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Managing Myelofibrosis-Associated Anemia

Announcer:
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Dr. Hobbs:
Hello. This is CME on ReachMD, and I'm Dr. Gabriela Hobbs. Today, I'm going to review the current guidelines and treatment options for managing myelofibrosis-associated anemia.

So when thinking of how to manage anemia for patients with myelofibrosis, it's important to determine whether or not they're currently well controlled with regards to symptoms or splenomegaly on their current agent. If they're well controlled on their current JAK inhibitor, such as ruxolitinib, then I usually recommend adding another agent to the ruxolitinib, such as an erythropoietin stimulating agent, danazol, or off-label luspatercept. We can also consider switching to momelotinib or pacritinib if these maneuvers don't work.

Now if a patient doesn't have spleen or symptoms that are well controlled on ruxolitinib, then the preferred agent is to change those patients to momelotinib or consider a clinical trial. And other recommended regimens include pacritinib or the ruxolitinib combinations that I mentioned previously.

One of the most common concerns when treating patients with ruxolitinib, and one of the reasons why patients are generally underdosed with ruxolitinib is the well-known side effect of anemia. However, there was a study investigating starting patients on ruxolitinib 10 mg BID and then escalating the dose based on symptoms from splenomegaly and systemic symptoms. And what this study demonstrated was that patients were able to have a stability in their blood counts as well as a decrease in transfusion dependence for transfusion-dependent patients when patients were started at a low dose and slowly increased over time. And so this could be one way of utilizing ruxolitinib for patients with myelofibrosis and anemia that can mitigate some of the ruxolitinib-dependent anemia. In this study, we saw expected adverse events from ruxolitinib and nothing new and no new safety concerns.

In addition to ruxolitinib, we also have luspatercept, an agent that is FDA-approved for myelodysplastic syndrome and is currently being studied for myelofibrosis patients in an ongoing phase 3 study called INDEPENDENCE. Results of the phase 2 study with luspatercept have been presented at meetings. And what this phase 2 trial demonstrated was that luspatercept is a well-tolerated agent and that luspatercept helps to improve transfusion burden in patients with myelofibrosis. And that can occur on patients that have anemia from myelofibrosis that are off ruxolitinib or on ruxolitinib. The group of patients that appeared to benefit the most from luspatercept was patients that were treated with ruxolitinib. About 50% of patients treated with luspatercept and ruxolitinib had a 50% reduction in their transfusion burden, and so we'll wait to see what the phase 3 INDEPENDENCE study demonstrates.

So in summary, we have several different FDA-approved JAK inhibitors for the management of myelofibrosis. Two of those, pacritinib and momelotinib, can improve the hemoglobin of patients with myelofibrosis. Mitigating anemia with ruxolitinib can be done by starting with a low dose and then escalating to the maximum tolerated dose or by adding additional anemia-specific agents such as

erythropoietin stimulating agents, luspatercept, or danazol. In addition, it's important to consider clinical trials, when those are available, for the management of anemia in myelofibrosis.

Well, that was a lot of data in a few short minutes. Tune in again anytime for a refresher. And thank you so much for listening.

Announcer:
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