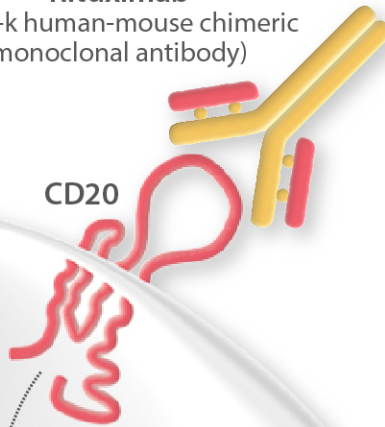


The use of rituximab for the treatment of immune thrombocytopenia

Rituximab
(IgG1-k human-mouse chimeric
monoclonal antibody)



CD20

B Cell depletion

Malignant and non-malignant B-cells

1951 Milestone role of autoantibodies in the pathogenesis of immune thrombocytopenia (ITP)

late 80s **Rituximab** was introduced for the treatment of B-cell lymphomas

2001 First successful use of **rituximab** for the treatment of ITP associated with a low-grade non-Hodgkin lymphoma

375mg/m² weekly for 4 weeks is the rituximab "standard dose" in autoimmune diseases

Marked reduction of malignant and non-malignant B-cells in peripheral blood and BM

- Overall response rate and complete responses are up to 60% and 50%, respectively
- Only 20- 30% of patients maintain the remission
- No significant changes are observed using different dose schedules and timing of administration
- Combination with other drugs (e.g. dexamethasone) are promising
- Higher response rates have been observed in young women before the chronic phase