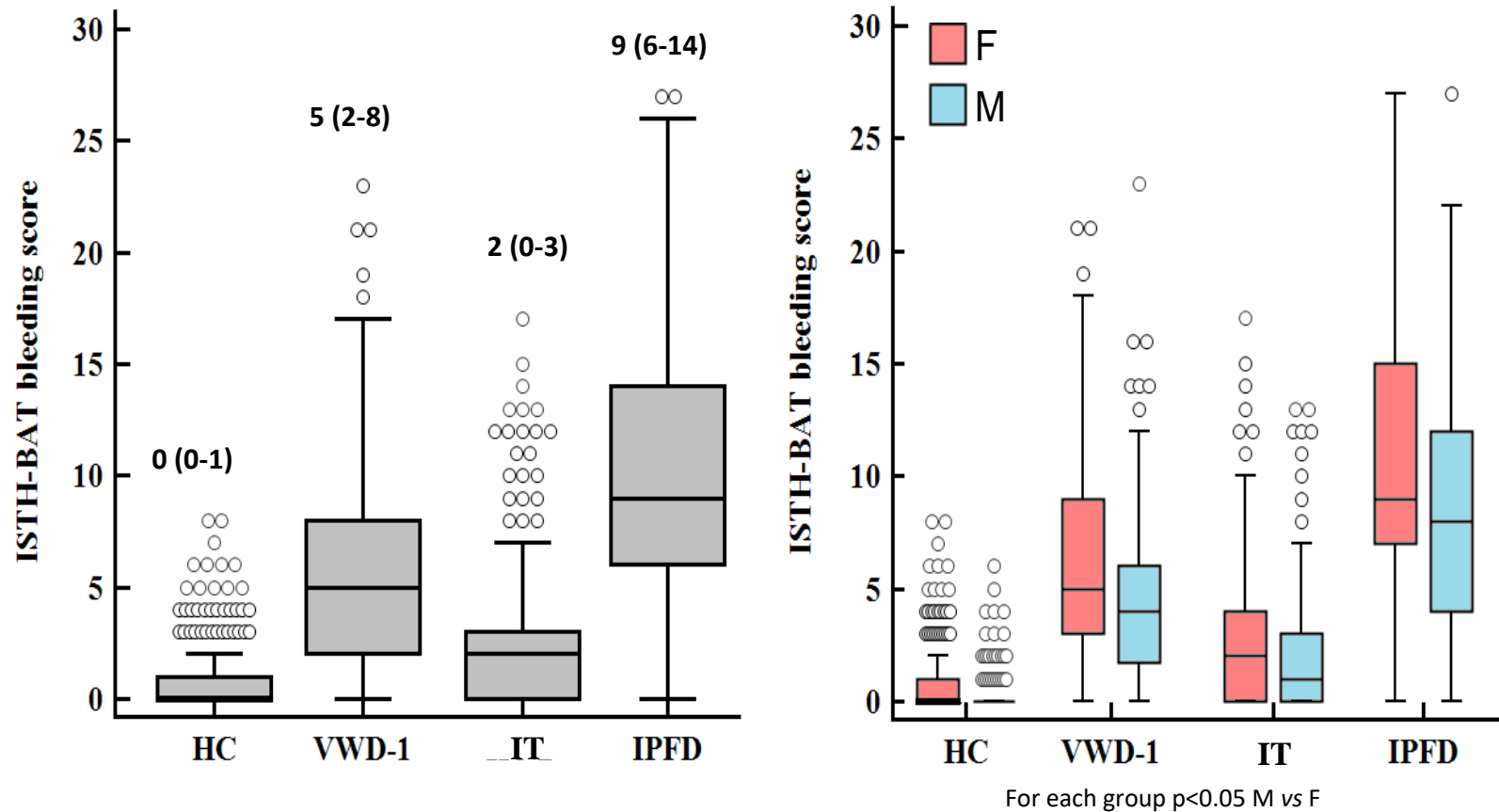
43 centers enrolling; 1,098 subjects enrolled



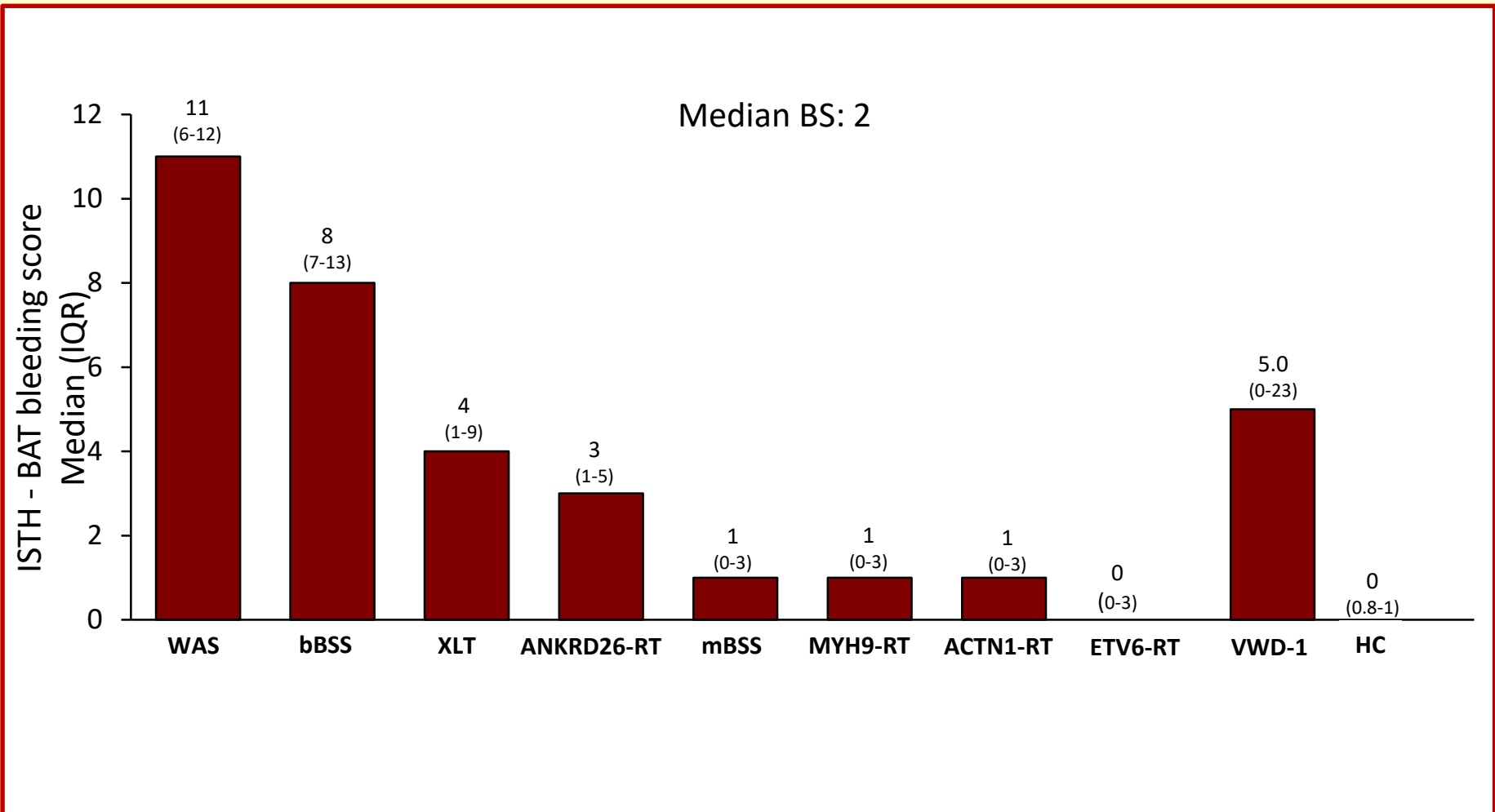
Subjects enrolled according to groups			
	HC	VWD-1	IPD
Females (%)	60.13	59.15	57.41
Median age (y)	40	38	38.5
Pediatrics (<16y)(%)	7.40	10.46	15.02

Validation of the ISTH/SSC bleeding assessment tool for inherited platelet disorders

