INAMI

RIJKSINSTITUUT VOOR ZIEKTE- EN INVALIDITEITVERZEKERING

RIZIV

OPENBARE BELANGENVERKLARING & VERTROUWELIJKHEIDSVERKLARING

als **lid** van

COLLEGES VAN ARTSEN VOOR DE WEESGENEESMIDDELEN EN DE FARMACEUTISCHE SPECIALITEITEN DIE IN HET KADER VAN EEN ZELDZAME ZIEKTE VERGOEDBAAR ZIJN

(CWGCMO)

*Dit document bestaat uit **twee** delen die behoorlijk dienen te worden ingevuld, ondertekend en gedateerd:*

- *de openbare belangenverklaring en*
- *de vertrouwelijkheidsverklaring*

***Alle** bladzijden dienen te worden ondertekend en gedateerd. Indien het document met de hand wordt ingevuld, gelieve ervoor te zorgen dat de gevraagde informatie duidelijk leesbaar is.*

*Bij **wijzigingen** aan bovenvermelde gegevens, te wijten aan het feit dat ik bijkomende belangen heb verworven, zal ik de Colleges CWGCMO daarvan onmiddellijk **op de hoogte brengen** en een nieuwe openbare belangenverklaring invullen met een nauwkeurige beschrijving van de wijzigingen.*

Deze verklaring ontslaat mij niet van mijn plicht om elk potentieel strijdig belang aan te geven bij de start van om het even welke CWGCMO-activiteit waaraan ik deelneem.

*Ik, ondergetekende, verklaar hierbij mij ertoe te verbinden **jaarlijks** de openbare belangenverklaring en vertrouwelijkheidsverklaring te hernieuwen.*

Ik, ondergetekende,

Naam	SELLLESLAG
Voornaam	DOMINIK
Titel	DR
Instelling/Onderneming	AZ Sint Lucas
Professioneel adres	
E-mailadres	

als lid van het/de College(s) van artsen voor de weesgeneesmiddelen en voor de farmaceutische specialiteiten die in het kader van een zeldzame ziekte vergoedbaar zijn, als

☑ **Expert - arts**
☐ **Adviserend-arts vertegenwoordiger van de verzekeringstellingen**

verklaar hierbij op mijn erewoord dat de enige rechtstreekse of indirecte belangen die ik in een instelling of onderneming heb, waarvan de activiteiten onder de bevoegdheden van het RIZIV vallen, naar mijn beste weten, de hieronder genoemde zijn:

Handtekening & dat..... 20/1/2015

OPENBARE BELANGENVERKLARING

Activiteit voor een instelling/onderneming met betrekking tot een bepaald product / groep producten	Neen	Momenteel	T [1] < 24 maanden	24 < T< 60 maanden
Werknemer	☑	☐	☐	☐
Consulent *	☐	☑	☑	☐
(Hoofd) Onderzoeker *	☑	☐	☐	☐
Lid van een bestuurscomité, lid van een adviesraad of gelijkwaardig orgaan	☑	☐	☐	☐

	Periode van activiteit	Instelling Onderneming	Producten Gelieve alle producten te vermelden waarvoor u de hoofdverantwoordelijkheid droeg	Indicatie diagnostische of therapeutische doeleinden
Werknemer				
Consulent[2]				
(Hoofd) onderzoeker[3]	2017 = 5 jr		Revalidatie	MS
Lid van een bestuurscomité, lid van een adviesraad of gelijkwaardig orgaan				

[1] *T = ten tijde van het opstellen van dit document*
[2] *Onder consulent verstaan we een expert die een vergoeding aanrekent (persoonlijk, institutioneel of beide) voor het verstrekken van advies of diensten in een bepaald gebied*
[3] *zoals gedefinieerd in de wet op experimenten op mensen van 7 mei 2004*

Handtekening & datum :..... 2/9/2025

Clinical Trial Lancet Haematol. 2018 Jan;5(1):e34-e43. doi: 10.1016/S2352-3026(17)30228-4. Epub 2017 Dec 11.

