**Supplementary Material**

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**Appendix 1. UK hematologist survey**

***Screening questions***

S1) Which of the following best describes your primary medical specialty? Select one.

1. Haematology
2. Other

S2) How many years have you been in practice, post-fellowship?

\_\_\_\_ years

S3) Which of the following best describes your practice setting? Select one.

1. Private clinic
2. A non-teaching, non-academic hospital
3. An academic medical centre or teaching hospital
4. Other (please specify)

S4) What percentage of your professional time is spent in direct patient care, as opposed to teaching, research, and/or administration?

1. Direct patient care \_\_\_\_%
2. Research or teaching \_\_\_\_%
3. Administrative duties \_\_\_\_%
4. Other \_\_\_\_%

**Total** 100%

S5) In the past 6 months, how many chronic immune thrombocytopenia patients have you managed, in total?

\_\_\_\_

S6) Are you personally responsible for making decisions about the treatment of chronic immune thrombocytopenia patients?

1. Yes
2. No

S7) What treatments are you aware of that are currently approved for the treatment of chronic immune thrombocytopenia?

1. Oral corticosteroids
2. Intravenous immunoglobulin (IVIg)
3. Thrombopoietin receptor agonists (romiplostim, eltrombopag)

S8) What percentage of your cITP patients are currently being prescribed the following treatments?

\_\_% Oral corticosteroids

\_\_% Intravenous immunoglobulin (IVIg)

\_\_% Thrombopoietin receptor agonists

S8A) What percentage of your patients being prescribed thrombopoietin receptor agonists are specifically treated with the following:

\_\_\_% romiplostim

\_\_\_% eltrombopag

***Questions***

Q1) Have you ever discontinued use of eltrombopag in a patient because you think the patient is well managed and tapering or discontinuation is an option?

1. Yes
2. No

Q2) What are the main characteristics you would use to define “well-managed”?

|  |
| --- |
|  |

Q3) What proportion of your patients receiving eltrombopag fit into this profile?

\_\_\_\_\_\_%

Q4) What proportion of these patients were re-initiated on pharmacological therapy or recommended for surgery?

\_\_\_\_\_\_%

Q5) Which of the following reflect the reasons for re-initiating treatment?

* + 1. Clinical symptoms
    2. Lab values
    3. Other: specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6) Amongst this same proportion of patients who were re-initiated, what proportion were re-initiated on the following?

\_\_\_% TPO – eltrombopag

\_\_\_% TPO – romiplostim

\_\_\_% Other pharmacological treatment

\_\_\_% Surgery

\_\_\_% Other non-pharmacological regimen

Q7) Thinking about the last three patients who fit within this profile (discontinued due to being well managed), how long was the treatment-free period before taking a decision to re-treat?

Enter days:

Patient 1 \_\_\_\_\_\_[days]

Patient 2 \_\_\_\_\_\_[days]

Patient 3 \_\_\_\_\_\_[days]

Q8) Have you ever discontinued use of romiplostim in a patient because you think the patient is well managed and tapering or discontinuation is an option?

1. Yes
2. No

Q9) What are the main characteristics you would use to define “well-managed”?

|  |
| --- |
|  |

Q10) What proportion of your patients receiving romiplostim fit into this profile?

\_\_\_\_\_\_%

Q11) What proportion of these patients were re-initiated on pharmacological therapy or recommended for surgery?

\_\_\_\_\_\_%

Q12) Which of the following reflect the reasons for re-initiating treatment?

1. Clinical symptoms
2. Lab values
3. Other: specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q13) Amongst this same proportion of patients who were re-initiated, what proportion were re-initiated on the following:

\_\_\_% TPO – eltrombopag

\_\_\_% TPO – romiplostim

\_\_\_% Other pharmacological treatment

\_\_\_% Surgery

\_\_\_% Other non-pharmacological regimen

Q14) Thinking about the last three patients who fit within this profile (discontinued due to being well managed), how long was the treatment-free period before taking a decision to re-treat?

Enter days:

Patient 1 \_\_\_\_\_\_[days]

Patient 2 \_\_\_\_\_\_[days]

Patient 3 \_\_\_\_\_\_[days]

***Demographic questions***

D1) On a scale of 1–7, where 1 = strongly disagree and 7 = strongly agree, to what extent do you agree that each of the following statements applies to you in your role as a physician?

