

WATCHFUL WAITING STRATEGY

AKA: ACTIVE OBSERVATION APPROACH

TREATMENT NAME:

HOW IS IT GIVEN:	Close observation, education, and regular visits to the physician’s office.
HOW DOES IT WORK:	Individuals who have no or skin-only low platelet symptoms and are at a low risk of bleeding are followed with observation and close communication between the individual with ITP and their health care provider about their signs and symptoms to avoid unnecessary exposure to medications and potential side effects since many children will get better on their own.
COMMON DOSING REGIMENS:	Not applicable.
COMMON SIDE EFFECTS:	Patients might feel anxious about not receiving medication to raise their platelet count. Anxiety can be reduced by close communication with the doctor and discussion about concerns.
RARE BY SERIOUS SIDE EFFECTS:	This treatment is not appropriate for patients with non-skin bleeding symptoms, at high risk of bleeding, a history of serious bleeding, who do not understand the risks and benefits of the approach, and those who cannot be relied upon to maintain close contact with their health care provider.
TYPICAL TIME TO RESPONSE:	Not applicable.
LIKELIHOOD OF INITIAL RESPONSE:	Not applicable.
LIKELIHOOD OF LONG-TERM RESPONSE (3-5 YEARS):	Not applicable.
OTHER CONSIDERATIONS:	This approach should be revisited if the patient has a change in bleeding sign/symptoms or relevant changes in their medical or social conditions. For individuals who need management for bleeding symptoms, treatment should be based on guidelines from the American Society of Hematology (2019) and the International Consensus Report (ICR, 2019).

References:

1. Lambert, M., Grace, R., Despotovic, J., and Neunert, C. (2019). Watchful waiting for pediatric ITP: what does that actually mean?
2. Neunert et al (2019) ASH (2019) guidelines for immune thrombocytopenia. Blood Advances 3(23): 3829-3866.
3. Platelet Disorder Support Association <https://www.pdsa.org/watchful-waiting.html>
4. Provan et al. (2019). Updated International Consensus Report on the investigation and management of primary immune thrombocytopenia. Blood. 3(22): 3780-3817.