Eltrombopag for advanced myelodysplastic syndromes or acute myeloid leukaemia and severe thrombocytopenia (ASPIRE): a randomised, placebo-controlled, phase 2 trial

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PMID: 29241762 DOI: 10.1016/S2352-3026(17)30228-4

Abstract

Background: Thrombocytopenia is a life-threatening complication in patients with advanced myelodysplastic syndromes (MDS) and acute myeloid leukaemia (AML). In this study (ASPIRE), we aimed to assess eltrombopag, an oral thrombopoietin receptor agonist, for thrombocytopenia (grade 4) treatment in adult patients with advanced MDS or AML.

Methods: ASPIRE consisted of an open-label, double-blind phase for 8 weeks and a randomised, double-blind phase (parts 1 and 2, reported here) for 12 weeks, and an open-label extension (part 3). Eligible patients were men and women aged 18 years or older, with intermediate-2 or high-risk MDS or AML, with bone marrow blasts of 50% or less, and had either grade 4 thrombocytopenia due to bone marrow insufficiency (platelet counts <25 × 10^9 per L) or grade 4 thrombocytopenia before platelet transfusion, with 25 × 10^9 platelets per L or greater after transfusion. Additionally, eligible patients had at least one of the following within the screening period of 4 weeks: platelet transfusion, symptomatic bleeding, or platelet count of less than 10 × 10^9 per L. During part 1, patients received eltrombopag, and dose-escalation criteria for part 2 were determined. In part 2, we randomly allocated patients 2:1 using an interactive voice-response system to eltrombopag or placebo, stratified by baseline platelet count (<10 × 10^9 platelets per L vs ≥10 × 10^9 platelets per L) and disease (MDS vs AML). In parts 1 and 2, patients received supportive standard of care and initiated eltrombopag or placebo at 100 mg per day (50 mg per day for patients of east-Asian heritage) to a maximum of 300 mg per day (150 mg per day for patients of east-Asian heritage). The part 2 primary objective was assessed by a composite primary endpoint of clinically relevant thrombocytopenic events (CRTE) during weeks 5-12, defined as one of the following events, either alone or in combination: grade 3 or worse haemorrhagic adverse events; platelet counts of less than 10 × 10^9 per L; or platelet transfusions. Efficacy analyses were based on intention to treat; clinically meaningful efficacy was defined as 30% absolute difference between groups. This trial is registered with ClinicalTrials.gov, number NCT01440374.

Findings: In part 1, 17 patients received eltrombopag and 11 patients completed treatment; four experienced significantly increased platelet counts, and ten had reduced platelet transfusion requirements. In part 2 we randomly allocated 145 patients to receive supportive care plus eltrombopag (n=98) or placebo (n=47); similar proportions had MDS (50 [51%] patients to eltrombopag, 22 (47%) patients to placebo) or AML (48 [49%] patients to eltrombopag, 25 [53%] patients to placebo). Average weekly CRTE proportions from weeks 5-12 were significantly lower with eltrombopag (54% [95% CI 43-64]) than with placebo (69% [57-80], odds ratio [OR] 0·20, 95% CI 0·05-0·87; p=0·032) although the difference between treatment groups was less than 30%. The most common grade 3 and grade 4 adverse events were fatigue (six [6%] in the eltrombopag group and one [2%] in the placebo group), hypokalaemia (six [6%] and two [4%]), pneumonia (five [5%] and five

[11%]), and febrile neutropenia (five [5%] and six [13%]). Serious adverse events were reported in 56 (58%) eltrombopag-treated patients and 32 (68%) placebo-treated patients. Seven eltrombopag recipients and two placebo recipients had serious adverse events that were suspected to be study drug-related (eltrombopag: acute kidney injury, arterial thrombosis, bone pain, diarrhoea, myocardial infarction, pyrexia, retinal vein occlusion, n=1 each; placebo: vomiting, white blood cell count increased, n=1 each). Two eltrombopag recipients (arterial thrombosis n=1; myocardial infarction n=1) and no placebo recipients experienced fatal serious adverse events suspected to be study drug-related.

Interpretation: No new safety concerns were noted with eltrombopag and the trial met the primary objective of a reduction in CRTEs; eltrombopag might be a treatment option for thrombocytopenic patients with AML or MDS who are ineligible for other treatment and who are not receiving disease-modifying treatment.

