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Improving Transfusion Independence With JAK Inhibitor Therapy

Announcer:
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Dr. Mascarenhas:
This is CME on ReachMD, and I'm Dr. John Mascarenhas. Today, I'm reviewing various treatment options for improving transfusion independence with JAK inhibitor therapy in myelofibrosis.

So we'll first talk about momelotinib from the SIMPLIFY-2 study. This was a pivotal randomized, phase 3 study of patients who had previously been on ruxolitinib, randomized either to momelotinib at 200 mg once daily or best available therapy, which is essentially ruxolitinib again. And the importance of this study was not that we are looking at spleen and symptom benefit, but in terms of anemia second line, 43% transfusion independence rate at week 24 with momelotinib, versus 21% with the BAT ruxolitinib. And that that transfusion independence duration was not met and maintained with momelotinib. So this was really some of the first data in a prospective phase 3 setting, demonstrating that whether patients are started on momelotinib or switched from ruxolitinib to momelotinib, they can enjoy that transfusion independence and that durability in response.

So we also looked at survival of those patients who had crossed over, who were either treated with momelotinib up front or crossed over, in the SIMPLIFY-2 study, because we're now recognizing that survival is obviously an important endpoint, and although the JAK inhibitors don't afford histopathologic remissions, they do likely improve demonstrably survival, both from a symptom perspective, a spleen reduction perspective, but also potentially from an anemia perspective, because anemia is a recognized adverse prognostic marker.

And here, in the second-line setting, SIMPLIFY-2, the median overall survival, whether you started on momelotinib or crossed over, was around 35 months, which would suggest a significant improvement in survival than what we see historically in multiple studies with the median survival of about a year and a half. So suggesting improvement not just in anemia, but maybe tying it into survival.

If we then fast-forward to the MOMENTUM study, which is the randomized phase 3 study most recently completed for patients who were previously on ruxolitinib with anemia and symptom burden, who were randomized either to momelotinib or danazol, we saw, again, transfusion independence in favor of momelotinib at 31% at week 24 versus 20% with danazol and durability of that response. And even in the patients who crossed over, you see a meeting of the curves in terms of hemoglobin levels as well. And that durability, even in the patients who transitioned from danazol to momelotinib, was maintained in 77% of patients with transfusion independence.

Pacritinib has also been associated with improvements in anemia; 37% of patients achieved transfusion independence at 200 mg twice daily in the PERSIST-2 study versus 7% in the BAT. Again, that was independent of whether the patients were rux naïve, low platelets less than 50,000, or JAK2 allele burden, and beat patients on BAT that were even receiving ESAs [erythropoiesis-stimulating agents].

Transfusion independence, even looking at the SIMPLIFY criteria, which is not receiving transfusions for that interval of time and having

a maintaining hemoglobin greater than 8 g/dL, was met in 24% of patients versus 5% in favor of pacritinib. And if you look at patients who remained transfusion dependent but had a 50% transfusion reduction, almost 50% of patients treated with pacritinib versus 9% in BAT, again, irrespective of the subset of patients.

So in summary, we have 2 agents now, JAK inhibitors, that are available that afford anemia responses and durability, demonstrated in both SIMPLIFY study and the MOMENTUM study for momelotinib, but also in the PERSIST-2 study with pacritinib in patients with low platelets. So this really gives our patient population an opportunity to enjoy JAK inhibition from a spleen and symptom perspective, but also to lessen the degree of treatment-related anemia and disease related anemia.

So thank you for your attention. I hope you found this information as useful as it was brief.

Announcer:
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