



Research Ethics Committee – London Central  
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11/08/2021

Dear Sir or Madam,

**Study Title:** United Kingdom Adult Idiopathic Thrombocytopenic Purpura (ITP) Registry: An Investigation of Disease Progression, Treatment Effectiveness, and Co-morbid Conditions (UK ITP Registry)

**Sponsor:** QMUL

**CI:** Dr Vickie McDonald

**REC Ref:** 07/H0718/57

**IRAS ID:** 92703

Thank you for urgently considering this substantial amendment for the UK Adult ITP registry which will in part allow us to collect important COVID and vaccine data. With this amendment we are making two major changes

1. Expansion of the eligibility criteria to capture secondary ITP, which would include vaccine ITP (such as COVID vaccine ITP). There will be an additional investigator working with the CI on this arm of the study, Dr Quentin Hill.
2. Update of the laboratory aspects of the study to take account of updates in genetic techniques and more sophisticated methodology to assess platelets in ITP.

The changes above will allow us to understand the comparative severity, treatment response and outcome of secondary ITP and its disease associations. Initial data from currently held national datasets has provided initial insight into COVID vaccine ITP and COVID in patients on immunosuppression for ITP. The MHRA reports immune thrombocytopenia after all vaccine groups, with highest numbers after the Astra Zeneca COVID vaccine. Current national datasets that have been reviewed (GP and HES data) have limited clinical detail on outcomes and management. Addition to the national registry will allow for more detailed analysis and a comparison against outcomes and responses in patients with primary ITP, ensuring that we are achieving optimal treatment for best clinical outcomes and minimal risk.

We would be grateful for a rapid assessment to allow us to move forward with this crucial work for our patient group.

Yours sincerely,

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