Funding: Novartis Pharma AG.

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Acta Haematologica

Brief Report

Acta Haematol 2023;146:373–378
DOI: 10.1159/000531146

Received: October 25, 2022
Accepted: May 9, 2023
Published online: May 19, 2023

Long-Term Safety and Efficacy of Eltrombopag for Advanced Myelodysplastic Syndromes or Acute Myeloid Leukemia and Severe Thrombocytopenia: Results of the ASPIRE Extension Study

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Keywords
Advanced myelodysplastic syndrome · Acute myeloid leukemia · Eltrombopag · Thrombocytopenia

Abstract
ASPIRE, a three-part, international, phase 2 trial (ClinicalTrials.gov identifier: NCT01440374), investigated eltrombopag efficacy and safety in patients with advanced myelodysplastic syndrome or acute myeloid leukemia and grade 4 thrombocytopenia (<25 × 10^9 platelets/L). Approximately 30–65% of patients in this open-label extension phase experienced clinically relevant thrombocytopenic events; no conclusions could be made regarding long-term efficacy (non-randomized design, no placebo control), and survival rates may simply reflect advanced disease. Long-term safety was consistent with the double-blind phase and contrasted with earlier SUPPORT study findings in higher-risk patients, suggesting that eltrombopag may have a role in treating thrombocytopenia in patients with low-/intermediate-risk myelodysplastic syndrome.

Introduction

Thrombocytopenia is a complication in patients with advanced myelodysplastic syndrome (MDS) or acute myeloid leukemia (AML) that is associated with significant morbidity, a clinically significant risk of bleeding, and early death [1–3]. Thrombocytopenia can occur in patients with low-risk MDS, although it is more common in patients with higher-risk disease [2, 4]. Despite this, there are limited options for the treatment of thrombocytopenia in this patient population as platelet transfusions are associated with short-term efficacy, and many patients do not respond to hypomethylating agents [1–3]. Alternative therapeutic options are therefore needed for patients with MDS or AML and thrombocytopenia.

Eltrombopag is an oral thrombopoietin receptor agonist (TPO-RA) indicated for the treatment of primary immune thrombocytopenia, severe aplastic anemia, and thrombocytopenia in patients with hepatitis C [5, 6]. Because of initial safety concerns, including an increased risk of disease progression [5, 6], eltrombopag is not indicated for the treatment of thrombocytopenia in MDS;

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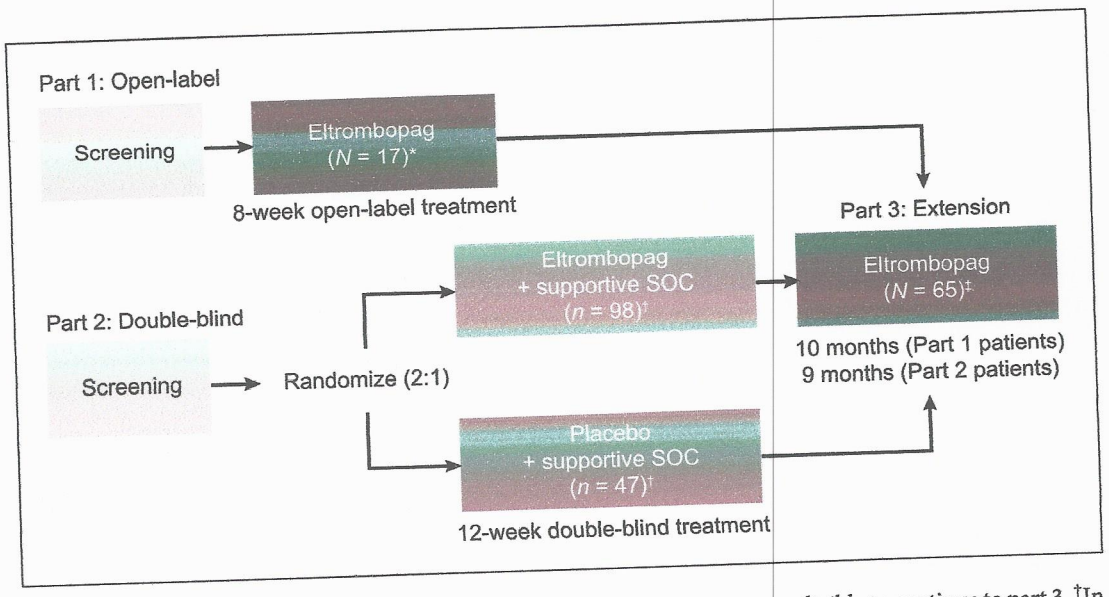

