THINK TTP: SUSPECT, TREAT CONFIRM, MONITOR

TTP is a rare blood disorder that causes small blood clots in small blood vessels

TTP may have life-threatening consequences such as a stroke, a heart attack or a blood clot in an artery

HROMBOTIC = blood clots form in your blood vessels

HROMBOCYTOPENIC = fewer platelets in your blood because they have clumped together

Purpura = purple bruises from bleeding under your skin

Acquired TTP (aTTP)

- a rare disease: 2-6 cases per million people
- also called immune-mediated TTP (iTTP)
- ~95% of TTP cases
- caused by a problem in the immune system leading to not enough ADAMTS13 (an enzyme) in the blood

Hereditary TTP

- ~5% of TTP cases
- caused by a mutation (change) in the ADAMTS13 gene

SUSPECT

- Refer to the evidence-based **ISTH guidelines** to support diagnosis and management
- The PLASMIC and French scores help predict the likelihood of severe ADAMTS 13 deficiency in suspected TTP
- Urgently test ADAMTS13 levels

TREAT IMMEDIATELY 2

of people, if untreated, may die in an acute episode of TTP

of those deaths occur 50% within 24 hours

CONFIRM ADAMTS13 LEVELS

ADAMTS13 activity <10% confirms TTP

MONITOR VIGILANTLY

- TTP can be unpredictable
- Up to 20% of patients die even with plasma exchange (PEX) and immunosuppression
- Up to 42% of aTTP patients do not
- respond to PEX

Lifelong risk: up to 84% of patients relapse

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