

Pacritinib for Myelofibrosis Across the Cytopenic Spectrum

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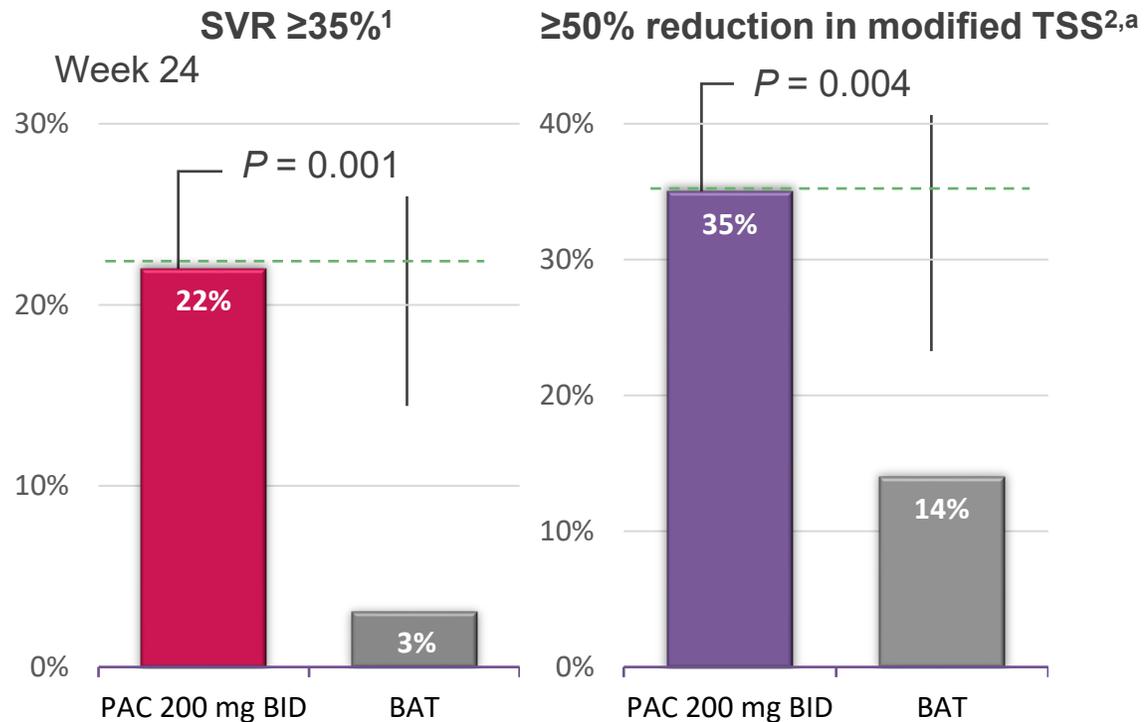
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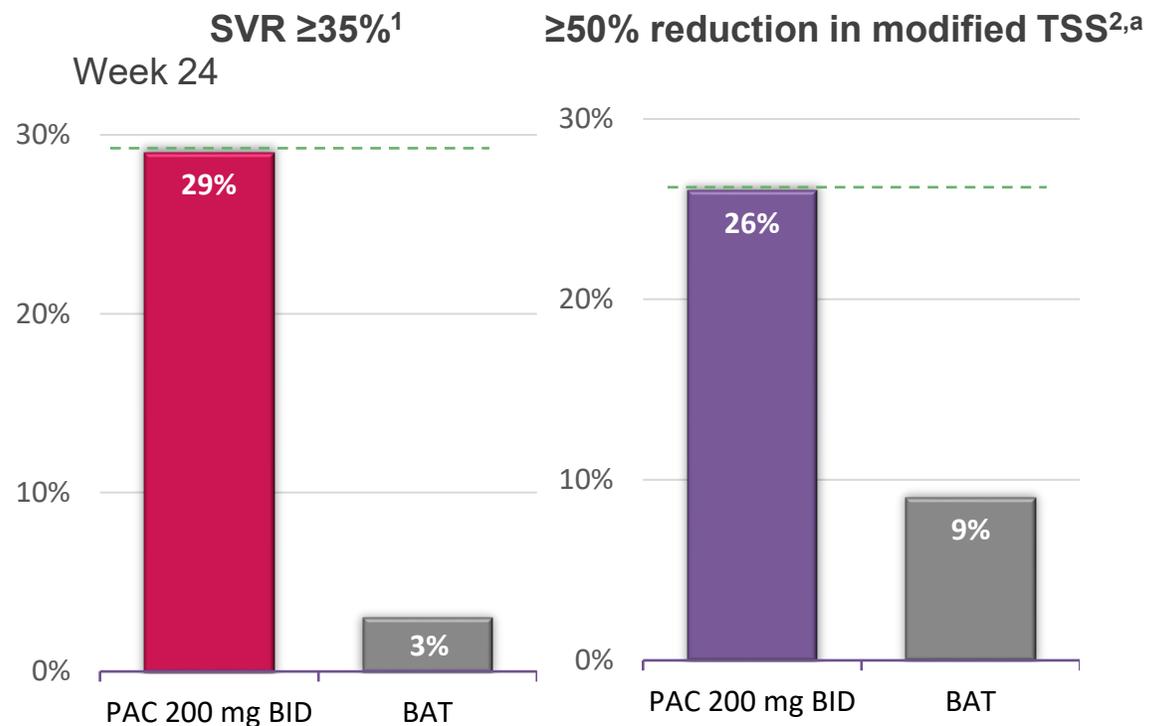


PERSIST-2: Spleen/Symptom Response

ITT population



Patients with platelets $< 50 \times 10^9/L$



- The proportions of patients with much improved or very much improved scores were 57% with pacritinib 200 mg BID vs 28% with BAT

^aExcludes individual symptom score for tiredness from MPN-SAF TSS v2.0; utilized in pivotal trials for other JAK inhibitors.