Fig. 1. ASPIRE study design. SOC, standard of care. *In part 1, 6/17 patients were eligible to continue to part 3. †In part 2, 36/98 patients who received eltrombopag plus supportive SOC and 23/47 patients who received placebo plus SOC were eligible to continue to part 3. ‡6 patients from part 1 and 59 patients from part 2 entered part 3.

however, research has continued to fully characterize the effect of eltrombopag and its potential role in patients with this condition.

Results from the double-blind phase (part 2) of the placebo-controlled ASPIRE study showed that treatment with eltrombopag significantly reduced the frequency of clinically relevant thrombocytopenic events (CRTEs) versus placebo in patients with advanced MDS or AML and thrombocytopenia that were not previously treated with TPO-RAs [1]. Contrary to earlier findings, eltrombopag was not associated with MDS disease progression or clinical worsening of leukemia [1, 6]. In this report, we present results from the open-label, single-arm, long-term extension (part 3) of the ASPIRE study.

Materials and Methods

Study Design

ASPIRE was a three-part, international, multicenter, phase 2 trial investigating the efficacy and safety of eltrombopag in patients with advanced MDS or AML and grade 4 thrombocytopenia (<25 × 10^9 platelets/L) not previously treated with TPO-RAs (shown in Fig. 1) [1]. The full methodology of parts 1 and 2 of the study, including inclusion and exclusion criteria, has been reported previously [1]. Patients who completed either part 1 or 2 were eligible to enter part 3, if the study investigator determined further treatment with eltrombopag may be beneficial [1]. Part 3 was a 9-month (for patients from part 2) or 10-month (for patients from part 1) open-label extension study assessing the efficacy and safety of long-term treatment with eltrombopag.

In part 3 of the study, all patients received open-label eltrombopag monotherapy (100–300 mg/day, with dosing adjusted at the clinician's discretion based on platelet count [target: 100–400 × 10^9/L] and safety) [1], irrespective of the treatment they received during parts 1 and 2. However, patients from part 2 of the study remained blinded to their treatment/dose for the initial 6 weeks of part 3, in order to maintain the integrity of the blinding from part 2. Unlike parts 1 and 2, patients in part 3 were permitted to receive hydroxyurea and disease-modifying therapy as needed. Key outcomes for part 3 were as follows: the number of CRTEs, defined as one or more grade ≥3 hemorrhagic adverse events (AEs), a platelet count of ≤10 × 10^9/L, or a requirement for platelet transfusion; overall survival (OS); progression-free survival (PFS); and long-term safety and tolerability assessments, including AE and serious AE (SAE) monitoring.

Statistical Analysis

Details of the statistical analysis of populations, comparative statistics, and statistical presentation are presented in online supplementary Data S1 (for all online suppl. material, see https://doi.org/10.1159/000531146).

Results

In total, 70/145 patients completed part 2 of ASPIRE. Of these 70 patients, 59 entered the part 3 long-term, open-label extension period (eltrombopag, n = 36/59;