The BAT-VAL Study

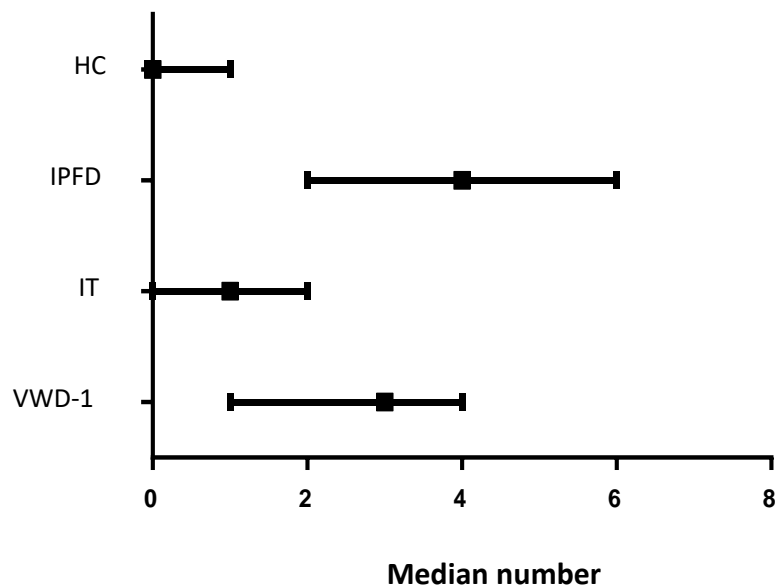


BAT bleeding score in ITs by principal diagnoses

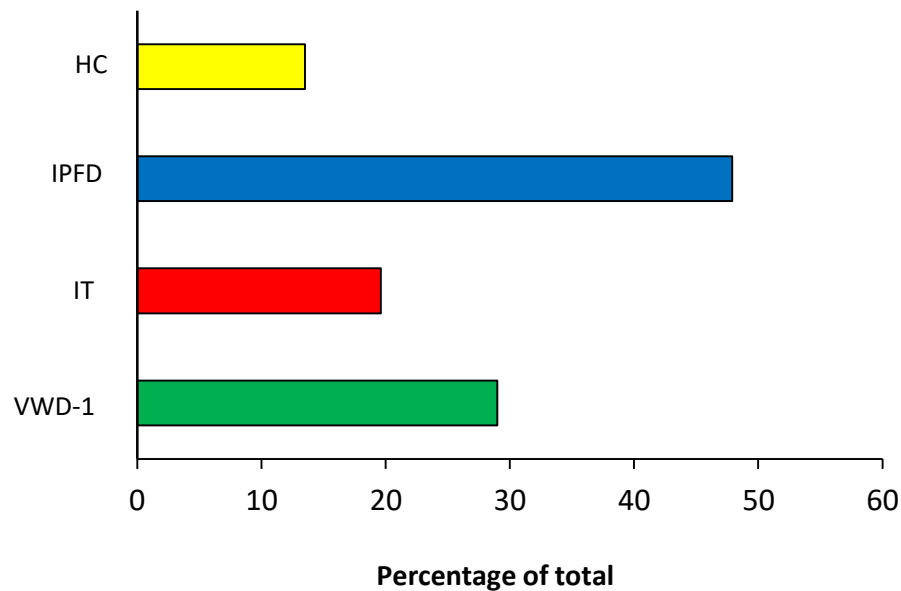


The BAT-VAL Study

Median number (IQR) of
hemorrhagic symptoms

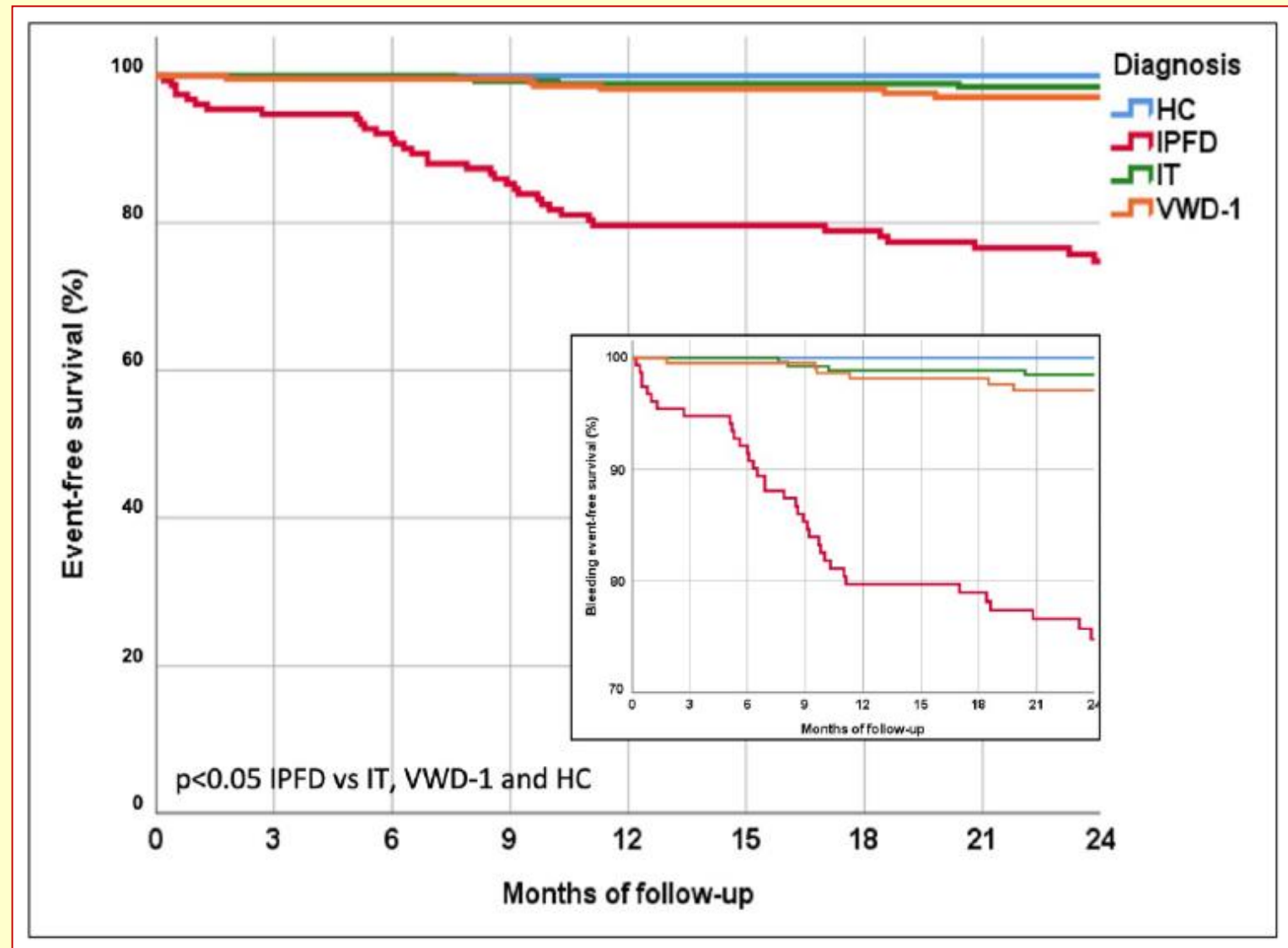


Percentage of
clinically relevant symptoms



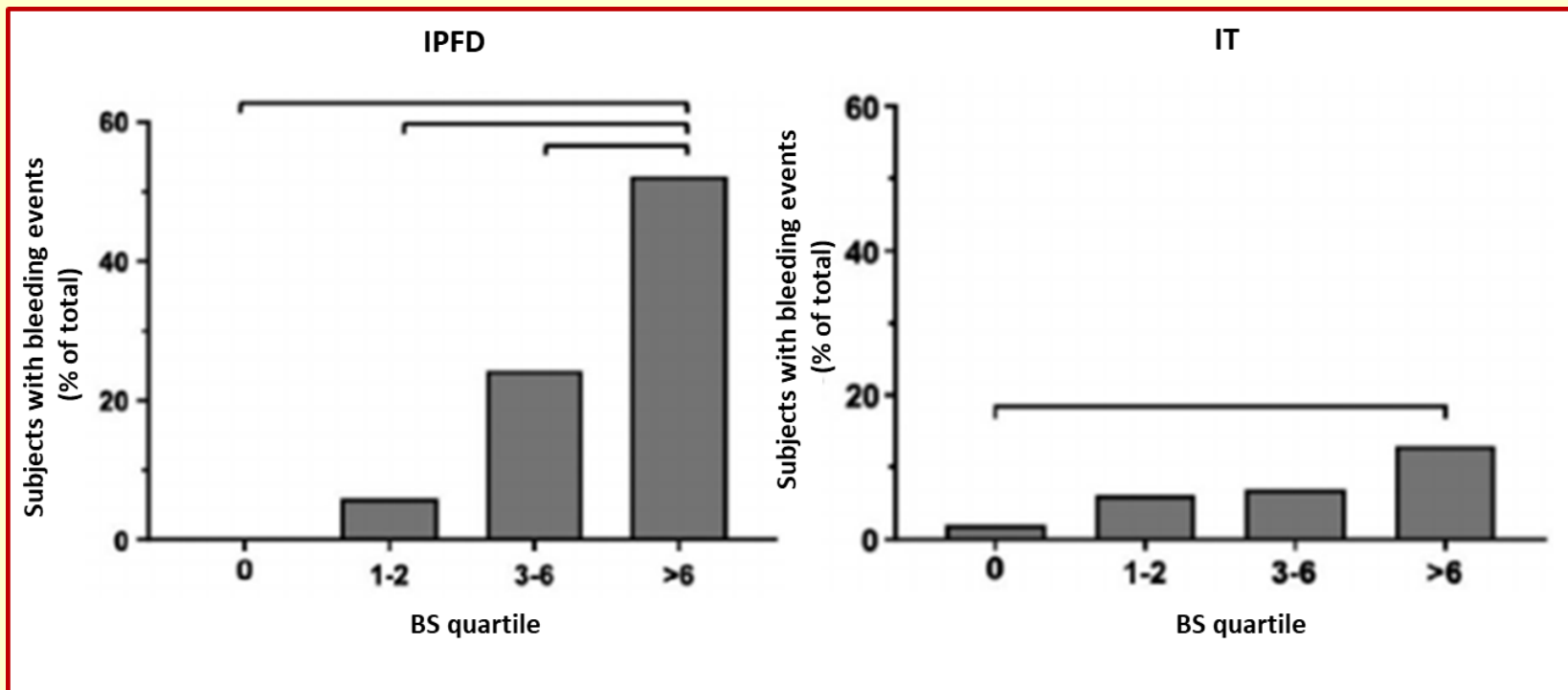
The BAT-VAL follow-up study

Bleeding event-free survival in the different groups



The BAT-VAL follow-up study

The ISTH BAT BS predicts bleeding events in IPD



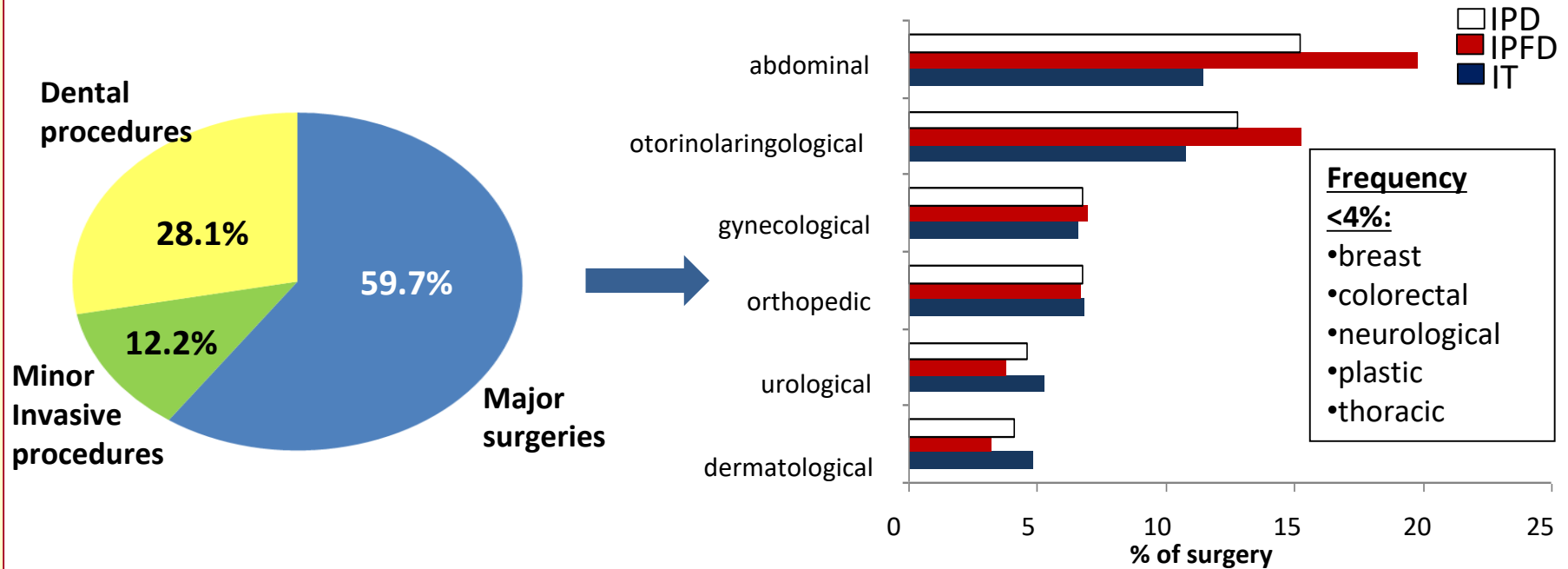
Assessment of the bleeding severity of hemorrhagic disorders

- Measurement of history of spontaneous or provoked hemorrhage by bleeding assessment tools
- Systematic evaluation of the prevalence of excessive bleeding during invasive procedures

Surgery in Platelet disorders And Therapeutic Approach (SPATA)

Invasive procedures

829 procedures (355 in IPFD, 374 in IT). Median age at surgery: 31 years (IQR 15-52)



Major: any procedure in which a body cavity was entered, a mesenchymal barrier was crossed, a facial plane was opened, an organ was removed or normal anatomy was altered;