BAT, best available therapy; BID, twice daily; ITT, intention-to-treat; JAK, Janus-associated kinase; MPN-SAF, myeloproliferative symptom assessment form; PAC, pacritinib; SVR, spleen volume reduction; TSS, total symptom score.

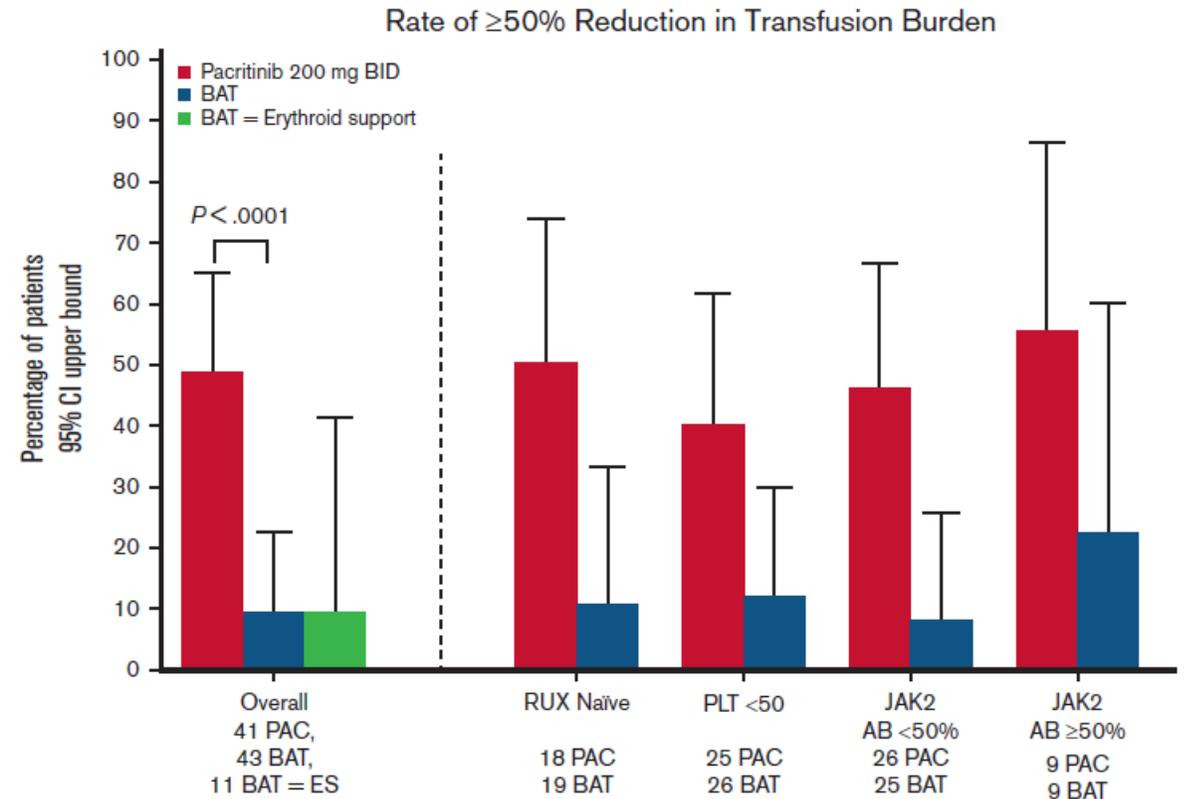
1. Mascarenhas J, et al. *JAMA Oncol.* 2018;4(5):652-659. 2. Data on File. CTI Biopharma Corp. Pacritinib clinical overview.

More Patients on Pacritinib Had $\geq 50\%$ Transfusion Reduction

Transfusion Reduction

Pacritinib N = 41	BAT N = 43	P Value
49%	9%	.0001

- Clinically significant reduction in transfusion burden more common on pacritinib