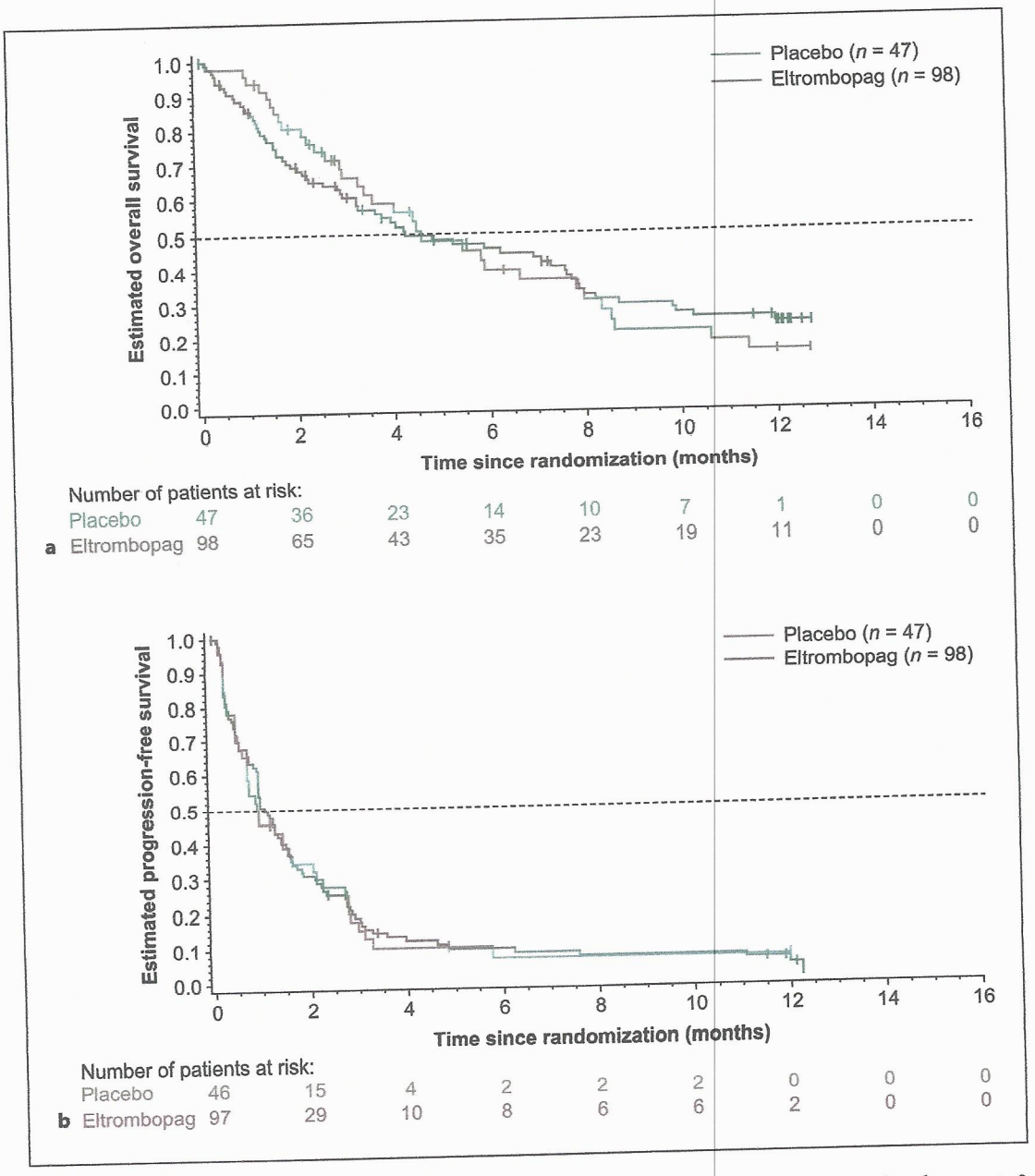

Fig. 2. OS (**a**) and PFS (**b**) for patients in part 2 of the ASPIRE trial (part 2 ITT population) using data from parts 2 and 3 of the study. ITT, intent-to-treat.

placebo, $n = 23/59$ of part 2). In turn, 27 of these 59 (46%) patients completed part 3. The most common reasons for discontinuation from part 3 included physician decision (n = 14; 24%) and AEs (n = 13; 22%). A consolidated analysis including part 1 patients who also entered part 3 was not planned, and so these 6 patients were excluded from this analysis.

Key baseline demographics and patient characteristics are summarized in the online supplementary Table S1. Overall, the mean age of patients enrolled was 72.2 ± 9.3 years (standard deviation), 32 (54%) had MDS, 27 (46%) had AML, and the majority (n = 40; 82%) had received one to three prior treatments (only 1 patient had not received any prior treatments). As expected, these

were broadly similar to the key demographics and characteristics reported for the randomized patient population in part 2 [1].

