

# Case Discussion: What JAK Inhibitor Should I Use in a Transfusion-Dependent Patient With MF With Platelets $> 50 \times 10^9/L$ ?

**John Mascarenhas, MD**

Professor of Medicine

Icahn School of Medicine at Mount Sinai

New York, NY

**Gabriela Hobbs, MD**

Clinical Director, Leukemia Service

Assistant in Medicine

Massachusetts General Hospital

Boston, MA



## Case: Managing Anemia on Ruxolitinib

- 75-year-old woman with high-risk MF (not eligible for HCT)
- Night sweats, bone pains, early satiety, fatigue
- Spleen 7 cm below left costal margin
- WBC 9K, hemoglobin 7.5 g/dL, platelets 90K, blasts 1%
- BM hypercellular 80%, trilineage hematopoiesis, MK atypia, blasts <3%, MF = 3
- JAK2V617F 33% and ASXL-1 15%

What is your treatment approach for this patient?

## Case: Managing Anemia on Ruxolitinib – 6-month FU

- Ruxolitinib at 10 mg BID resulted in resolution of symptoms and spleen now 2 cm
- WBC 7K, hemoglobin 6.3 g/dL, platelets 45K, blasts 2%
- Receiving RBC transfusions every 2-3 weeks

When and how do you make a decision about switching therapy or adding on to ruxolitinib?