Jakavi - Myelofibrosis - Therapy Area

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Myelofibrosis (MF)

MF is a rare, life-limiting blood cancer with debilitating symptoms[1–3]

MF is now recognised as a life-threatening blood cancer with a 5-year survival of 38.9%, meaning it lags behind other blood cancers such as myeloma (52.2%), ALL (68.6%) and CLL (85.1%).[1,2,4]

Patients with MF face increasingly debilitating symptoms as the disease progresses.*[1,3] Over

the course of 1 year, patients can experience:*[3]

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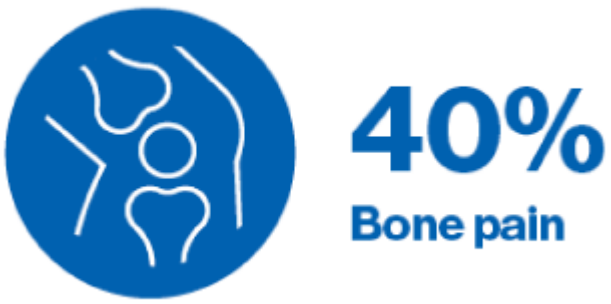

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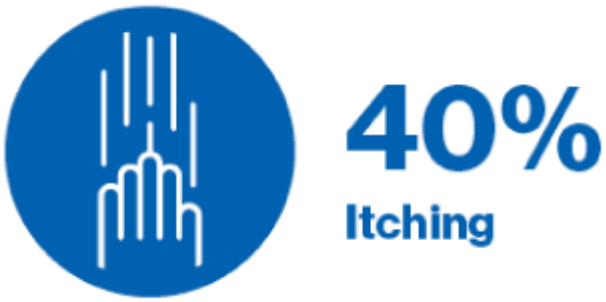

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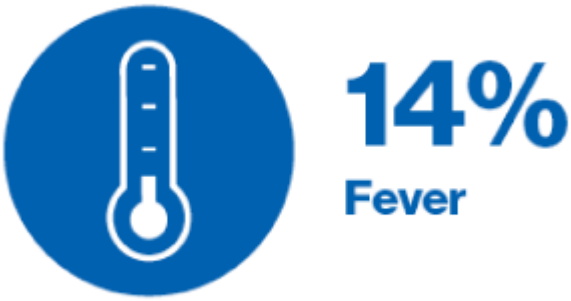

MF requires regular symptom monitoring for guiding informed treatment decisions and identifying eligible patients for therapy,[5,6] yet findings from the TRACK Survey found that half of physicians do not monitor changes with an assessment tool.[†7]

In addition, findings from the REALISM UK study showed that nearly half of MF patients with symptomatic disease (classification of intermediate-2 or high-risk disease) fail to receive active management following diagnosis.[‡8]

Patients require treatment to prevent MF symptoms worsening.[9] View the BSH guidelines for treatment of MF, and treat those eligible as early as possible to help change the lives of your patients with MF.

Click here to view the full BSH guidelines

Footnotes

The TRACK Survey assessed how BSH guidelines from 2012 on the diagnosis and management of MPNs are being interpreted and implemented across the UK (N=42). Select consultant haematologists across the UK were surveyed between September and October 2018.[7]

REALISM UK was a retrospective, multi-centre, non-interventional real-world evidence study to review the current treatment pathways for MF from across the UK, in 15 UK secondary care centres (N=200). Eligible patients were those aged ≥18 years at diagnosis of MF, with diagnosis >6 months and ≤5 years prior to data collection and with ≥1 follow-up visits.[8]

*Data from patients with MF (n=207) surveyed in the MPN Landmark Survey (N=813).[3]
†Data from consultant haematologists surveyed in the TRACK Survey (N=42).[7]
‡Watch and wait as choice of first management strategy among IPSS intermediate-2 and IPSS high was seen in 49% and 46% of patients, respectively.[8]

ALL, acute lymphoblastic leukaemia; BSH, British Society for Haematology; CLL, chronic lymphocytic leukaemia; IPSS, International Prognostic Scoring System; MF, myelofibrosis; MPN, myeloproliferative neoplasms; QoL, quality of life.

References

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