During the long-term extension period (weeks 1–40), large variations in weekly CRTE frequency were observed, ranging between approximately 30% and 65% (shown in online suppl. Fig. S1). In addition, no significant differences in OS (hazard ratio: 0.97, 95% confidence interval: 0.64–1.48; $p = 0.89$) or PFS (hazard ratio: 0.99, 95% confidence interval: 0.68–1.43; $p = 0.94$) were observed between patients randomized to eltrombopag or placebo (including data from parts 2 and 3, regardless of the crossover to eltrombopag treatment for patients originally randomized to placebo who entered part 3; median OS: 4.3 vs. 4.6 months; median PFS: 1.08 vs. 0.94 months, respectively; shown in Fig. 2a, b).

The incidences of AEs and SAEs during the open-label extension (including the 30-day posttreatment monitoring period) are summarized in online supplementary Tables S2 and S3. Overall, 57 (97%) patients experienced an AE (any cause), with the most common (occurring in ≥20% of patients) being pyrexia (31%), nausea (24%), diarrhea (20%), and epistaxis (20%). Treatment-related AEs were reported in 22 (37%) patients, the most common (occurring in >2% of patients) being nausea (8%), increased alanine aminotransferase (7%), decreased appetite (5%), and diarrhea (3%). SAEs (any cause) were reported in 39 (66%) patients, the most common (occurring in ≥10% of patients) being pneumonia (17%), pyrexia (12%), febrile neutropenia (10%), and sepsis (10%). Thirty-three patients (56%) died during the study (including the 30-day posttreatment monitoring period), most frequently due to the underlying disease (36%). The most common (occurring in ≥5% of patients) fatal SAEs were sepsis (10%), pneumonia (8%), and cardiac failure (5%). None of the fatal SAEs were considered related to the study treatment.

Discussion

Previously reported findings of part 2 of the ASPIRE study on the efficacy of eltrombopag in patients with lower-risk MDS were supported by other clinical studies, confirming an increase in platelet counts in patients with lower-risk MDS receiving TPO-RAs, including eltrombopag (phase 2 EQoL-MDS study [NCT02912208]) and romiplostim [3, 4, 7–10]. A recent real-world study reported a platelet response in the majority of patients receiving eltrombopag for thrombocytopenia associated with chronic myelomonocytic leukemia or low-risk MDS [11, 12]. This effect was sustained after treatment, and safety and tolerability profiles were favorable [11, 12]. An ongoing randomized, placebo-controlled, phase 2 study in adult Japanese patients with low-risk MDS (NCT04797000) will provide further insights into the safety and efficacy of eltrombopag in this patient population [13].

This study reported data from part 3 of ASPIRE, the open-label, long-term extension study of eltrombopag in patients with advanced MDS or AML and grade 4 thrombocytopenia. No new safety signals were identified in this analysis. Long-term safety results were consistent with those reported in the double-blind phase (part 2) [1], indicating that the long-term use of eltrombopag is well tolerated and may have a potential role in the treatment of thrombocytopenia in patients with MDS or AML. This contrasts with previously reported concerns from the SUPPORT phase 3 trial about an increased risk of disease progression with eltrombopag-azacitidine combination therapy in patients with intermediate- to high-risk MDS and thrombocytopenia, which led to the termination of the trial [14].

The weekly reported frequency of CRTEs varied greatly between approximately 30% and 65% of patients in this long-term, open-label extension phase of the ASPIRE trial. Although results from the double-blind phase (part 2) of the placebo-controlled ASPIRE study showed that treatment with eltrombopag significantly reduced the frequency of CRTEs versus placebo in patients with advanced MDS or AML from weeks 5 to 12 [1], conclusions regarding the long-term efficacy of eltrombopag cannot be drawn from part 3 of the study because of limitations such as the non-randomized study design and absence of a placebo control. Patients were also permitted to receive hydroxyurea and disease-modifying therapies during the extension phase of the study. In addition, the short-term survival of patients in this study may be due, in part, to the advanced disease state of all enrolled patients.

