

CLAIMS

1. A use of an FcRn antagonist in the manufacture of a medicament for the treatment of persistent or chronic ITP in a human subject, the treatment comprising administering the FcRn antagonist to the human subject, wherein the FcRn antagonist consists of a variant Fc region consisting of two Fc domains which form a homodimer, wherein the amino acid sequence of each of the Fc domains consists of SEQ ID NO: 1, SEQ ID NO: 2, or SEQ ID NO: 3, wherein the FcRn antagonist is administered intravenously at a dose of about 10 mg/kg weekly for 4 weeks, followed by a dosing adjustment to weekly or once every other week administration based upon platelet count in the human subject.
2. The use according to claim 1, wherein the dosing adjustment comprises reduction from weekly administration to once every other week administration when the subject achieves:
 - (i) a platelet count of $\geq 100 \times 10^9/\text{L}$ for 3 out of 4 consecutive measurements, and
 - (ii) a platelet count of $\geq 100 \times 10^9/\text{L}$ at the last of the 4 consecutive measurements, or 3 consecutive visits.
3. The use according to claim 2, wherein the dosing adjustment further comprises an increase from once every other week administration to weekly administration when the subject achieves:
 - (i) a platelet count $< 100 \times 10^9/\text{L}$ for 2 consecutive measurements, or
 - (ii) a single platelet count measurement of $< 30 \times 10^9/\text{L}$.
4. The use according to any one of claims 1-3, wherein the amino acid sequence of each of the Fc domains consists of the amino acid sequence set forth in SEQ ID NO: 1.
5. The use according to any one of claims 1-3, wherein the amino acid sequence of each of the Fc domains consists of the amino acid sequence set forth in SEQ ID NO: 2.

6. The use according to any one of claims 1-3, wherein the amino acid sequence of each of the Fc domains consists of the amino acid sequence set forth in SEQ ID NO: 3.
7. The use according to any one of claims 1-6, further comprising administering to the human subject one or more doses of at least one compound approved for standard-of-care treatment for ITP.
8. The use according to claim 7, wherein the at least one compound approved for standard-of-care treatment for ITP comprises a corticosteroid, rituximab, alemtuzumab, fostamatinib, cyclosporine, dapsone, danazol, intravenous immunoglobulin (IVIg), Rho(D) immune globulin (anti-D), azathioprine, a thrombopoietin receptor agonist, or any combination thereof.
9. The use according to claim 8, wherein the corticosteroid is selected from the group consisting of oral prednisone, intravenous prednisone, dexamethasone, and any combination thereof.
10. The use according to claim 8, wherein the thrombopoietin receptor agonist is selected from the group consisting of eltrombopag, avatrombopag, romiplostim, a non-Fc portion of romiplostim, and any combination thereof.
11. The use according to any one of claims 1-10, wherein the human subject has a platelet count of $< 30 \times 10^9/\text{L}$ prior to administering the FcRn antagonist.
12. The use according to any one of claims 1-10, wherein the human subject has a platelet count of $\leq 30 \times 10^9/\text{L}$, $\leq 20 \times 10^9/\text{L}$, or $\leq 10 \times 10^9/\text{L}$ on standard-of-care treatment with at least one compound approved for standard-of-care treatment for ITP prior to administering the FcRn antagonist.
13. The use according to any one of claims 1-12, wherein the human subject has persistent ITP.

14. The use according to any one of claims 1-12, wherein the human subject has chronic ITP.
15. The use according to any one of claims 1-14, wherein the treatment results in an increase of the platelet count to $\geq 50 \times 10^9/\text{L}$; and optionally wherein the increase of the platelet count to $\geq 50 \times 10^9/\text{L}$ is sustained for:
 - (i) at least 4 weeks;
 - (ii) at least 2 months; or
 - (iii) at least 3 months.
16. The use according to any one of claims 1-15, wherein the treatment results in an increase of the platelet count to $\geq 100 \times 10^9/\text{L}$; and optionally wherein the increase of the platelet count to $\geq 100 \times 10^9/\text{L}$ is sustained for:
 - (i) at least 4 weeks;
 - (ii) at least 2 months; or
 - (iii) at least 3 months.