Talking to your healthcare provider about myelofibrosis (MF) treatments

There is a lot to think about when you have MF. The disease and its subtypes may feel confusing or overwhelming at times. When things feel overwhelming, try to remember that there are many treatments to help manage your MF, and that you are not alone. Your healthcare team is there to support you.

We have created some questions to help you start talking with your healthcare provider about your MF and about what treatment may be right for you. You may want to use this guide more than once since your MF can change over time.

Healthcare Provider Discussion Guide

If you answered “Unsure” to any of the above, ask your healthcare provider for more information.

Other questions to ask your healthcare provider:
- Given my answers above, what are my treatment options?
- What are the pros and cons of those treatment options?
- What can I do to help improve my quality of life?

Find an MF specialist

Now that you have been diagnosed with MF, it is important to regularly see a doctor who specializes in MF. Scan the code or visit: mpncancerconnection.org/mpn-experts/
What Treatments are Available for MF?
Most medicines for MF aim to relieve the symptoms of the disease, but do not cure it. The following are some common medicines used to treat symptoms of MF:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Who uses this medicine?</th>
<th>What impact does it have on blood cell counts?</th>
<th>What are the possible benefits?</th>
<th>What are the possible side effects?</th>
<th>Specific benefits for patients with anemia?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruxolitinib (Jakafi®)</td>
<td>FDA approved for people with intermediate-risk and high-risk MF</td>
<td>Can reduce platelet and red blood cell count</td>
<td>May reduce spleen size and improve spleen-related symptoms and fatigue</td>
<td>May reduce platelet and blood cell counts further for patients with already low counts, bruising, dizziness, headache, and risk of infection</td>
<td>No</td>
</tr>
<tr>
<td>Fedratinib (Inrebic®)</td>
<td>FDA approved for patients with intermediate-risk-2 (INT-2) and high-risk MF</td>
<td>Can reduce platelet and red blood cell count</td>
<td>May reduce spleen size and symptom burden</td>
<td>May reduce blood cell counts further for patients with already low counts, nausea, vomiting, diarrhea, loss of appetite, and raised liver enzymes</td>
<td>No</td>
</tr>
<tr>
<td>Pacritinib (Vonjo™)</td>
<td>FDA approved for patients with intermediate-risk and high-risk MF</td>
<td>Does not cause low white blood cell or low platelet counts</td>
<td>May stop the biological pathways that cause MF symptoms and reduce spleen volume without reducing platelet count</td>
<td>May cause diarrhea nausea, anemia, and swelling in legs</td>
<td>Yes</td>
</tr>
<tr>
<td>Hydroxyurea (Hydrea®)</td>
<td>Used in patients with low-risk MF*</td>
<td>Can reduce blood cell counts (platelets, white blood cells, red blood cells)</td>
<td>May reduce spleen size</td>
<td>May cause below normal blood cell counts, fatigue, skin changes, diarrhea, constipation, skin cancer</td>
<td>No</td>
</tr>
<tr>
<td>Peginterferon alfa-2a</td>
<td>Used in patients with low-risk MF*</td>
<td>Can reduce blood cell counts (platelets, white blood cells, red blood cells)</td>
<td>May treat an enlarged spleen, bone pain, itching, night sweats</td>
<td>May cause fatigue, joint or muscle pain, flu-like illness, itching, throat swelling, or depression</td>
<td>No</td>
</tr>
</tbody>
</table>

Other possible procedures

- **Stem cell transplant:** This is the only procedure that may cure MF, but it comes with with extreme risks, including risk of fatality. This procedure is not appropriate for most older people or those with other health concerns.
- **Splenectomy (removal of the spleen)** is performed only in extreme cases.
- **Palliative care** focuses on pain relief.

*Though Interferon alfa and Hydroxyurea are not FDA-approved for MF treatment, they are often used off-label by doctors in clinical practice to treat MF.*

Having a low red blood cell count (also called anemia) can be a serious complication of MF. If you have anemia, you may need medicine that specifically treats anemia or a blood transfusion. Be sure to ask your doctor about how to manage anemia.