There are further limitations to this study. Patients included in part 3 of the study were selected based on prior efficacy and safety response to eltrombopag in parts 1 and 2, which may have introduced selection bias. There was a large amount of variability in CRTE results and low patient numbers at some time points that limit the interpretation of the data.

In summary, data from the open-label, long-term extension phase of the ASPIRE study demonstrated that long-term eltrombopag treatment in patients with advanced MDS or AML and grade 4 thrombocytopenia was well tolerated. These results support further evaluation of eltrombopag for the treatment of thrombocytopenia in patients with a less advanced stage of MDS or AML.

Acknowledgments

The authors would like to thank Socorro Portella (formerly of Novartis) for her invaluable contribution to the collation and analysis of the data. The authors also thank Irena Frelichova, MSci, and Geraint Owens, PhD, of Chameleon Communications, Wilmslow, UK, for providing medical writing support in accordance with Good Publication Practice (GPP) guidelines (https://www.ismpp.org/gpp-2022).

Statement of Ethics

The study was done in accordance with the Declaration of Helsinki. The study protocol and all amendments were reviewed by the Independent Ethics Committee or Institutional Review Board for each center, as listed in the Supplementary Information. All patients provided written informed consent to participate.

Conflict of Interest Statement

T.L. is an employee of Novartis and holds stocks and stock options in Novartis. Z.Z. was an employee of Novartis at the time of the reported work. D.S. reports grants or contracts, consulting fees, payments or honoraria, and support for attending meetings and/or travel from AbbVie, Amgen, Bristol Myers Squibb, Novartis, and Pfizer; D.S. also reports a leadership or fiduciary role for the Belgian College for Reimbursement of Orphan Drugs. M.M., S.G., and U.P. report no conflicts of interest.

Funding Sources

This study was sponsored by Novartis Pharmaceuticals Corporation, which was involved in the study design, the collection of data, analysis of data, interpretation of data, writing of the report, and the decision to submit it for publication. The authors had full access to the data and had the final responsibility for the decision to submit it for publication. Funding for medical writing support was provided by Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA.

Author Contributions

Moshe Mittelman, Uwe Platzbecker, Sebastian Grosicki, and Tomasz Lawniczek contributed to the interpretation of the data and critically revised the manuscript for important intellectual content. Dominik Selleslag contributed to the acquisition, analysis, and interpretation of the data and critically revised the manuscript for important intellectual content.

Data Availability Statement

Novartis is committed to sharing with qualified external researchers' access to patient-level data and supporting clinical documents from eligible studies. These requests are reviewed and approved by an independent review panel on the basis of scientific merit. All data provided are anonymized to respect the privacy of patients who have participated in the trial, in line with applicable laws and regulations. This trial data availability is in accordance with the criteria and process described on www.clinicalstudydatarequest.com. A request can be submitted by accessing the www.clinicalstudydatarequest.com website, creating an account, and following the instructions provided therein. Further inquiries can be directed to the corresponding author.

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☑	☐		

Naast de hierboven vermelde belangen, **verklaar** ik hierbij op mijn erewoord dat ik **geen andere belangen** heb of andere feiten weet die ter kennis dienen te worden gebracht van de Colleges CWGCMO en het publiek.

In het geval van eender welke andere belangen of feiten, gelieve te specificeren:

[4] Het betreft huidige directe belangen van leden van het gezin die op hetzelfde adres verblijven zoals de echtgenoot, partner, kind etc.... Er wordt gevraagd om deze belangen op te geven om redenen van transparantie, zij worden verder echter niet in rekening gebracht om te oordelen of er belangenconflicten bestaan. Om redenen van bescherming van het privéleven moet noch de naam van het lid van het gezin, noch de relatie opgegeven worden. Voor het opgeven van het type van belang gelden hoofdzakelijk de activiteiten vermeld onder tabel 1 van dit document (zie p. 2)

Handtekening & datum :..... ..... 20/1/2025

Bij wijzigingen aan bovenvermelde gegevens te wijten aan het feit dat ik bijkomende belangen heb verworven, zal ik de CTG daarvan onmiddellijk op de hoogte brengen en een nieuwe openbare belangenverklaring invullen met een nauwkeurige beschrijving van de wijzigingen. Deze verklaring ontslaat mij niet van mijn plicht om elk potentieel strijdig belang aan te geven bij de start van om het even welke CTG-activiteit waaraan ik deelneem.

