Be Prepared. In Case.

Talk through treatment scenarios with your TTP treatment physician now.

The very nature of TTP is that it is a true medical emergency. Patients may be admitted to hospital unable to discuss their care with their physician due to the severity of disease. The time to talk through treatment scenarios with your TTP treatment team is now.

If your TTP is not responding to the standard therapy of plasmapheresis and immunosuppression consideration for adding caplacizumab to your treatment regime should be considered.

Once administered, caplacizumab is proven to buy patients time by acting against these potentially life-altering clots before they cause further damage. Many peer reviewed, scientific studies have shown that caplacizumab saves lives, reduces time in the ICU and in the hospital, and prevents lifelong disability.

International guidelines recommend the use of caplacizumab in patients with TTP. It has been approved for reimbursement in the UK, United States, Austria, Belgium, Denmark, Netherlands, Finland, and Italy. For a country that pioneered TTP treatment 30 years ago by establishing the effectiveness of the current therapy, plasmapherisis, Canada's delay in adopting caplacizumab is inexplicable.

Answering T.T.P.
Thrombotic Thrombocytopenic Purpura Foundation
www.AnsweringTTP.org

T.T.P. Thrombotic Thrombocytopenic Purpura

TTP is a medical emergency causing small blood clots and potentially fatal complications. Early diagnosis is key to survival. TTP can strike anyone, at any stage of life. Three in one million people are diagnosed each year.

From the NEW ENGLAND JOURNAL OF MEDICINE
January 24, 2019
New England Journal of Medicine

Among patients with TTP, treatment with caplacizumab was associated with faster normalization of the platelet count; a lower incidence of a composite of TTP-related death, recurrence of TTP, or a thromboembolic event during the treatment period; and a lower rate of recurrence of TTP during the trial than placebo. (Funded by Ablynx; HERCULES ClinicalTrials.gov number, NCT02553317)

International guidelines recommend the use of caplacizumab in patients with TTP.

The International Society on Thrombosis and Haemostasis (ISTH) has published new clinical practice guidelines for the diagnosis and treatment of thrombotic thrombocytopenic purpura (TTP). Developed in partnership with McMaster University, the ISTH TTP Guidelines are the product of a rigorous, systematic review of evidence by a guideline panel comprised of clinical experts, methodologists and patient representatives.
ISTH TTP Treatment Guidelines

The United States Thrombotic Microangiopathy (USTMA) Consortium of physicians have collaborated and created a document giving guidance on the diagnosis, treatment, and outpatient follow up of patients with TTP. Drs. Mazepa and Cataland formed the United States Thrombotic Microangiopathy (USTMA) Consortium in 2014 as a grassroots effort to organize research efforts in the thrombotic microangiopathies.
USTMA Treatment Guidelines

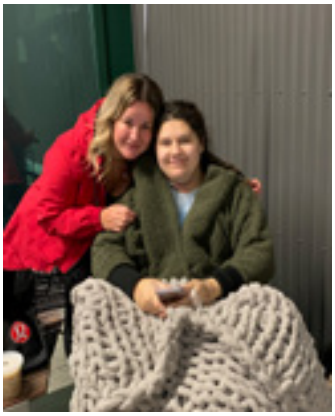
New Treatment for TTP Patients Not Responding to Standard Therapies

Caplacizumab is the first targeted treatment for TTP. Once administered, caplacizumab is proven to immediately buy patients time they need, by protecting them from blood clots, while standard therapies "kick in". Many peer reviewed, scientific studies have shown that caplacizumab saves lives, reduces time in the ICU and in the hospital, and prevents lifelong disability.

Selena's Story

Thanksgiving 2020 was difficult enough with the COVID-19 pandemic, but when my 19-year-old daughter who is usually full of life and energy, came home from work looking jaundiced, feeling tired and had no appetite, I knew it was something more than a bad day at work. I took her to the emergency room where she had a round of lab tests done and they indicated her platelets -Platelets(thrombocytes) are colorless blood cells that help blood clot -were dangerously low. The doctor had already spoken to a hematologist and they promptly began a blood transfusion while they ran more tests which came back to confirm that Selena had something called TTP.

Selena responded well to the first 5 days of standard TTP treatment in hospital, but then she started getting worse again. Her health declined for another week even after doubling the standard plasmapheresis treatments and adding additional immunosuppressive therapy. I asked Selena's physician about a new treatment I'd heard about called caplacizumab. I'd learned that it is used to keep patients safe from blood clots until standard treatments have time to "kick in". I was told that the therapy had been approved in Canada in March 2020 but it wasn't actively being used as it was expensive and outside the Canadian standard treatment for TTP.



Seeing my daughter complete hours of treatment with a needle in her neck, being in the hospital for weeks during a pandemic, then bottoming out with a heartbreaking series of strokes from clots resulted in Selena being moved to the ICU. As a Mom, I felt helpless that I couldn't take this away from her. A new hematologist's shift started on Selena's case and mentioned caplacizumab. Not sure where the money would come from, and knowing no one had received this drug at his hospital, he put in a stat request to see if there was anything they could do to bring it in for her.

The next day Selena suffered her third stroke and I was desperate. TTP was taking my 19-year-old daughter. Tapping into all resources, wthe medicine arrived to the hospital at 4 pm that day and Selena had her first dose that night.

Caplacizumab was the turning point for Selena. Within 4 days Selena told me, *"Mom, I am feeling great again."* Soon she was able to go home. It worked! Selena is now in remission. Our daughter was given a second chance!

Answering T.T.P.

Thrombotic Thrombocytopenic Purpura Foundation