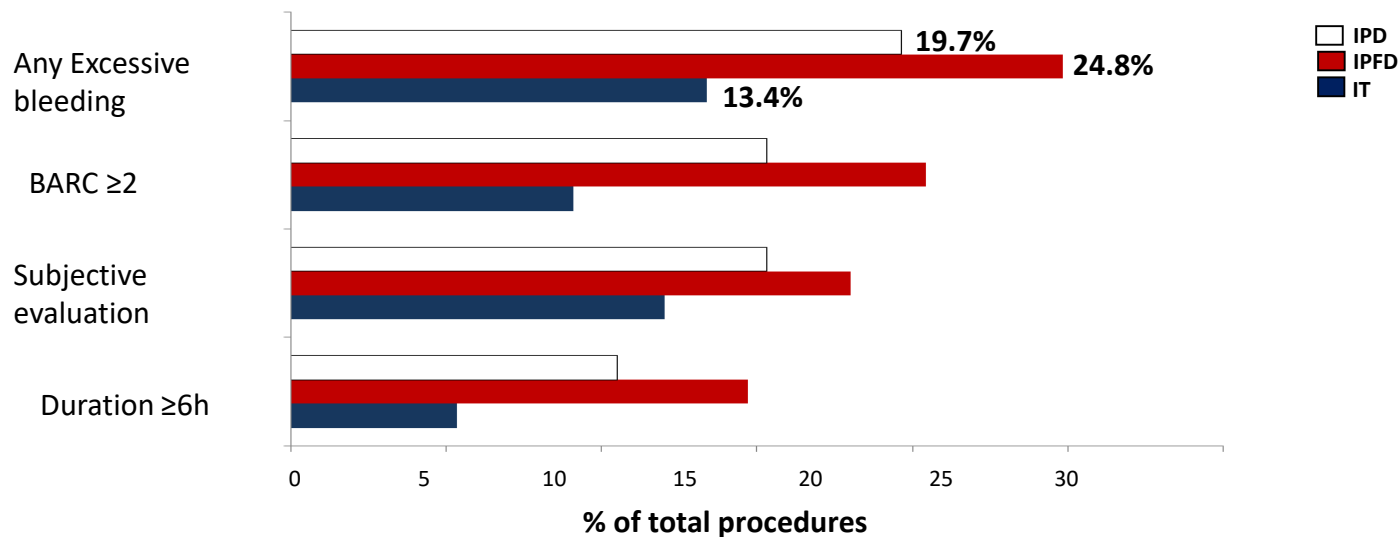
Minor invasive: any operative procedure in which only skin, mucous membranes or superficial connective tissue were manipulated, gastroscopy, colonoscopy and similar;

Dental: extraction, abscess removal, apicectomy and similar

Frequency of excessive bleeding at surgery in IPD

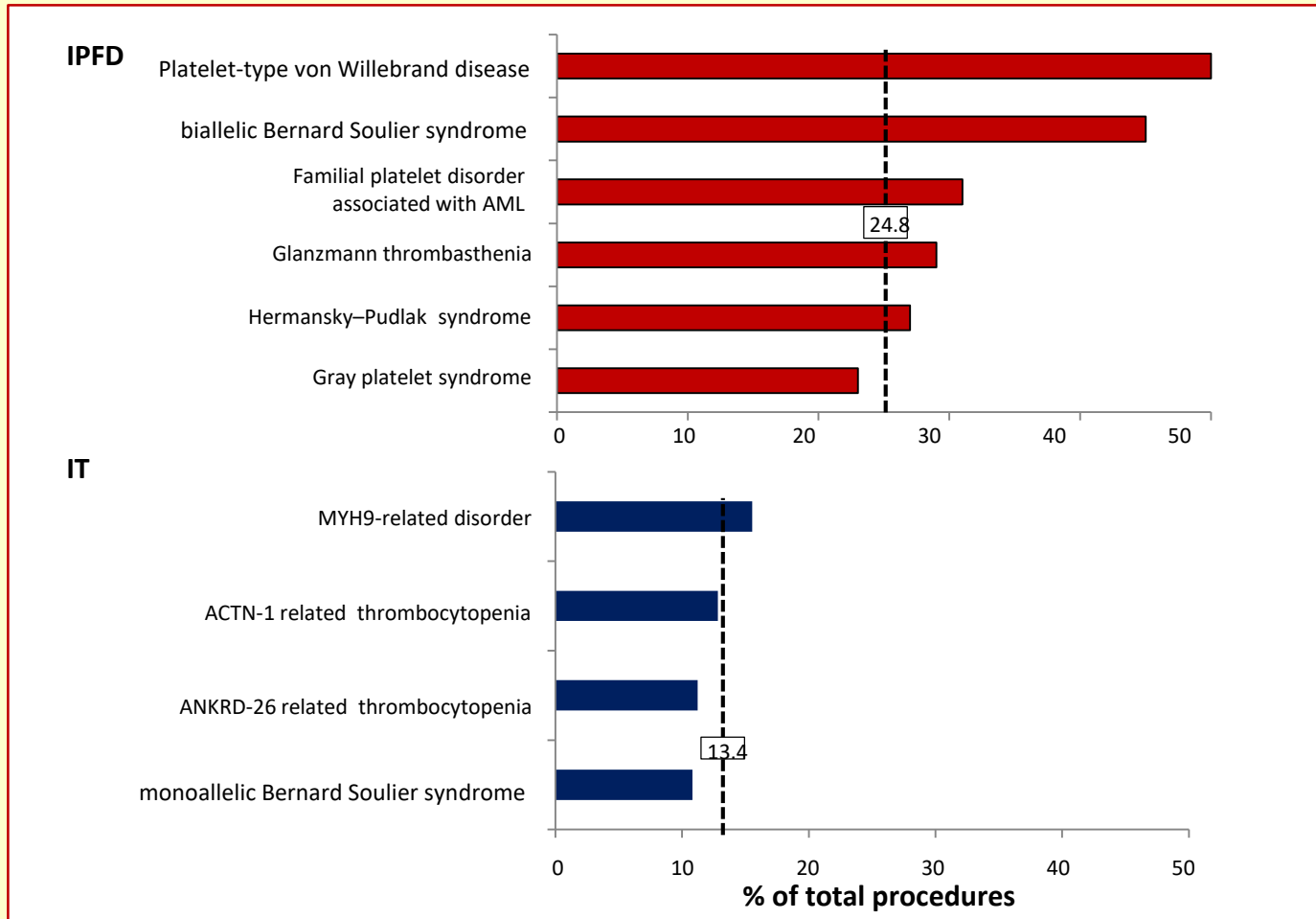
The SPATA Study

49 centers, 17 countries.
829 procedures in 423 IPD patients (238 IPFD, 135 ITs), 16 forms of IPFD and 9 forms of IT
Median age: 40 years (IQR 23.7-54). Women: 56%



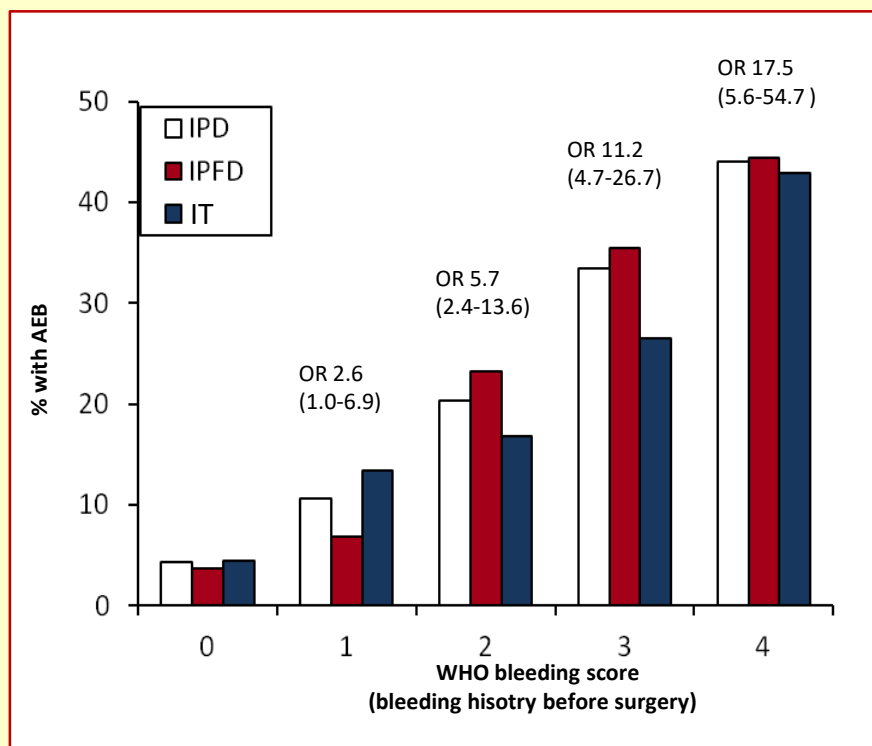
In otherwise healthy subjects:
-From literature: 1.4-6 %
-Current study: 3%

Frequency of AEB at surgery according to diagnosis



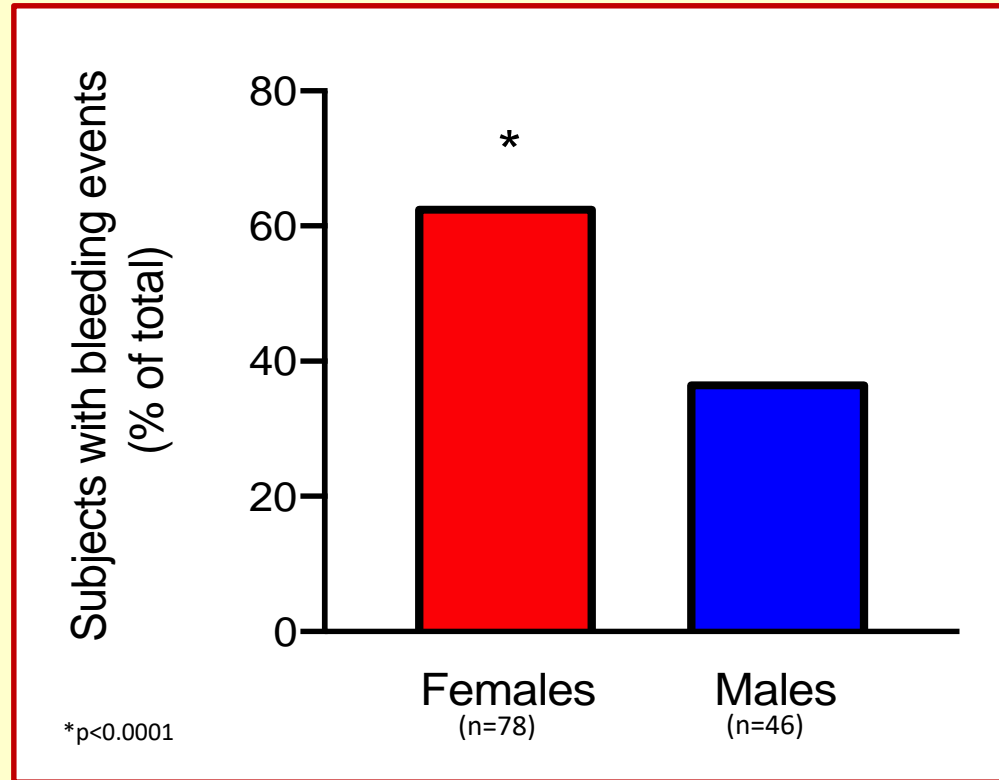
Predictors of post surgical bleeding

The SPATA Study



	IPFD (n=455)	IT (n=374)
	OR (95% CI)	OR (95%CI)
Female gender	1.8 (1.1-2.9)	-
Platelet count <68x10 ⁹ /L	-	2.04 (1.01-4.12)
Prophylaxis	0.38 (0.23-0.63)	-

