Clinical studies of pacritinib have included patients across the cytopenic spectrum, including any grade of baseline (BL) anemia or thrombocytopenia.

To describe the dosing and efficacy of pacritinib in MF patients with cytopenic MF due to drug resistance or intolerance, a secondary analysis of the PERSIST-1 and PERSIST-2 trials was conducted. The trials enrolled patients with myelofibrosis (MF) and included those with cytopenic MF, defined as patients who had <100 x10^9 platelets/L and/or a baseline hemoglobin <8 g/dL. The analysis focused on patients who achieved any spleen reduction (SVR>0) (Figure 1).

Baseline TSS (IQR) remained consistent over time (Figure 4). Improvement in TSS was observed by week 12 with ongoing improvement sustained through week 24, particularly in patients with baseline hemoglobin <8 g/dL (Figure 5).

• Patients achieved any spleen reduction (SVR>0) in 75% of patients across all cytopenia groups.
• Median changes in TSS (IQR) were observed by week 12 with ongoing improvement sustained through week 24, particularly in patients with baseline hemoglobin <8 g/dL.

• Any improvement in symptoms (TSS>0) occurred in 80-87.5% of patients across all cytopenia groups.
• Improvement in TSS was observed by week 12 with ongoing improvement sustained through week 24, particularly in patients with baseline hemoglobin <8 g/dL.

• Median hemoglobin remained stable through week 24 (Figure 7), with some improvement in the subgroup with baseline hemoglobin <8 g/dL.

CONCLUSIONS:
• Pacritinib demonstrates consistent efficacy for spleen and symptom reduction in patients with MF regardless of baseline blood counts.
• This consistent effect may be related to pacritinib’s unique mechanism of action and its ability to be delivered at full dose in patients regardless of cytopenias.

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