



Questions & Answers from FWGBD's Webinar on Vaccine-Induced Thrombotic Thrombocytopenia: 4/29/2021

Please note that, due to time constraints, Dr. Arepally did not respond to all of the questions submitted during the webinar. This document contains her responses to the questions that were not answered aloud during the webinar.

- **Are these anti-PF4 Ab different from what is seen with HIT or do they have similar features?**
 - From what has been studied, they appear to have similar effects on platelet activation. Studies on other cells known to be activated by HIT antibodies, have not been done as yet. But I expect that will be done if patient samples become available.
- **If a patient has a history of HIT--would you recommend using a different vaccine than the J&J?**
 - Yes, that would be my recommendation, as we know so little as to what triggers the anti-PF4 response with the vaccine
- **Is there any information on menstrual cycle and estrogen levels as a contributing factor?**
 - While there is a clear female preponderance, there is no direct link with OCPs or hormones. I don't think they have looked into menstrual cycle association, although some females were older and likely post-menopausal.
- **Geineacher showed 8% of German Adeno vaccine recipients develop non activating PF4 antibodies- any insight why the far fewer develop activating abs? We have all seen cases of ITP post mRNA vaccines-should we be checking PF4 as well as in isolated thrombosis cases after mRNA though I realize VITT has to date only been reported with Adenovirus vaccine?**
 - I think the 8% seropositivity is what I would expect to see in patients treated with heparin prophylaxis. This is what I consider to be background sensitization with heparin.
- **Does use of IVIG mask epitopes of these Antibodies and thus provides early relief?**
 - From studies in HIT, the likely mechanism is inhibition of FcγRIIA activation by HIT antibodies.

**Please note that the relevant data, treatment, and management of COVID-19 and VITT are changing constantly. Therefore, viewers should understand that the answers and views expressed by the faculty in this webinar as well as to questions asked during the live program are those of the faculty made at the time of the live program. Any information presented in any format by such speakers, without limitation, is for informational purposes only and FWGBD can make no representation as to the validity of any information contained within past the live viewing date. If you see any resources that are outdated or inaccurate, please let us know.*