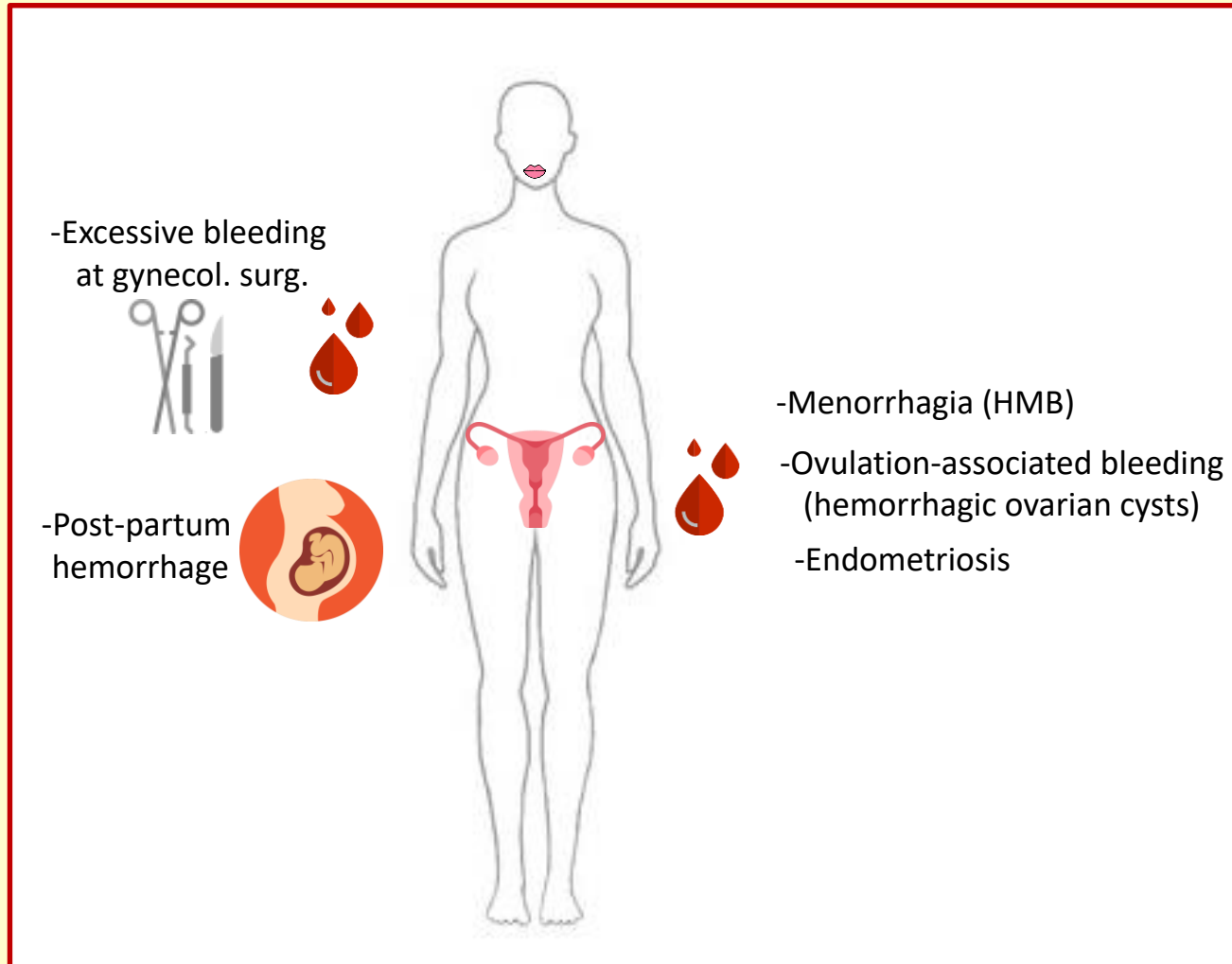
Bleeding events in an IPD population in a two-years follow-up



Median BAT of females with bleeding events: 9 (IQR 6-13)

Median BAT of males with bleeding events: 8 (IQR 4-12)

Female-specific hemorrhagic manifestations in IPD



Post-partum hemorrhage in **Inherited Thrombocytopenias**

The PIPA Study

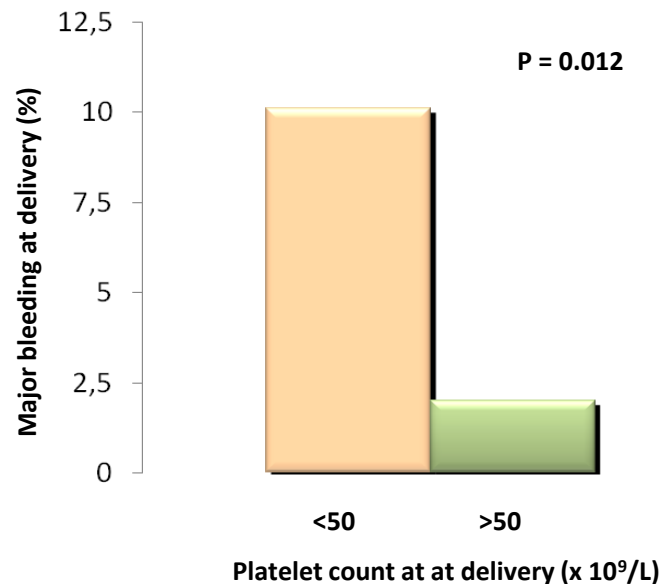
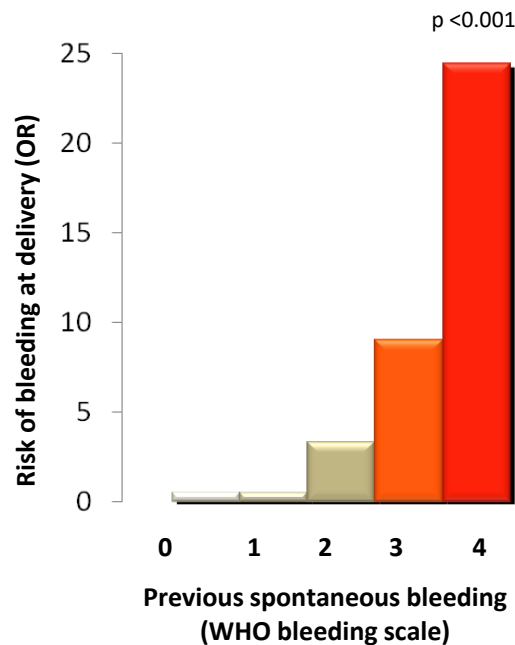
296 deliveries in 181 women with 13 different forms

Overall frequency of AEB at delivery: 14.2%

Overall frequency of major bleeding at delivery: 6.8%

Overall frequency of hemorrhage at delivery in healthy women: 3-7%

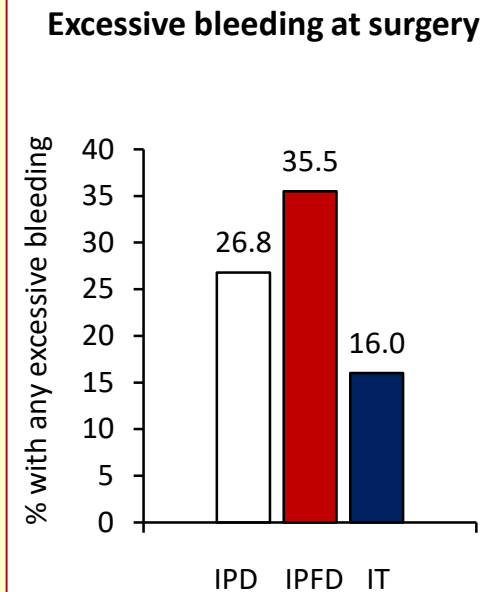
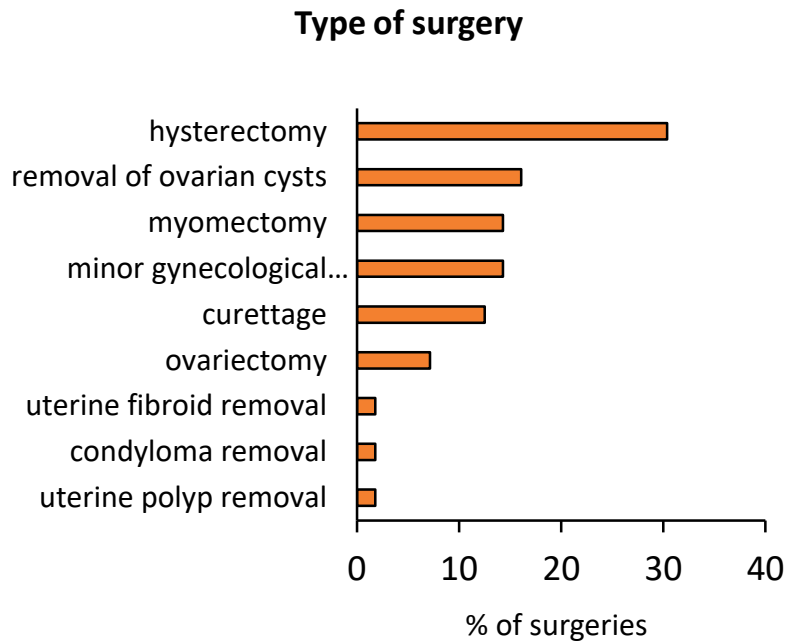
PREDICTIVE PARAMETERS



Frequency of any excessive bleeding after gynecological surgery

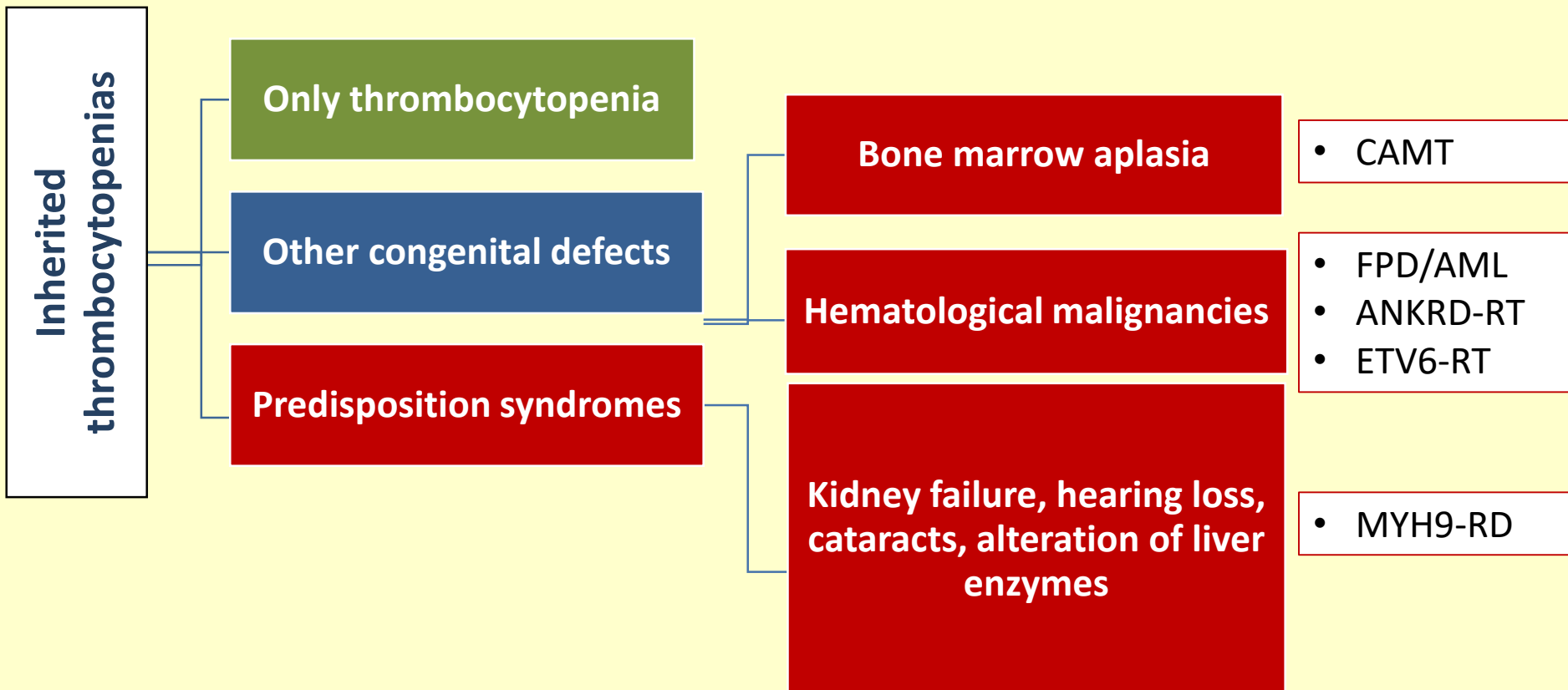
A sub-analysis of the SPATA Study

56 gynecological surgeries / 470 surgeries carried out in women (12%)