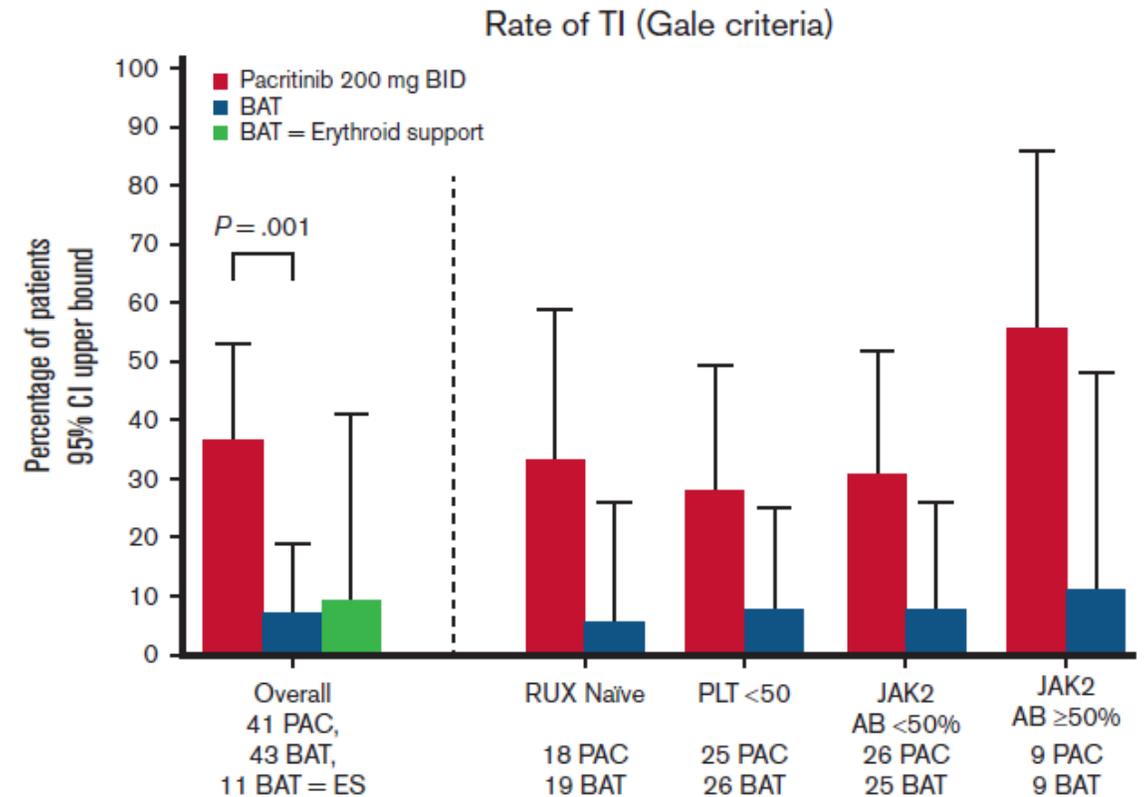


More Pacritinib Patients Achieved Transfusion Independence (Gale Criteria)

TI Conversion Rate

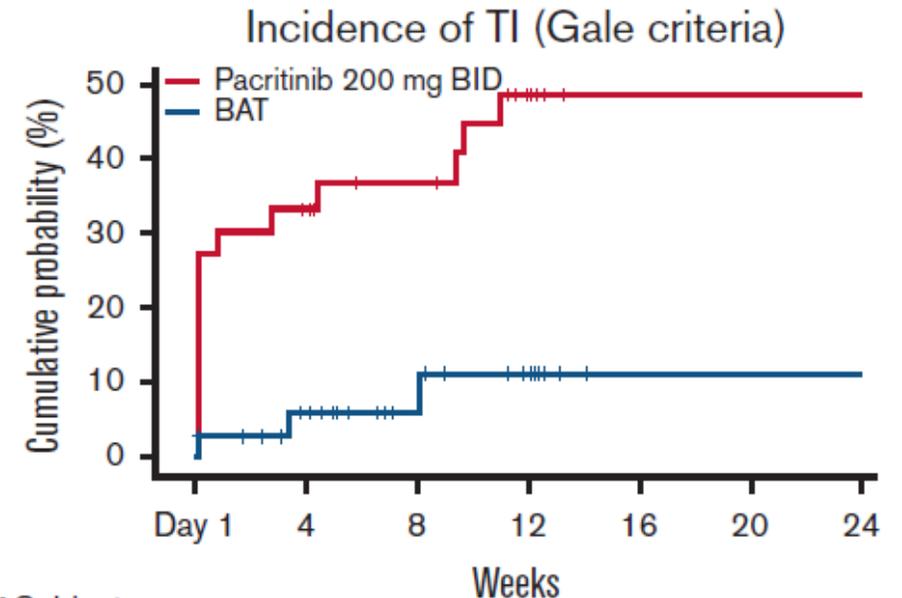
Pacritinib N = 41	BAT N = 43	P Value
37%	7%	.001

- TI conversion better on pacritinib than BAT, including patients receiving erythroid support agents as BAT
- Erythroid support agents were prohibited on the pacritinib arm



Transfusion Independence Conversion Can Occur Late in Treatment

- Many responses occurred early during treatment
- Some responses occurred after several months on treatment



Number of Subjects	Weeks						
	0	1	2	3	4	5	6
Pacritinib 200 mg BID	33	21	17	10	0	0	0
BAT	34	27	19	14	0	0	0

Summary

- Pacritinib can have both spleen and symptom benefits regardless of baseline platelet count
- Conversion to transfusion independence may occur within the first few months but occasionally takes longer
 - Patience is important!