ITP-CT

Immune Thrombocytopenia Control Tool

UNDERSTANDING YOUR ITP USING THE ITP-CT

Immune thrombocytopenia (**ITP**) is a rare autoimmune blood disorder. It is treatable, but it is not always easy to manage, and it may impact your quality of life in more than one way.

Measuring disease control across all areas affected by your **ITP**—including bleeding and bruising, energy levels, impact on day-to-day life, and overall wellbeing—can help your doctor monitor treatment response, guide conversations about care that is right for you, and set achievable treatment goals.

The ITP Control Tool (**ITP-CT**) is a tool developed with people living with **ITP** and clinical experts to help patients and their doctors comprehensively understand the disease.

WHY THIS TOOL EXISTS

People experience **ITP** in different ways. For some people, concerns can go beyond platelet counts alone, and may include bleeding symptoms, energy levels, and other aspects of day-to-day life. The **ITP-CT** was co-developed by people living with **ITP** and clinical experts in **ITP** to help support conversations about what matters most about **ITP** control.

HOW TO USE THIS FORM

To self-assess how well your **ITP** is controlled, please answer the following questions. Your responses can help your healthcare team better understand your treatment needs.

Step 1: Answer all 8 questions

This questionnaire is designed to help you and your healthcare provider (HCP) comprehensively assess how well your **ITP** was controlled in the past 4 weeks. To use the **ITP-CT** correctly, you must answer all 8 questions.

1 In the past **4 weeks**, how often did you have **skin bleeding** (eg, petechiae/tiny red spots, bruising) or **bleeding elsewhere** (eg, nose, gums, heavy/prolonged menstrual periods)?

☐ Never ☐ Rarely ☐ Some of the time ☐ Most of the time ☐ All the time

2 In the past **4 weeks**, how often did you feel **physically fatigued** because of your ITP and/or its treatments?

☐ Never ☐ Rarely ☐ Some of the time ☐ Most of the time ☐ All the time

3 In the past **4 weeks**, how often did you have **brain fog or difficulties concentrating** because of your ITP and/or its treatments?

☐ Never ☐ Rarely ☐ Some of the time ☐ Most of the time ☐ All the time

4 In the past **4 weeks**, how often did you feel **concerned** because of your **platelet count**?

☐ Never ☐ Rarely ☐ Some of the time ☐ Most of the time ☐ All the time

5 In the past **4 weeks**, how often did you feel **worried/anxious or sad/depressed** because of your ITP and/or its treatments?

☐ Never ☐ Rarely ☐ Some of the time ☐ Most of the time ☐ All the time

6 In the past **4 weeks**, how much were your **day-to-day activities or habits** impacted by your ITP and/or its treatments? For instance, think of work, school, leisure activities such as social activities, sports, travel and other hobbies, or eating habits.

☐ Not at all ☐ A little ☐ Moderately ☐ A lot ☐ Extremely

7 In the past **4 weeks**, how much were your **interactions** with your **family, friends, and/or partner** impacted by your ITP and/or its treatments?

☐ Not at all ☐ A little ☐ Moderately ☐ A lot ☐ Extremely

8 In the past **4 weeks**, what **type of care did you need** from an HCP for your ITP?
Select the response that best describes your experience.

☐ I had to go to the hospital for emergency care, and/or I was hospitalized in the past 4 weeks.

☐ I had to take extra ITP treatment and/or my current treatment dose was adjusted or changed in the past 4 weeks, but I did not need to go to the emergency room or stay in the hospital.

☐ I did not need any care/only needed minimal care from an HCP in the past 4 weeks.

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For patients living with ITP

TODAY'S DATE	YOUR NAME (OPTIONAL)	LAST PLATELET COUNT (OPTIONAL)

Step 2: Calculate your ITP-CT score

After you have answered all 8 questions, use the ITP-CT table below to calculate your score.

- For items 1 to 7, each answer is scored between 0 points and 4 points. Each question has one answer. Please do not add up multiple answers for the same question. Write the points you scored for each question in the white boxes in the right-hand column of the table.
- The sum of points for items 1 to 7 is your **ITP-CT** total score. Add up the points in the white boxes and write the total into the highlighted box at the bottom. Your total score will be between 0 and 28.
- For item 8, record the letter (A, B, or C) you selected in the white box. Item 8 is recorded separately and is not added to your total score.
- Note today's date in the space at the top left. You might want to refer back to the date when you next speak to your doctor about your ITP.

Item						Your score
1	In the past **4 weeks**, how often did you have **skin bleeding** (eg, petechiae/tiny red spots, bruising) or **bleeding elsewhere** (eg, nose, gums, heavy/prolonged menstrual periods)?	Never 0	Rarely 1	Some 2	Most 3	All 4	
2	In the past **4 weeks**, how often did you feel **physically fatigued** because of your ITP and/or its treatments?	Never 0	Rarely 1	Some 2	Most 3	All 4	
3	In the past **4 weeks**, how often did you have **brain fog or difficulties concentrating** because of your ITP and/or its treatments?	Never 0	Rarely 1	Some 2	Most 3	All 4	
4	In the past **4 weeks**, how often did you feel **concerned** because of your **platelet count**?	Never 0	Rarely 1	Some 2	Most 3	All 4	
5	In the past **4 weeks**, how often did you feel **worried/anxious or sad/depressed** because of your ITP and/or its treatments?	Never 0	Rarely 1	Some 2	Most 3	All 4	
6	In the past **4 weeks**, how much were your **day-to-day activities or habits** impacted by your ITP and/or its treatments? For instance, think of work, school, leisure activities such as social activities, sports, travel and other hobbies, or eating habits.	Not at all 0	A little 1	Moderately 2	A lot 3	Extremely 4	
7	In the past **4 weeks**, how much were your **interactions** with your **family, friends, and/or partner** impacted by your ITP and/or its treatments?	Not at all 0	A little 1	Moderately 2	A lot 3	Extremely 4	
8	In the past **4 weeks**, what **type of care did you need** from an HCP for your ITP? *Select the response that best describes your experience.*	Emergency/ hospitalization A		Extra Tx/ dose change B		No/ minimal care C	
	Sum of points (items 1-7) = your **ITP-CT** score (0-28)						

Step 3: Speak to your doctor about how your ITP affects your day-to-day life

Your result is a starting point for a conversation. It is not a diagnosis. Your doctor will interpret it in the context of your platelet count, your treatments, and how you feel.

- If you are concerned that your **ITP** may not be in control, you should seek medical advice.
- Bring your completed **ITP-CT** with you for your next medical appointment.
- Speak to your care team and your doctor about your responses to the **ITP-CT** questions and how **ITP** or its treatments are affecting you. Don't focus only on the items where you scored highest—every symptom or impact you experience is worth raising.

The ITP-CT was developed to facilitate patient-physician discussion on control of ITP.
The ITP-CT is not intended to replace the physician's medical judgment in diagnosing or treating the patient. Sanofi does not provide medical advice, diagnosis, or treatment. Please consult your healthcare professional if you have any questions about your health or treatment.

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