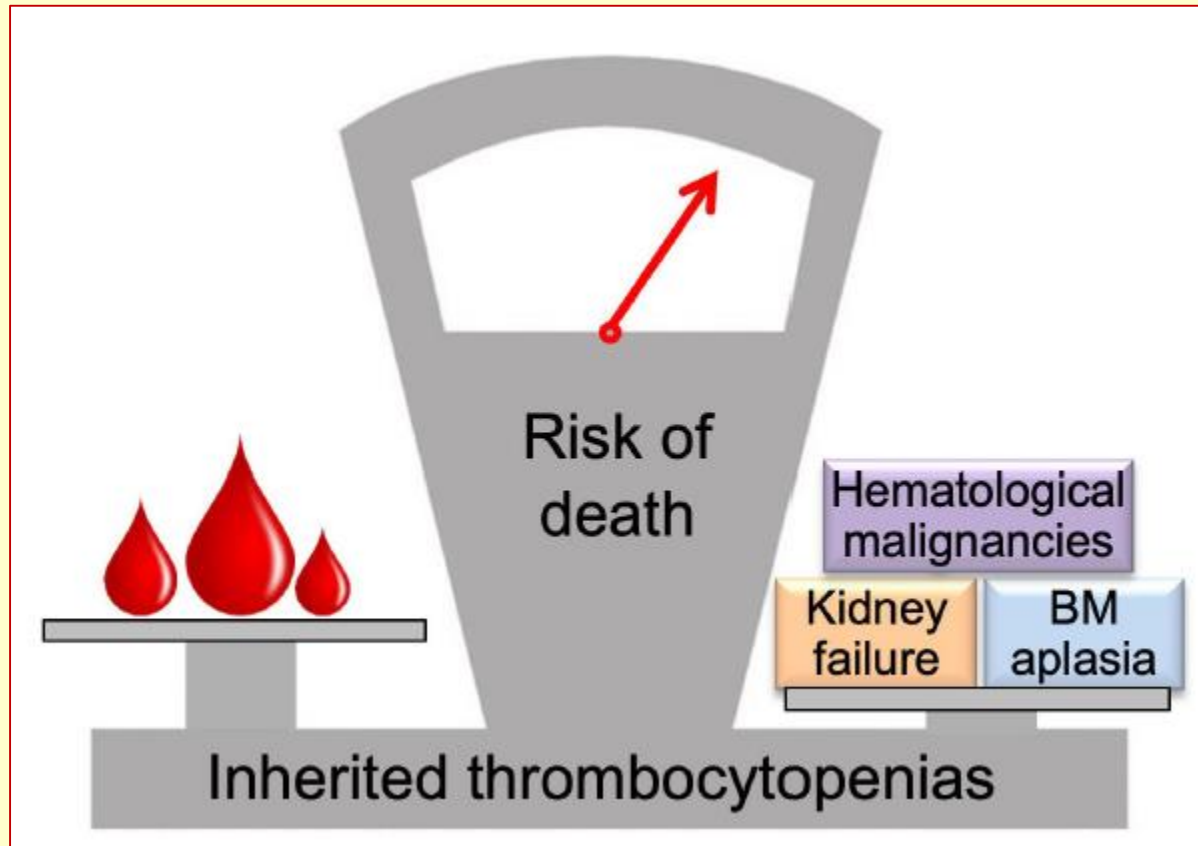


Inherited thrombocytopenias

Predisposition syndromes



Relative weight in the risk of death of inherited thrombocytopenias of the bleeding and extra hemostatic manifestations



Treatment goals in inherited thrombocytopenias

- **Prevention of bleeding**
 - Prohemostatic interventions
 - Antifibrinolytic agents (Tranexamic acid, EACA)
 - Desmopressin
 - Platelet transfusions
 - FVIIa
 - Increase of platelet count
 - Platelet transfusion
 - Splenectomy (WAS/XLT)
 - Eltrombopag
 - HSCT (CAMT, WAS, bBSS)
 - Gene therapy (WAS)
- **Treatment of other defects**
 - MYH9-kidney (proteinuria): ACE-I/ARB
 - MYH9-ear (deafness): cochlear implantation
 - MYH9-ocular (cataract): cataract surgery

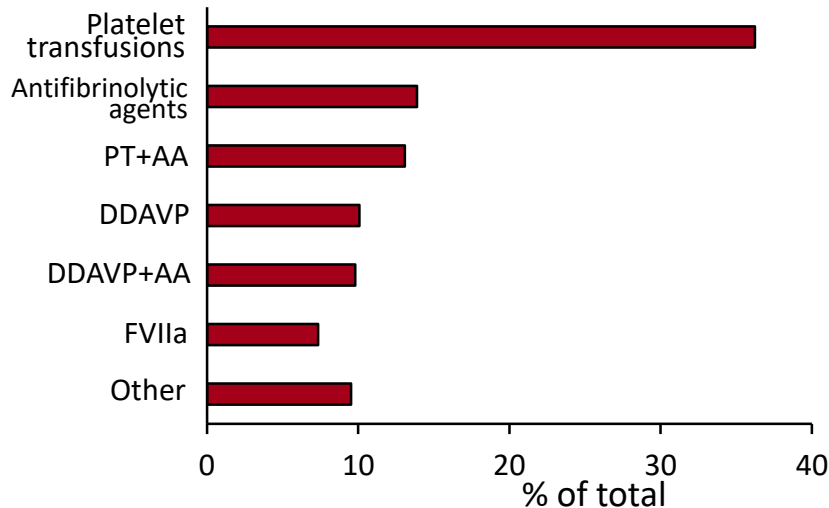
Treatment options for bleeding

- **Antifibrinolytic agents:** local or systemic; arrest/prevent epistaxis, gingival bleeding or menorrhagia; used for the prevention of bleeding for minor surgery
- **DDAVP:** i.v., s.c., nasal spray; efficacious in preparation to invasive procedures or surgery (contraindicated in PT-VWD; uncertain efficacy in some IPFDs)
- **Platelet transfusion:** treatment of acute bleeding or prior to surgery; should be used only when other agents have failed (alloimmunization and infectious risks)
- **rFVIIa:** approved for treatment of acute bleeding and for perioperative management of GT refractory to platelet transfusions; little or no informations for other IPFDs
- **Eltrombopag:** for some ITs

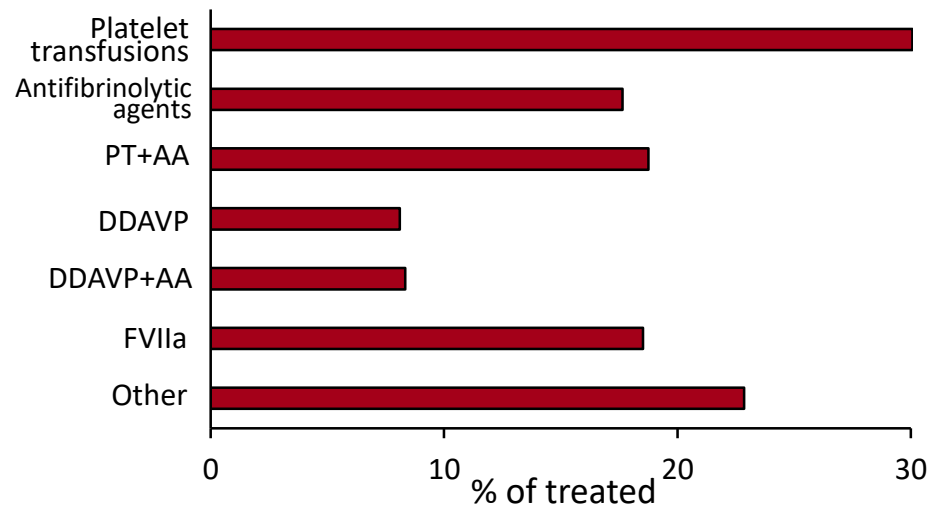
The SPATA Study

Prophylactic antihemorrhagic preparation and outcome

Antihemorrhagic pre-operative prophylaxis



AEB depending on antihemorrhagic prophylaxis



OTHER: composition of two or more; cryoprecipitate; fibrin-glue, fibrinogen, FFP, IVIG, local hemostatic agent, suture, local tranexamic acid

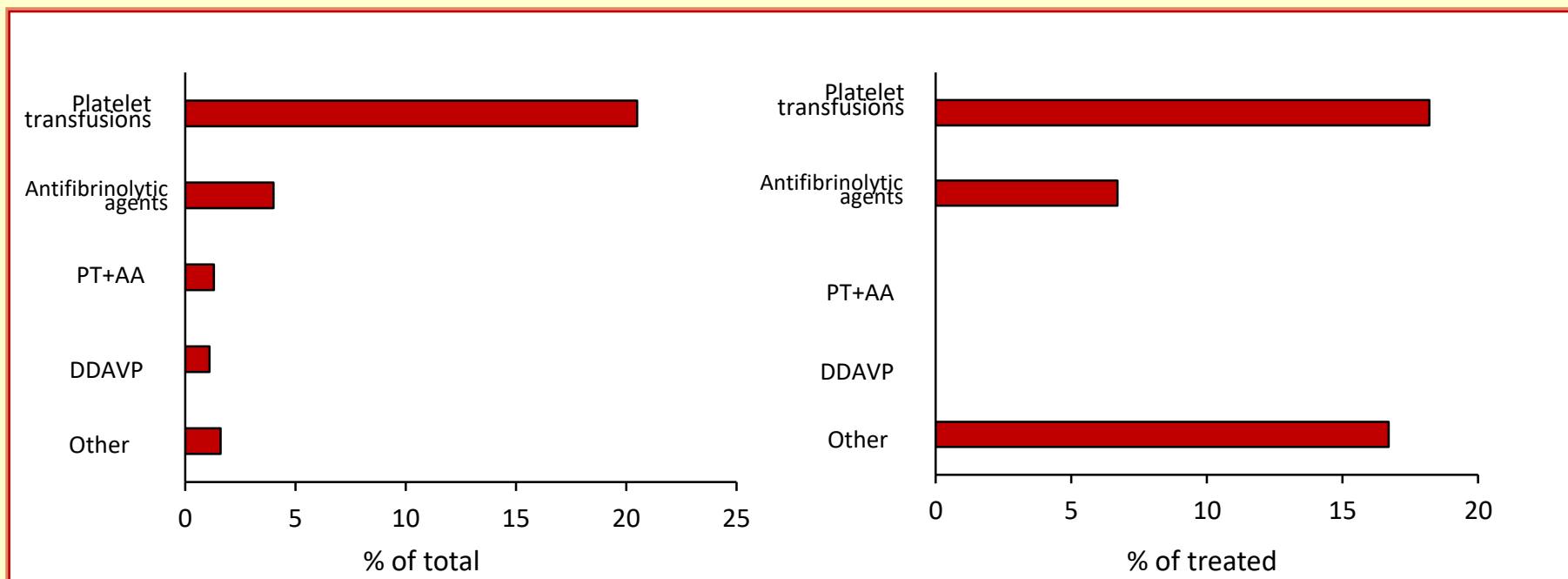
- Prophylaxis given in 80.6% of procedures for IPFD and 20.6% for IT
- AEB in IPFD patients not receiving vs receiving prophylaxis (40.9% vs 21%, $p < 0.01$).
- No difference in ITs (AEB 12.7% without, 14.9% with prophylaxis).

