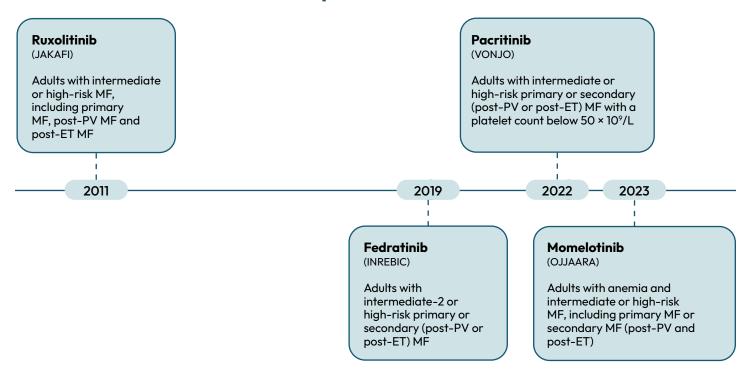
# Emerging Therapy Options for Patients with Myelofibrosis



## Timeline of JAK Inhibitor Therapies for MF



## **Management of MF with JAK Inhibitors**

<b>Generic</b> (Brand Name)	МОА	Dosage and Administration	<b>Indication</b> (For Adults)	Pivotal Trials (Click on the link for more information)
Ruxolitinib (JAKAFI)	JAK 1 JAK 2	Starting dose based on patient's baseline platelet count:  • > 200 × 109/L: 20 mg PO BID  • 100 × 109/L to 200 × 109/L: 15 mg PO BID  • 50 × 109/L to less than 100 × 109/L: 5 mg PO BID  Monitor complete blood counts every 2 to 4 weeks until doses are stabilized, and then as clinically indicated. Modify or interrupt dosing for thrombocytopenia.	Intermediate or high-risk MF, including primary MF, post-PV MF and post-ET MF	COMFORT-1 COMFORT-2
Fedratinib (INREBIC)	JAK2 FLT3	400 mg PO QD with or without food for patients with a baseline platelet count of greater than or equal to 50 x 109/L	Intermediate-2 or high-risk primary or secondary (post-PV or post-ET) MF	JAKARTA JAKARTA2 FREEDOM FREEDOM2
Pacritinib (VONJO)	JAK2 FLT3 IRAK1	200 mg PO BID with or without food	Intermediate or high-risk primary or secondary (post-PV or post-ET) MF with a platelet count below 50 × 109/L	PERSIST-1 PERSIST-2 PACIFICA PAC203
Momelotinib (OJJAARA)	JAK1 JAK2 ACVR1	200 mg PO QD with or without food Reduce the starting dose to 150 mg PO QD for severe hepatic impairment (Child-Pugh Class C)	Anemia and intermediate or high-risk MF, including primary MF or secondary MF (post-PV and post-ET)	SIMPLIFY-1 SIMPLIFY-2 MOMENTUM

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### Monitoring of Patients for Disease and Treatment-Related Adverse Events



#### Dosing and administration

· Consider the impact of dose adjustments and tapering on patient quality of life



#### **Treatment failure**

- · Assess previous therapies and response when making a therapeutic change
- Counsel patients regarding symptomatic relapse, worsening splenomegaly, and potentially life-threatening AEs



#### **Hematologic toxicities**

- Weigh the symptomatic burden on quality of life between anemia, thrombocytopenia, and severe neutropenia
- · Assess individualized physical function, tiredness, and fatigue



#### Nonhematologic toxicities

· Conduct frequent checkups for hepatic and renal function to prevent further complications



#### **Infections**

- Prevent opportunistic infection for patients who are high risk
- · Test patients for HBV before treatment
- · Treat patients with suspected herpes zoster and COVID-19 infection according to clinical guidelines



#### Secondary cancers

• Discuss increased risk of developing a secondary cancer as well as other patient- and disease-related risk factors (age, history of arterial thrombosis, ruxolitinib, hydroxyurea, and alkylating agents)

### For Further Information

- 1. The infection risks of JAK inhibition
- 2. Incidence and risk factors for second malignancies among patients with myeloproliferative neoplasms
- 3. Anemia-related response end points in myelofibrosis clinical trials: current trends and need for renewed consensus
- 4. Myeloproliferative neoplasms (MPNs) Part 2: A nursing guide to managing the symptom burden of MPNs