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Title: **ITP and "Cure"**

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When I read the message from Keith Lewis in his "Signing on . . . ." column in the previous issue of The Platelet, I remembered this.

When I began medical school, I simply assumed that patients who came into the hospital were diagnosed, treated, cured, and sent home - to live happily ever after, or at least until some other trouble occurred. What a sobering education it was for me to learn that this rarely occurred. Of course some patients could be cured by surgery – a lump was removed, a bone fracture set. Some patients with infections were cured by antibiotics. But these patients were few. In many patients the diagnosis was not even clear. Even in many patients with a clear diagnosis, treatments were unavailable or unsuccessful. I learned that for most patients, success was measured by control, not cure. These patients had the most common and chronic illnesses such as diabetes, high blood pressure, and failure of the heart, liver, or kidneys. Why is this story important for patients with ITP? It's important because control, not cure, is the appropriate goal of good management for ITP.

We often describe ITP in young children and adults as two distinct disorders. But in both control, not cure, is the appropriate goal. In most young children we expect the ITP to disappear within several months. We call this a "spontaneous remission", not a cure, because this is merely the natural course of ITP in young children, not the result of any treatment. The word "remission" is chosen carefully, because it implies that all is well, but it doesn't guarantee that all will be well forever. The word "cure" has a sense of permanence, and is not the result of many treatments, not even treatments that are considered effective. We only treat children with ITP to raise the platelet count when serious bleeding occurs or when we think the risk of serious bleeding is great. The goal of treatment for children with ITP is to control or prevent serious bleeding. Cure is not the goal.

In adults, ITP is typically a chronic, persistent disorder; spontaneous remissions are much less common than in young children. In adults with a new diagnosis of ITP, treatment is routine if the platelet count is low enough to cause concern for bleeding. This practice for adults is different from the management of children, because the expectation for a spontaneous remission is low and also because adults may have more risks for severe bleeding. Young women may have prolonged, severe menstrual bleeding; older adults with high blood pressure may be at risk for stroke. But the goal of treatment for adults is the same as for children: prevention of serious bleeding, not cure.

These principles are important because there is probably no treatment for any disorder that is completely free of risk. For patients with ITP, it is important to remember that: [1] Cure is not a goal. [2] The only important goal is to prevent serious bleeding. [3] A normal platelet count may be nice, but a safe platelet count, that is far less than a normal platelet count, is all that matters. [4] Success is measured not just by the platelet count, but more importantly by the patient's overall quality of life, a measure of the burden of treatment a well as the symptoms of ITP. The most important principle of all is: Don't allow the treatment to be worse than the ITP.