The SPATA Study: IT subgroup

Prophylactic antihemorrhagic preparation and outcome

Antihemorrhagic pre-operative prophylaxis

AEB depending on
antihemorrhagic prophylaxis



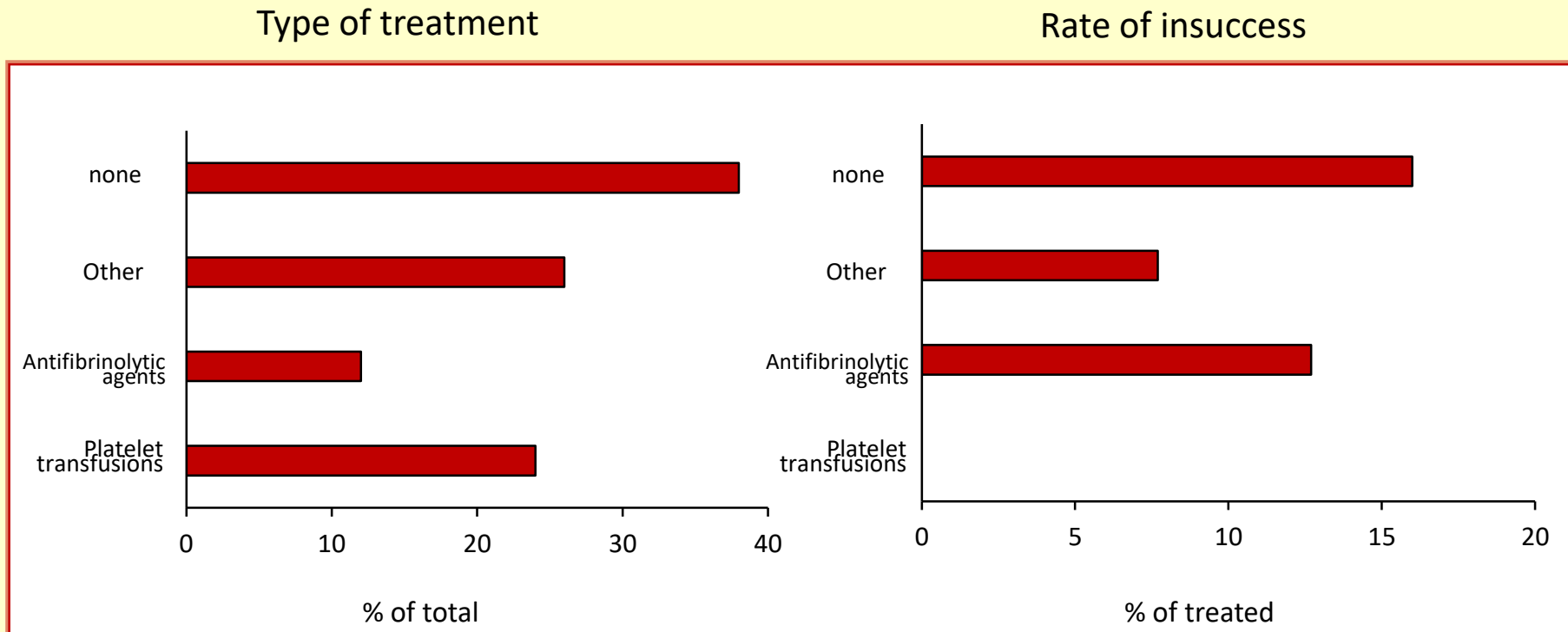
OTHER: composition of two or more; cryoprecipitate; fibrin-glue, fibrinogen, FFP, IVIG, local hemostatic agent, suture, local tranexamic acid

-Prophylaxis given in 20.6% for IPND

-No difference for AEB in IT patients not receiving vs receiving prophylaxis (12.7% vs 14.9%, p=ns).

The SPATA Study: IT subgroup

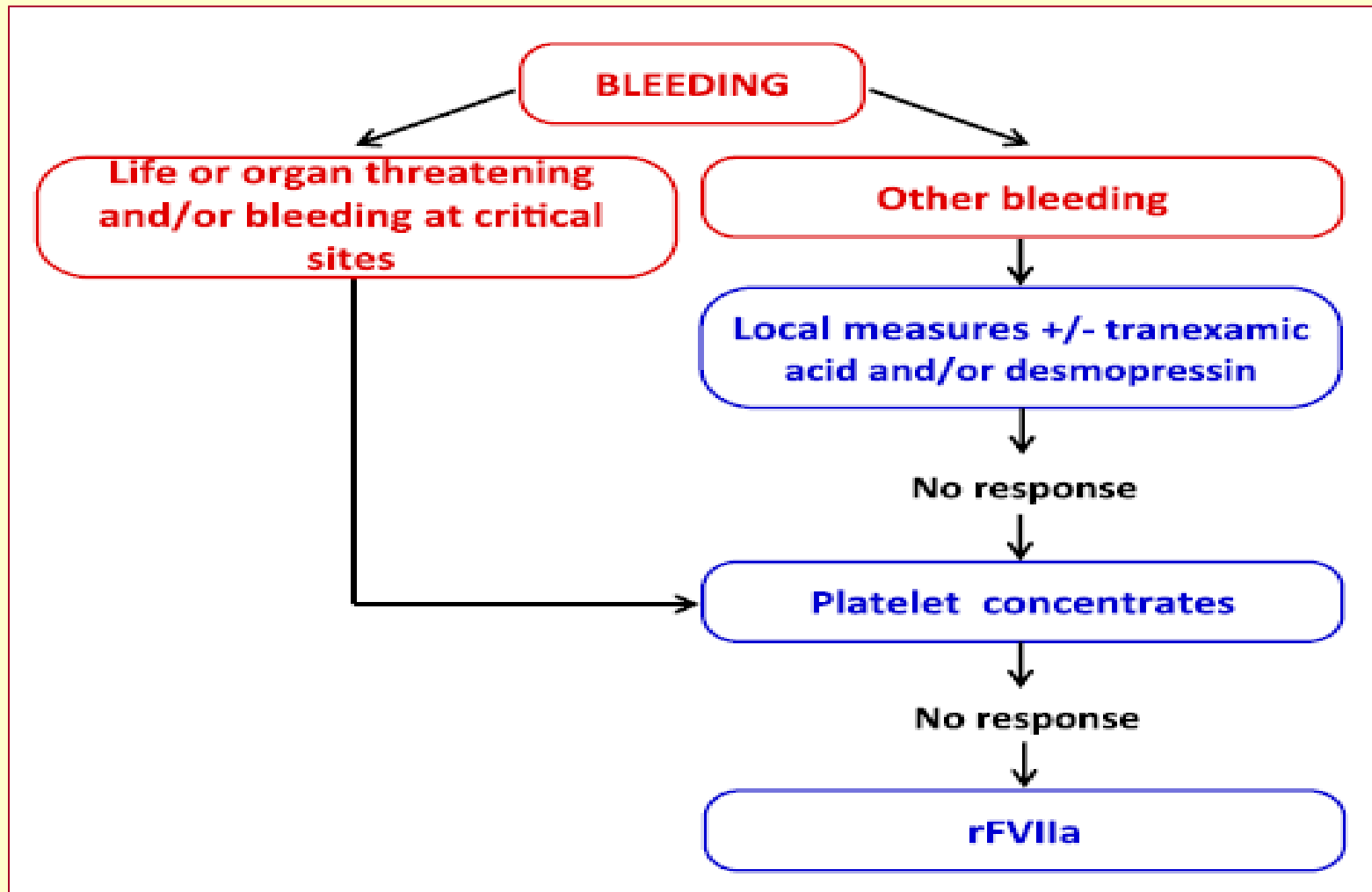
Emergency treatment of surgery-associated bleeding



Other treatments: surgical hemostasis, packing, compression, stiches

Excessive bleedings requiring treatment: 31

Approach to the management of bleeding episodes



Conclusions

- Inherited thrombocytopenias are an heterogeneous and continuously expanding group of platelet disorders
- They may be asymptomatic, infrequently are severely haemorrhagic but some forms may be associated with bleeding during invasive procedures and childbirth
- ITs are rather often associated with syndromic manifestations which may severely affect prognosis
- Advances in treatment have made the management of these disorders more effective

Acknowledgments



"Platelet Lab" – Perugia

- Loredana Bury
- Emanuela Falcinelli
- Giuseppe Guglielmini
- Annamaria Mezzasoma

ISTH SSC Platelet Physiology

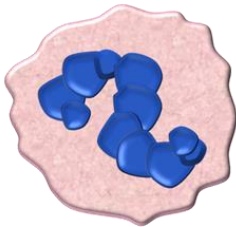
**Carlo Balduini and the
Registro Italiano della Malattia
MYH9-correlata**

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**Grant support:
TELETHON GMR22T1086 to PG**

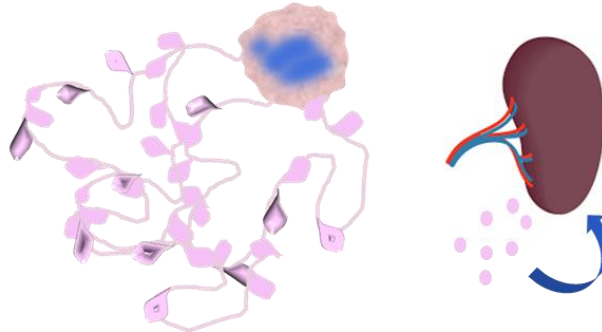
PATHOGENIC MECHANISMS OF INHERITED THROMBOCYTOPENIAS

Defective
megakaryocyte
maturation



ANKRD26, ETV6,
FLI1, FYB, GATA1,
GFI1B, HOXA11,
MECOM, **MEIS1**,
IKZF5, MPL,
NBEAL2, **NFE2**,
RBM8A, RUNX1,
THPO

Defective platelet
production / increased
clearance



ACTB, ACTN1, ARPC1B,
CYCS, DIAPH1, FLNA,
GP1BA, GP1BB, GP9,
ITGA2B, ITGB3, KDSR,
MYH9, MPIG6B,
PRKACG, STIM1,
TRPM7, TPM4, **TUBA4A**,
TUBB1, WAS

Unknown
pathogenic
mechanism



ABCG5, ABCG8, CDC42,
GNE, **NOTCH3**, SLNF14,
SRC, **PTPRJ**

TIER-1 genes
TIER-2 genes

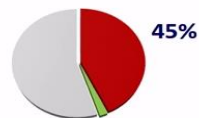
Inherited thrombocytopenias predisposing to hematological malignancies

- **THC2:** thrombocytopenia caused by variants at the 5'-UTR of **ANKRD26**
- Familial platelet disorder associated to acute myeloid leukemia (**FPD/AML**): variants in **RUNX1**
- Thrombocytopenia associated with variants in **ETV6**

	ANKRD26-RT	FPD/AML	ETV6-RT
Gene	<i>ANKRD26</i>	<i>RUNX1</i>	<i>ETV6</i>
Relative frequency (% of known forms)	18%	3%	5%
Transmission	AD	AD	AD
Thrombocytopenia	Mild/moderate	Mild/absent	Mild
Platelet size	Normal	Normal	Normal
Platelet function	Normal	Abnormal*	Normal
Bleeding tendency	Absent/mild	Absent/moderate	Absent/mild

* Heterogeneous abnormalities, most frequently delta-granule deficiency/release defect

FPD-AML (*RUNX1*)



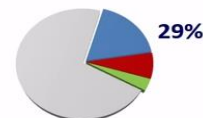
Any age,
median 34 yrs.

ANKRD26-RT



Any age,
median 41 yrs.