VERTROUWELIJKHEIDSVERKLARING

Met het oog op de volgende definities:

"CTG-activiteiten" omvatten elke vergadering (inclusief de voorbereiding en opvolging van vergaderingen, daarmee verbonden besprekingen of eender welke andere aanverwante activiteit) van de CTG of eender welke andere gelijkaardige meeting, activiteiten als expert bij beoordelingen, en activiteiten als expert bij adviesvorming.
"Vertrouwelijke Informatie" betekent alle informatie, feiten, data en andere zaken waarvan ik rechtstreeks of indirect kennis verwerf ten gevolge van mijn CTG-activiteiten.
"Vertrouwelijke Documenten" omvatten alle ontwerpen, voorbereidende informatie, documenten en ander materiaal, samen met elke daarin vervatte informatie, waartoe ik rechtsreeks of indirect toegang heb tengevolge van mijn deelname aan CTG-activiteiten. Daarnaast zullen alle door mij gemaakte documenten of aantekeningen betreffende Vertrouwelijke Informatie of Vertrouwelijke Documenten behandeld worden als Vertrouwelijke Documenten.

Begrijp ik dat ik kan worden uitgenodigd om rechtstreeks of indirect deel te nemen aan bepaalde CTG-activiteiten en verklaar hierbij bewust te zijn van mijn verplichtingen om de vertrouwelijkheid te respecteren en verbind ik mij ertoe, zowel tijdens mijn deelname aan CTG-activiteiten als erna:

- **alle vertrouwelijke informatie en vertrouwelijke documenten als strikt vertrouwelijk te behandelen.**
- **Garanderen de vertrouwelijkheid van externe deskundigen en vertrouwelijke documenten wanneer ik contact op met een externe deskundige in het kader van een dossier**
- **geen vertrouwelijke informatie of vertrouwelijke documenten te onthullen (of eender welke andere persoon toe te laten die te onthullen) op welke manier en aan welke derde partij ook.**
- **geen vertrouwelijke informatie of vertrouwelijke Documenten te gebruiken (of eender welke andere persoon toe te laten die te gebruiken) voor andere doeleinden dan voor mijn werkzaamheden in verband met CTG-activiteiten.**
- **vertrouwelijke informatie of vertrouwelijke documenten te vernietigen zodra ik deze niet langer nodig heb.**
- **mij te onthouden van ieder deloyaal gedrag ten aanzien van de CTG of eraan mee te werken.**

HANDTEKENING: .....

DATUM: 20/9/2025

Deze verbintenis is niet beperkt in tijd maar is niet van toepassing op elk document of elke informatie waarvan ik redelijkerwijs kan aantonen dat ik er reeds voor de datum van onderhavige verbintenis kennis van had, of die openbaar wordt gemaakt op een andere wijze dan door schending van de hierboven vermelde verbintenissen.

VERKLARING INZAKE DE GEDRAGSCODE MET BETREKKING TOT BELANGENCONFLICTEN

Ik, ondergetekende, verklaar hierbij dat ik kennis genomen heb van de bepalingen voorzien in het huishoudelijk reglement van de CTG en dat ik deze zal naleven.

VERKLARING INZAKE HERNIEUWING

Ik, ondergetekende, verklaar hierbij mij ertoe te verbinden jaarlijks de openbare belangenverklaring, vertrouwelijkheidsverklaring en verklaring inzake het huishoudelijk reglement van de CTG te hernieuwen.

VERKLARING INZAKE DE REGLEMENTERING VAN HET HUISHOUDELIJK REGLEMENT MET BETREKKING TOT DE CONTACTEN TUSSEN DE LEDEN VAN DE CTG, DE AANGEDUID EXTERNE EXPERTEN EN DE AANVRAGERS

Ik, ondergetekende, verklaar hierbij dat ik kennis genomen heb van de bepalingen voorzien in het huishoudelijk reglement van de CTG ter hoogte van artikel 20 bis en dat ik deze zal naleven.

HANDTEKENING: ....

DATUM: .....20/11/2025.....