**Suppl 1.** Definitions of terms in 2019 ASH guidelines on ITP

|  |
| --- |
| **Newly diagnosed ITP:** ITP duration of < 3 months |
| **Persistent ITP:** ITP duration of 3 - 12 months |
| **Chronic ITP:** ITP duration of > 12 months |
| **Corticosteroid-dependent:** Ongoing need for continuous prednisolone > 5 mg/day (or corticosteroid-equivalent) or frequent courses of corticosteroids to maintain a platelet counts of ≥ 30,000/mm3 and/or to avoid bleeding |
| **Durable response:** Platelet counts ≥ 30,000/mm3 and at least doubling of the baseline count at 6 months |
| **Early response:** Platelet counts ≥ 30,000/mm3 and at least doubling of the baseline count at 1 week |
| **Initial response:** Platelet counts ≥ 30,000/mm3 and at least doubling of the baseline count at 1 month |
| **Major bleeding\*:** 1) WHO grade 3 or 4 bleeding; 2) Buchanan severe grade; 3) Bolton-Maggs and Moon “major bleeding”; 4) IBLS grade 2 or higher; 5) life- threatening or intracerebral hemorrhage bleeding |
| **Minor bleeding:** Any bleeding not meeting the criteria for “major bleeding” |
| **Remission:** Platelet counts > 100,000/mm3 at 12 months |

\*In our study, criteria for major bleeding chosen was WHO grade 3 or 4 bleeding (Grade 3 bleed included bleeding requiring red blood cell transfusion or associated with moderate hemodynamic instability; Grade 4 bleed included bleeding associated with severe hemodynamic instability or central nervous system bleed).