ETV6-RT

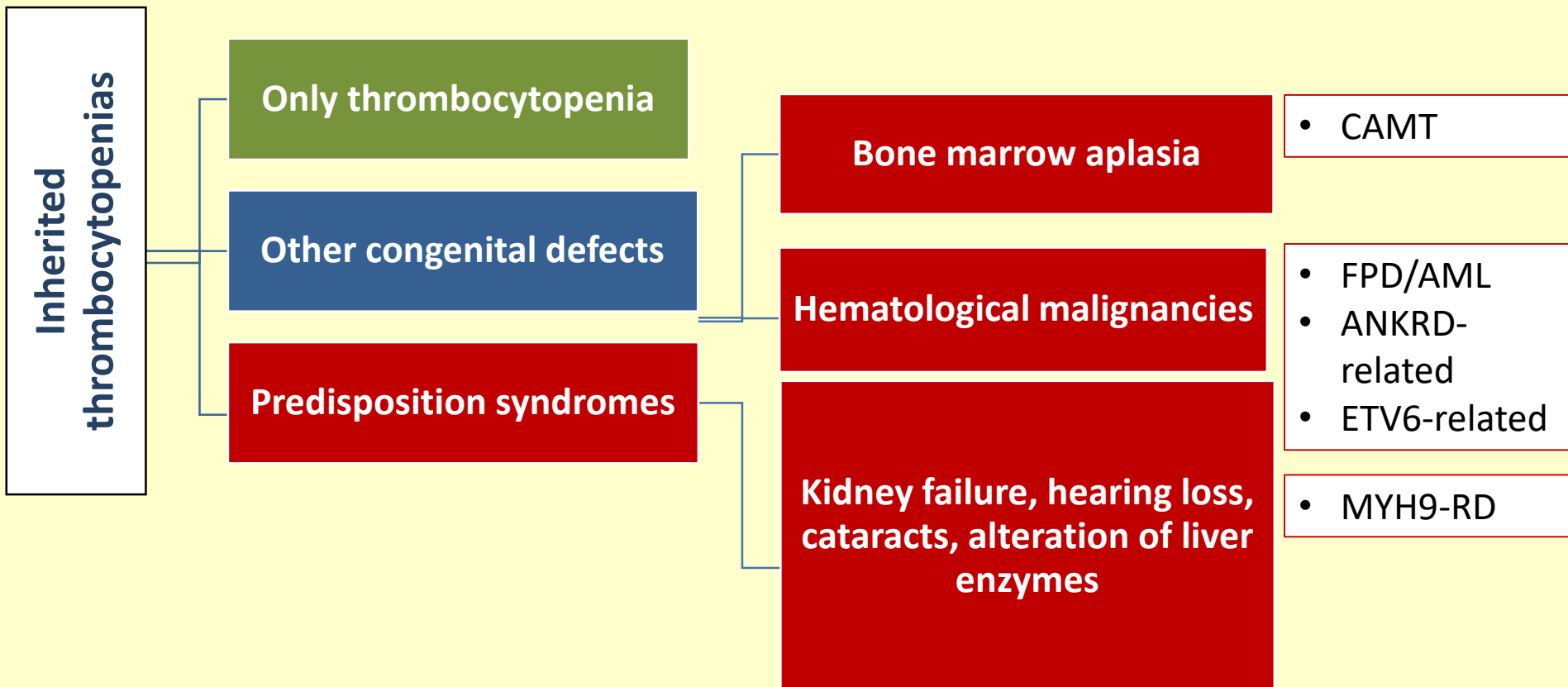


B-ALL: childhood
Myeloid: any age

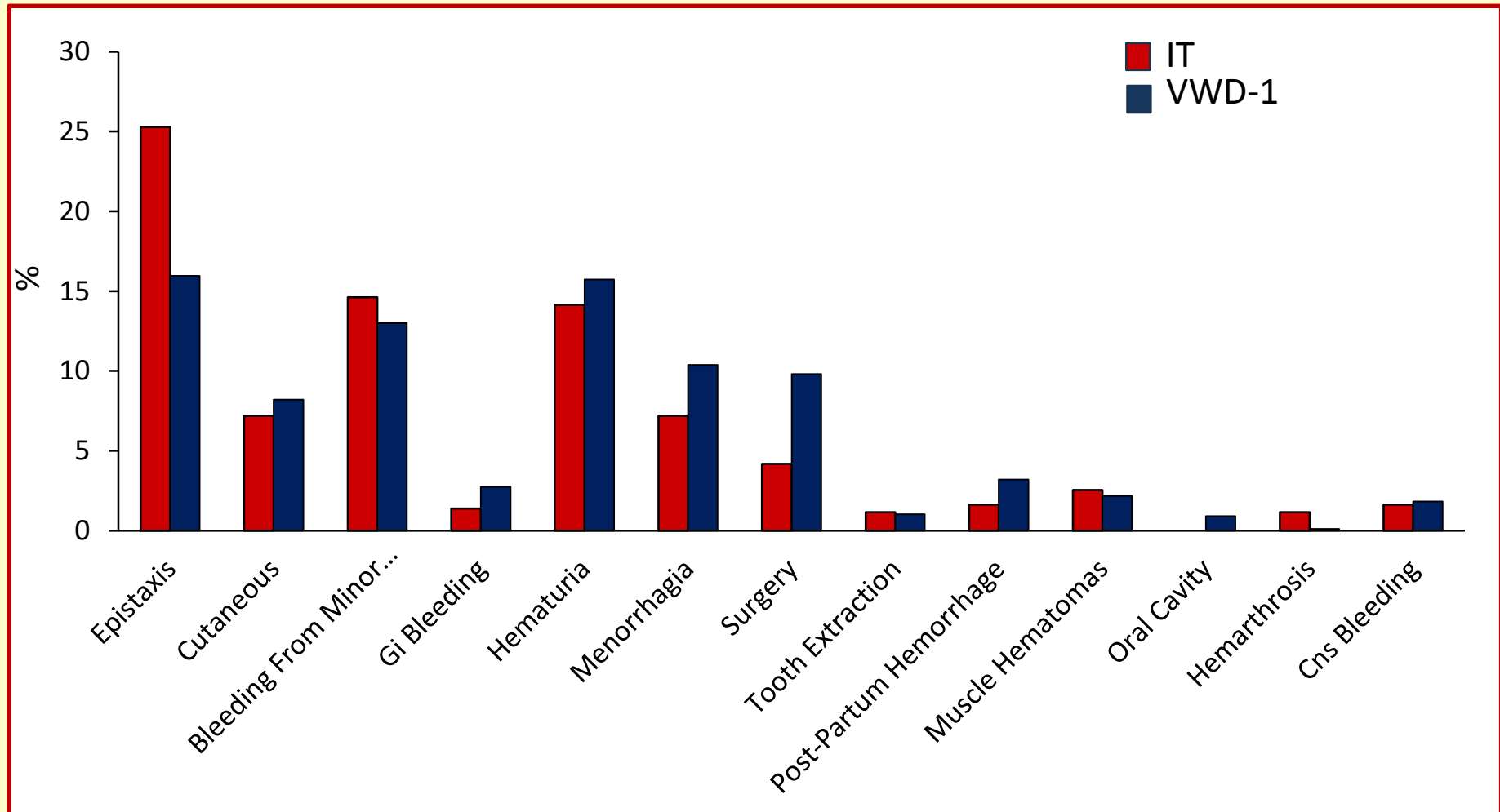
■ Myeloid malignancies
■ B-cell acute lymphoblastic leukemia
■ Other forms

Inherited thrombocytopenias

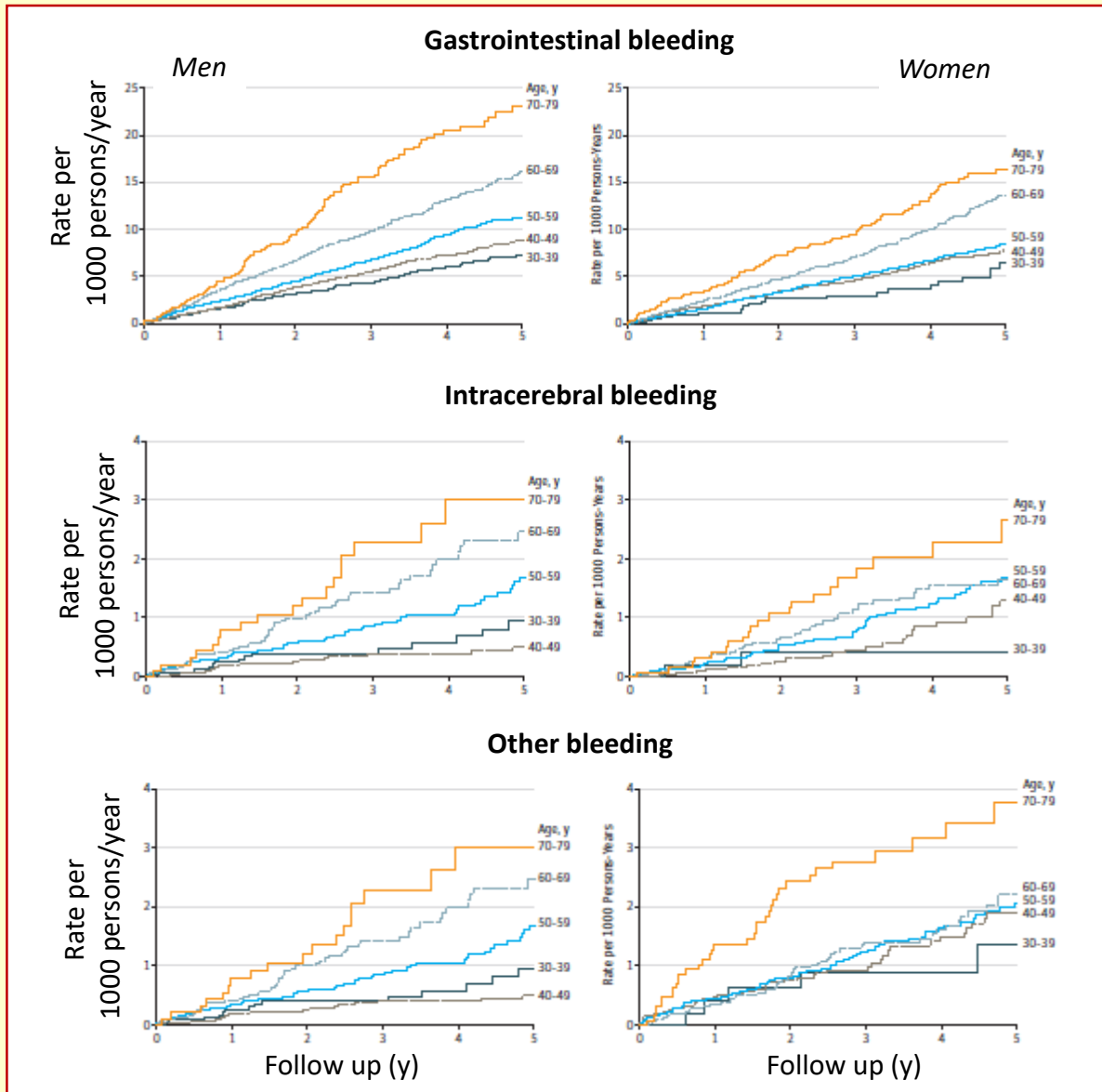
Predisposition syndromes



Frequency of clinically significant bleeding symptoms (score \geq 2) in ITs, and VWD-1