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly disagree | |  | | |  | |  | | Strongly  agree | |
|  | 1 | 2 | | 3 | 4 | | 5 | | 6 | | 7 |
| a) | I often seek out information about new and emerging treatments | ⭘ | ⭘ | | ⭘ | ⭘ | | ⭘ | | ⭘ | | ⭘ |
| b) | I like to go to places where I will be exposed to information about new products & treatments | ⭘ | ⭘ | | ⭘ | ⭘ | | ⭘ | | ⭘ | | ⭘ |
| c) | I prefer to wait until new treatments have received recommendations from colleagues before prescribing them personally | ⭘ | ⭘ | | ⭘ | ⭘ | | ⭘ | | ⭘ | | ⭘ |
| d) | I like journals that discuss and introduce new treatments/new approaches to treatment | ⭘ | ⭘ | | ⭘ | ⭘ | | ⭘ | | ⭘ | | ⭘ |
| e) | I frequently look for new treatments and/or ways of improving our services | ⭘ | ⭘ | | ⭘ | ⭘ | | ⭘ | | ⭘ | | ⭘ |
| f) | I seek out situations in which I will be exposed to new and different sources of product/treatment information | ⭘ | ⭘ | | ⭘ | ⭘ | | ⭘ | | ⭘ | | ⭘ |
| g) | I am continually seeking new product experiences | ⭘ | ⭘ | | ⭘ | ⭘ | | ⭘ | | ⭘ | | ⭘ |
| h) | I take advantage of the first available opportunity to find out about new and different products/treatments | ⭘ | ⭘ | | ⭘ | ⭘ | | ⭘ | | ⭘ | | ⭘ |

D2) In which region of the United Kingdom is your practice located?

1. Northern England
2. Midlands
3. Southern England
4. Scotland
5. Wales
6. Northern Ireland

**Appendix *2*. ITP expert panel pre-meeting survey**

**Exercise 1: We would like to know your level of agreement with the following statement:**

Tapering and then discontinuation of thrombopoietin receptor agonists (TPO-RAs) at the point where the patient feels better and is deemed clinically improved is a rational approach to treatment practice in the real world.

**1 (Strongly disagree)** 2 3 4 (Neutral) 5 6 **7** **(Strongly agree)**

**If you rated the statement above 5–7:**

Please describe why you feel this way.

How does this reflect how you have advised on treating ITP patients?

If there is a difference in your view between an injectable or an oral TPO, please describe what your opinion is on the difference and how it impacts your level of agreement.

**If you rated the statement above 1–3:**

Please describe why you feel this way.

How does this reflect how you have advised on treating ITP patients?

If there is a difference in your view between an injectable or an oral TPO, please describe what your opinion is on the difference and how it impacts your level of agreement.

**Exercise 2: We would like to know your level of agreement with the following statement:**

There are clear patient types who are suitable for such an approach in real-life practice

situations.

**1 (Strongly disagree)** 2 3 4 (Neutral) 5 6 **7** **(Strongly agree)**

**If you rated the statement above 5–7:**

Please provide characteristics of 2–3 patient types where this treatment approach would be suitable.

Patient type 1 – Description rationale

Patient type 2 – Description rationale

Patient type 3 – Description rationale

**If you rated the statement above 1–3:**

Please provide a rationale why you feel there is not clarity on the types of patients who would be suitable for such treatment approach.

**Exercise 3: We would like to know your level of agreement with the following statement:**

There is a high level of consistency in the discontinuation periods for those patients who are suitable for this type of treatment approach.

**1 (Strongly disagree)** 2 3 4 (Neutral) 5 6 **7** **(Strongly agree)**

Please describe examples of patients/profiles of patients who had what you believe was a particularly long period of discontinuation/gap in treatment.

PLEASE ENTER THE NUMBER OF DAYS, approximately, that you consider particularly long:

Please describe reasons why you feel certain patients would have a longer or shorter discontinuation period.

Please describe examples of patients/profiles of patients who had what you believe was a particularly short period of discontinuation/gap in treatment.

PLEASE ENTER THE NUMBER OF DAYS, approximately, that you consider particularly long:

Please describe reasons why certain patients would have a longer discontinuation period.

**Exercise 4: We would like to know your level of agreement with the following statement:**

There is readily available evidence for this treatment modality for ITP.

**1 (Strongly disagree)** 2 3 4 (Neutral) 5 6 **7** **(Strongly agree)**

**If rated 5–7:**

Please describe in as much detail as you can the evidence in the real world you feel readily points to evidence for this treatment modality that drives this opinion.

**If rated 1–4:**

Please describe what further evidence from the real world you feel you would like to see to demonstrate the benefit to seeing this treatment modality for ITP.

**Exercise 5: We would like to know your level of agreement with the following statement:**

There is a benefit to seeing this treatment modality incorporated into treatment guidelines for ITP.

**1 (Strongly disagree)** 2 3 4 (Neutral) 5 6 **7** **(Strongly agree)**

**If you rated the statement above 5–7:**

Please describe in as much detail as you can the evidence from the real world you feel there is to show a benefit for this treatment modality to be incorporated into treatment guidelines.

**If you rated the statement above 1–4:**

Please describe why you feel there is not a benefit to incorporating this treatment modality into guidelines for treatment of ITP.