REAL-WORLD EXPERIENCE WITH RUXOLITINIB IN PHILADELPHIA-NEGATIVE CHRONIC MYELOPROLIFERATIVE NEOPLASMS

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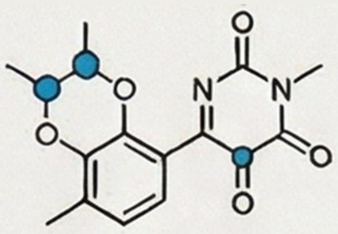
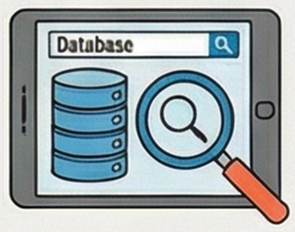
BACKGROUND AND IMPORTANCE



Ruxolitinib

Evaluating a decade of Ruxolinib use:

With new JAK inhibitors approved (fedratinib/momelotinib) for the treatment of Philadelphia-negative chronic Myeloproliferative Neoplasms (MPN), it is essential to review the real-world experience with the first-in-class agent, Ruxolitinib.



Study Objetives:

To analyse the clinical characteristics, effectiveness and safety of all patients with MPN treated with ruxolitinib, as well as drug survival.

MATERIALS AND METHODS

RETROSPECTIVE STUDY DESIGN

An observational, retrospective, and descriptive study was conducted including all MPN patients treated with Ruxolitinib.

DATA COLLECTION

Collected demographic, clinical, disease evolution variables (haematocrit for PV, spleen size for all MPN), and safety data.

STATISTICAL ANALYSIS

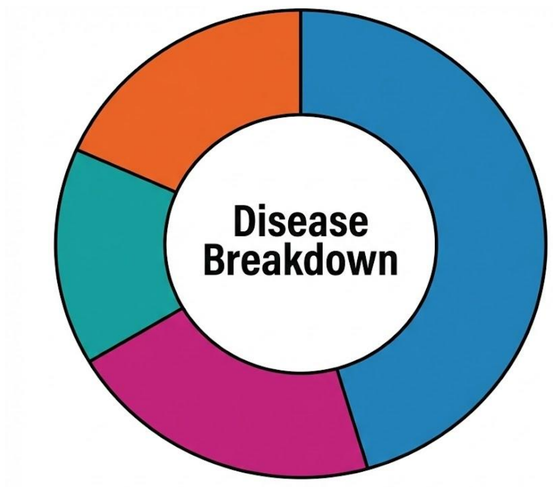
Drug survival was analysed using Kaplan–Meier plots. Statistical analysis was performed with STATA/IC-16.1.

RESULTS

RESULTS: PATIENT COHORT (N=35)

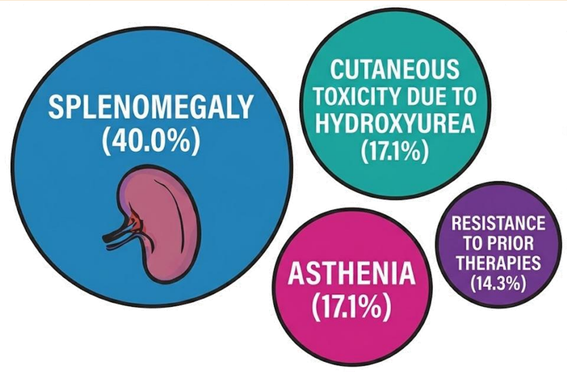
35 Patients included

The cohort had a median age of 69.8 years [57.1-76.4] at the start of the treatment, with 54.3% being female.

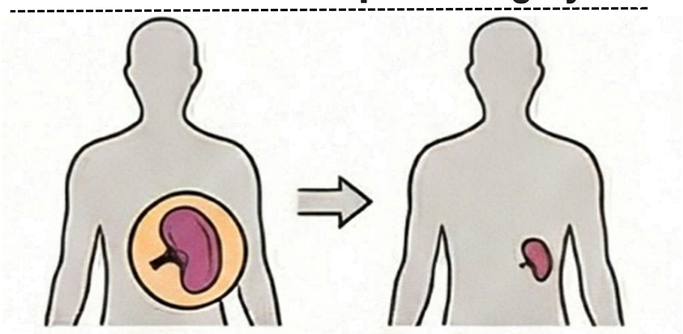


JAK2 Was the Dominant Mutation:
The JAK2 driver mutation was present in 85.7% of patients.