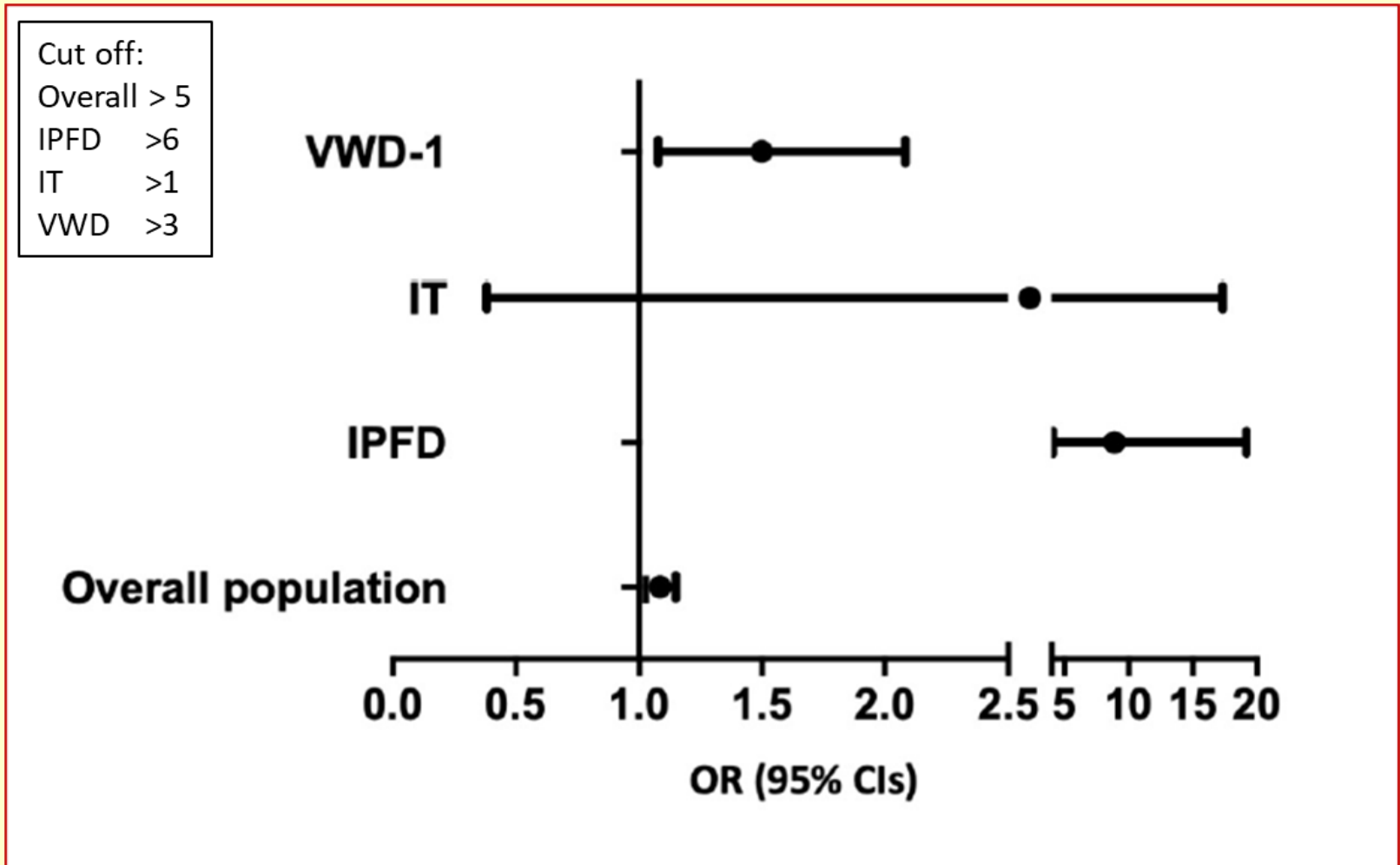
Annual risk of major bleeding among persons not receiving antithrombotic therapy



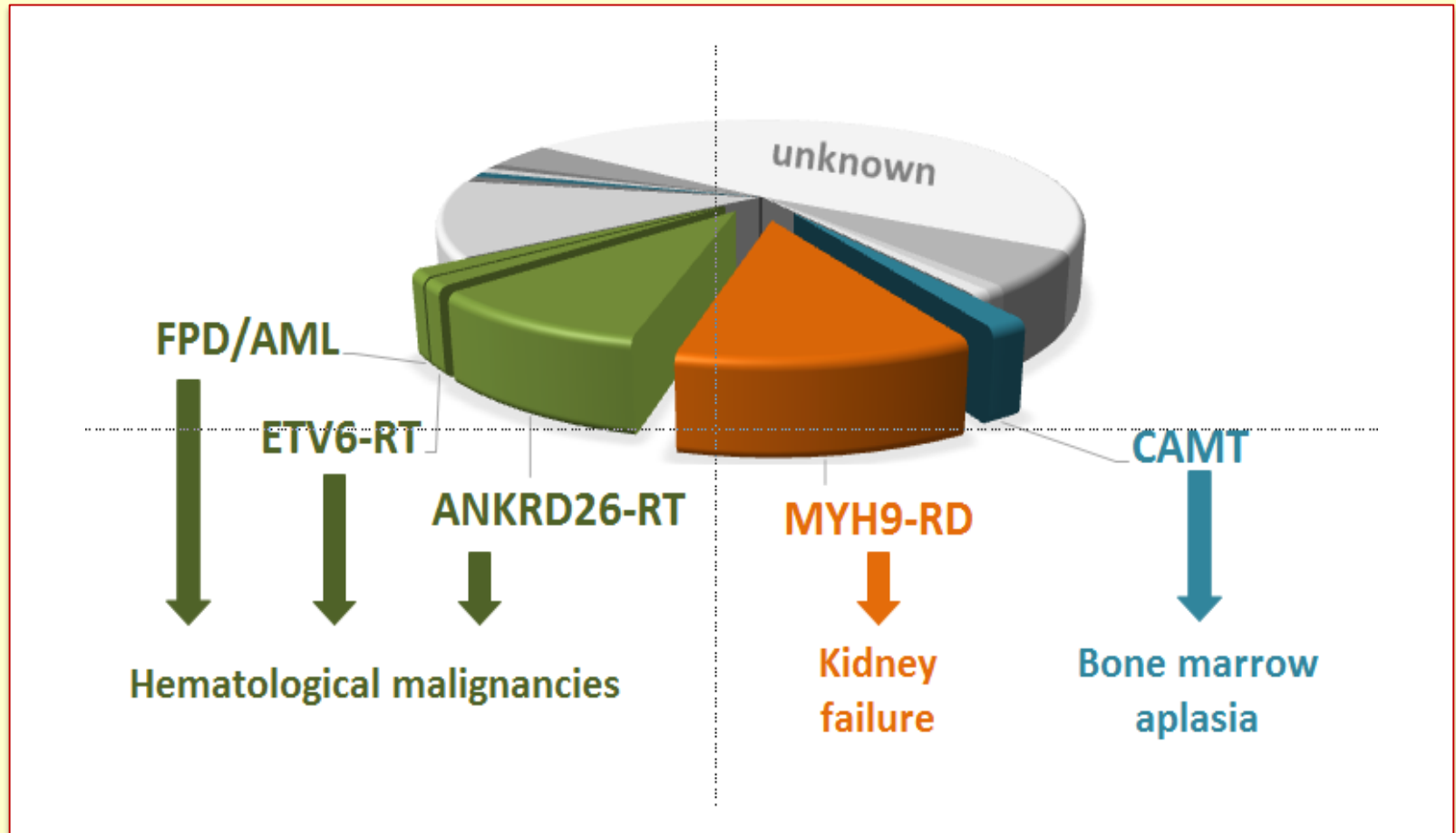
Prevalence of IPD

- Prevalence of ITs is at least 2.7/100,000 (Balduini C et al. *Hamostaseologie* 2012;32:259-270).
- Prevalence of IPFDs from 2/1,000,000 (Israels SJ et al. *Pediatr Blood Cancer* 2011; 56:975-83) to more than 1/100 (Quiroga T et al. *Haematologica* 2007;92:357).
- Annually at least 14,000 patients worldwide undergo investigations for a suspected IPFD and over 5,600 new diagnoses are made (Gresele P et al. *J Thromb Hemost* 2014;12:1562-9).
- Exome sequencing of 125,748 individuals (general population) from the GnomAD database shows that 0.329% have a clinically meaningful LOF variant of a platelet function gene (Oved JH, *J Thromb Haemost* 2021,19:248).
- Between 2007 and 2019 the number of patients with an IPD registered in the UK-haemophilia centers database rose by 165% (VWD +8%, haemophilia +11%) (Gomez Blood Review 2022; 56:100972)

Likelihood to suffer a bleeding event on follow up for subjects with a BS above the identified cut-off values



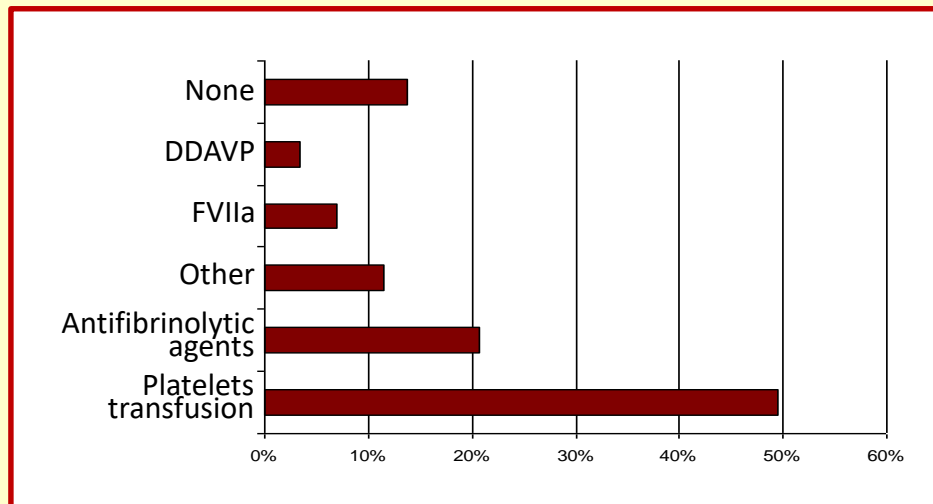
50% of patients with known inherited thrombocytopenias are predisposed to acquire additional, severe disorders



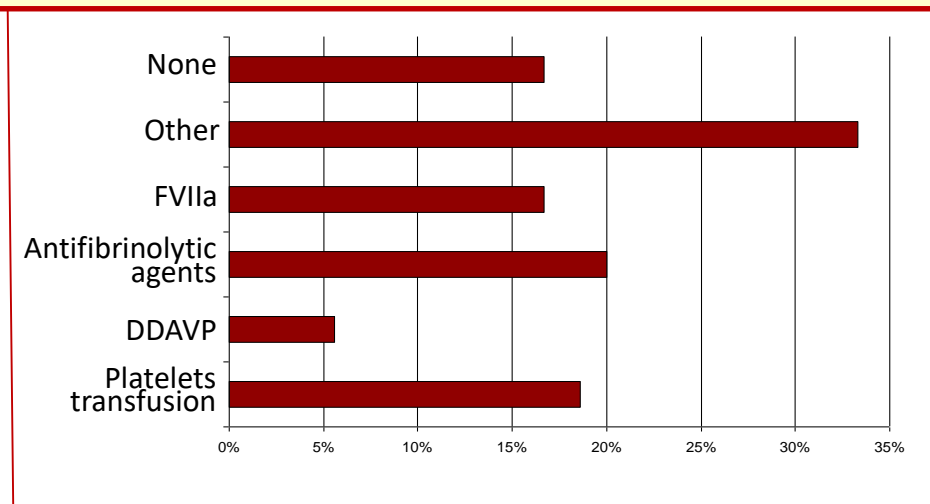
We must recognize them because they require personalized follow-up and treatment

Emergency treatment of surgery-associated bleeding

Type of treatment



Rate of insuccess



OTHER: cryoprecipitate (CYRO), Ice, Novoseven, Sandostatine IV, stitches, surgery, spontaneous resolution

1 Glanzmann thrombasthenia patient died

Excessive bleedings requiring treatment: **87**