The mean (SD) spleen lengths were 15.6 (5.0) cm. Almost all spleen lengths were assessed during the baseline period, for switchers and non-switchers, respectively.

The primary objective of this first-of-its-kind, multinational, retrospective chart review study, is to assess the event-free survival rate of high-risk patients with PV who receive ruxolitinib as 1L therapy (switch or remain on switchers who continue receiving 1L therapy after suboptimal response) vs non-switchers.

The current analysis describes the characteristics of an interim sample of ruxolitinib switchers and non-switchers following suboptimal response by 1L therapy.

RESULTS

Baseline demographic characteristics

A total of 137 patients were included in the interim sample, 44 (32.1%) were classified as switchers and 93 (67.9%) as non-switchers (Table 1). Switchers tended to be younger than non-switchers at PV diagnosis (mean [SD], 66.5 [13.0] vs 73.0 [12.0] years) and at index date (68.9 [11.9] vs 73.0 [11.8] years) and were more likely male (52.3% vs 47.3%). Half of switchers had never smoked, while only 37.6% of non-switchers had never smoked.

Baseline mean body mass (BMI) of switchers was comparable between the two groups.

Switchers were more likely than non-switchers to have been hospitalized as an interventionist care for an investigational PV treatment (8.2% vs 3.3%)

Baseline clinical characteristics

More switchers (54.4%) than non-switchers (31.2%) had a history of thrombosis at time of PV diagnosis (Table 2).

Consistencies tended to be less prevalent in switchers than in non-switchers prior to the index date.

Consistencies reported in switchers vs non-switchers, respectively, included hypertension (43.3% vs 26.7%), cardiac conditions (16.7% vs 20.3%), hyperlipidemia (19.3% vs 25.4%), and diabetes (3.2% vs 6.1%).

Switchers had a higher proportion of obesity than non-switchers (15.9% vs 7.5%).

In both groups, fatigue (16.2% vs 16.1% non-switchers) and prurigo (15.8% vs 14.3%) were the most observed PV-related symptoms in the baseline period, proportions were similar between groups.

Fewer switchers (26.4%) than non-switchers (30.2%) received phlebotomies in the baseline period, while the means of procedures if performed were similar (3.6 [2.3] vs 3.2 [2.6] between groups).

Suboptimal response to first-line cytotherapy on the index date

The median (IQR) time from PV diagnosis to index date was shorter for switchers than non-switchers: 13.6 (12.3-22.3) vs 20.6 (14.7-37.0) months.

Figure 1. Study Design Scheme

Figure 2. Suboptimal Response Criteria on the Index Date*

Figure 3. Spleen Size Assessed by Palpation on the Index Date

Spleen assessments on the index date

Data from spleen size assessment by palpation were available for 13 switchers (29.3%) and 38 non-switchers (43.3%) on the index date (Figure 3).

On the index date, spleen lengths tended to have a lower proportion of normal spleen size (65.4% vs 81.5%) and a higher proportion of mild to moderate splenomegaly (38.5% vs 7.9%) than non-switchers.

Spleen length assessments revealed the following results:

- 20 switchers (45.5%) and 14 non-switchers (17.5%) had available spleen length results.
- The mean (SD) spleen lengths were 15.6 (5.6) and 13.8 (2.6) cm, respectively, which further restricted the findings from palpation.
- Almost all spleen lengths were assessed by ultrasonography.