RESULTS: CLINICAL EFFECTIVENESS



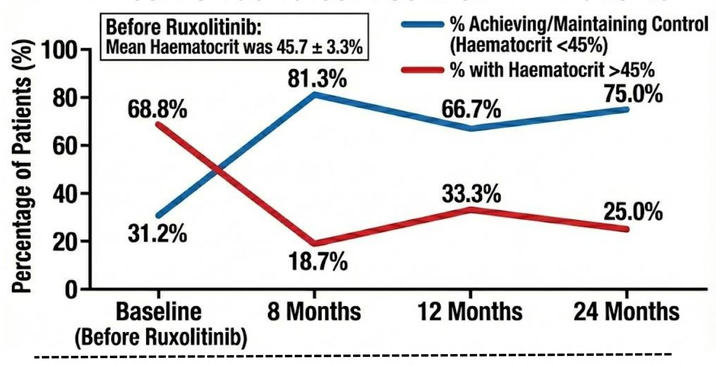
Main Reason for Ruxolitinib Initiation was Splenomegaly



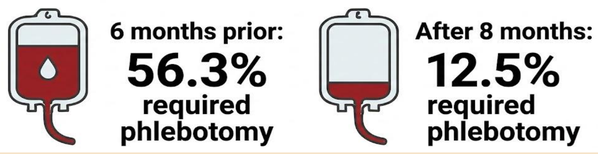
At treatment initiation, 54.3% had splenomegaly (mean 5.2±3.7cm)

After 8 months of therapy, 84.2% achieved a >50% reduction in spleen size.

Effective Haematocrit Control in PV Patients



Reduced Need for Phlebotomy in PV Patients

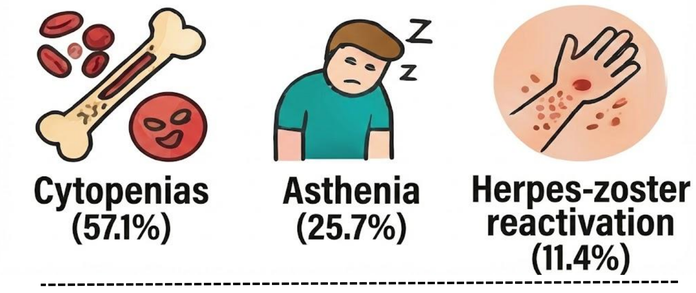


6 months prior: **56.3%** required phlebotomy

After 8 months: **12.5%** required phlebotomy

RESULTS: SAFETY AND SURVIVAL

Cytopenias Were the Most Common Adverse Event

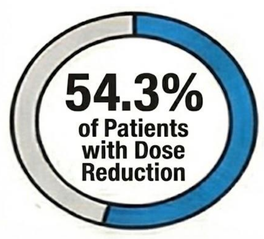


Cytopenias (57.1%)

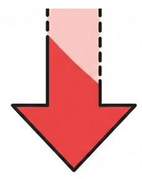
Asthenia (25.7%)

Herpes-zoster reactivation (11.4%)

Over Half of Patients Required Dose Reduction

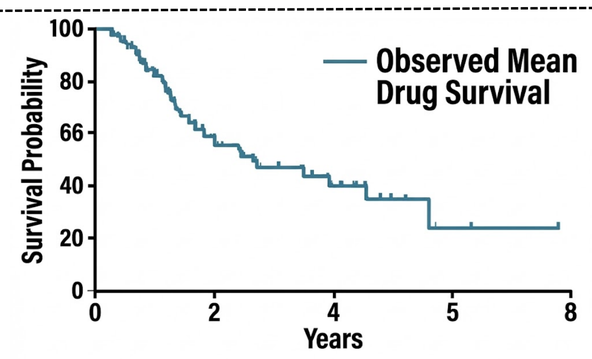


57.9% due to anaemia



Treatment Discontinuation
(28.6% of patients)

50%
of discontinuations due to Adverse Events



7.6 Years (95%CI 3.1–NR) Mean Drug Survival:
During follow-up, 1 PV patient progressed to myelofibrosis, 7 patients with myelofibrosis progressed to acute myeloid leukaemia, and 11 (31.4%) died.

CONCLUSION AND RELEVANCE

Ruxolitinib shows sustained real-world effectiveness: The drug is effective in reducing splenomegaly and controlling haematocrit in MPN patients, with a safety profile that is manageable.

Close monitoring is essential: The high frequency of dose adjustments and cytopenias hightlights the importance of individualised patient management.

Favorable drug survival: Despite the toxicity profile, the observed mean drug survival of 7.6 years was higher than that reported in the literature (Palandri et al.)

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