

JAKAVI - Real-world insights - HCP

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Real-world insights

JAKAVI® (ruxolitinib) is indicated for the treatment of disease-related splenomegaly or symptoms in adult patients with primary myelofibrosis (also known as chronic idiopathic myelofibrosis), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis. JAKAVI® is also indicated for adult patients with polycythaemia vera who are resistant to or intolerant of hydroxyurea.¹

Management strategies in patients with MF as shown in REALISM UK

The REALISM UK study was a multi-centre, retrospective, non-interventional study, which documented the early management of patients with MF. The primary endpoint was the time

from diagnosis to active treatment.

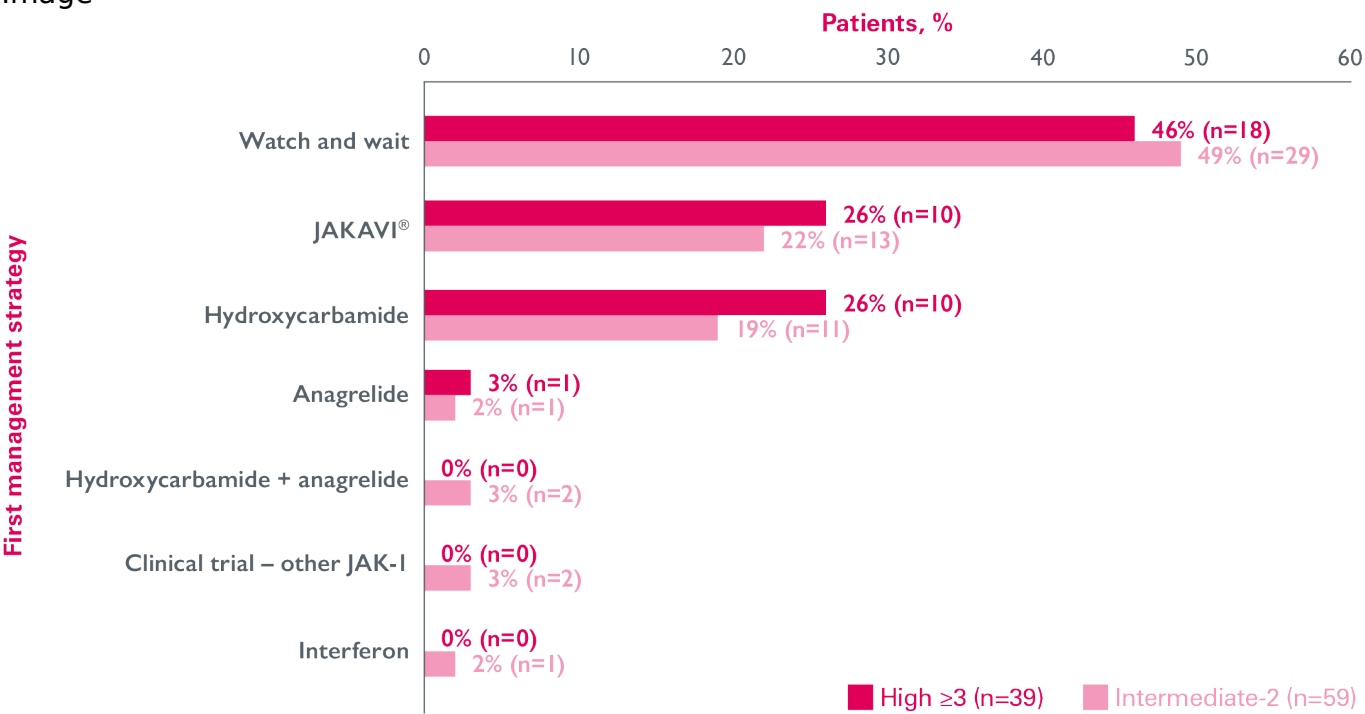
REALISM UK showed the most common first management strategy was ‘watch and wait’ (53.5%, n=107/200).^{*2}

Throughout the REALISM UK study, watch and wait was the most commonly used overall management strategy (67%) for patients with MF regardless of risk stratification (N=200).^{*12}

Nearly 1 in 2 patients with intermediate-2 or high-risk MF, or patients presenting with symptomatic disease, failed to receive active treatment as an initial management strategy.^{*2}

REALISM UK: choice of first management strategy for IPSS intermediate-2 and high-risk MF patients²

Image



Adapted from Mead A, et al. 2022.²

^{*}Data from patients with MF analysed in the REALISM UK study (N=200).²

[†]Patients were managed by more than one strategy at any given time.²

Identify patients who are eligible for active management with JAKAVI®, and help preserve their QoL³⁻¹⁰

Footnotes & references

IPSS, International Prognostic Scoring System; JAK, janus kinase; MF, myelofibrosis; QoL, quality of life.

References

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