

About Myelofibrosis

What is Myelofibrosis?

Myelofibrosis (MF) is a potentially fatal cancer of the bone marrow impacting the normal production of blood cells.ⁱ

It is characterised by the buildup of excessive scar tissue in the bone marrow, which interferes with the production of healthy blood cells and can lead to severe anaemia, weakness, fatigue and a condition known as splenomegaly or an enlarged spleen.ⁱⁱ In patients with MF, anaemia is commonly associated with poor prognosis, reduced quality of life and shortened overall survival.^{iii,iv}

MF is one of a related group of blood cancers known as myeloproliferative neoplasms (MPNs), in which the bone marrow makes too many red blood cells, white blood cells, or platelets.^v

Patients & prevalence

20,000

MF affects approximately 20,000 patients in the US^{vi}

1 in 500,000

MF occurs in 1 in 500,000 people worldwide^{vii}

Men & Women

It affects both men and women in equal numbers^{vii}

50+

It is usually diagnosed in people over the age of 50, however, MF can occur at any ageⁱⁱ

Causes

MF can occur independently (primary MF) or as a result of another bone marrow disorder (secondary MF).ⁱⁱ

MF develops when a genetic mutation occurs in blood stem cells in the bone marrow, which reproduce and divide, passing the mutation into specialised cells that make up the blood. The cause of this genetic mutation is unknown. MF is not an inherited disease.^{viii}

Over time, the production of abnormal cells causes scarring in the bone marrow, outpacing the bone marrow's ability to produce enough normal blood cells, resulting in severe anaemia, weakness, bone pain, fatigue and increased risk of infection.^{ix}

Signs & symptoms



MF usually develops slowly. As disruption of normal blood cell production increases, signs and symptoms may include:^{vii}

Symptoms related to low blood cell counts

- Feeling tired, weak or short of breath, due to a low red blood cell count (anaemia)
- Easy bleeding or bruising, due to low platelet count
- Frequent infections, due to a low white blood cell count

Symptoms related to splenomegaly

- Pain or fullness below the ribs on the left side

Constitutional symptoms

- Night sweats
- Fever
- Bone or joint pain
- An enlarged liver
- Pale skin
- Weight loss

About anaemia in MF

40%

At diagnosis, approximately 40% of patients are already anaemicⁱⁱⁱ

24%

At diagnosis, almost a quarter of patients are transfusion dependent^{iii,x}

50%

About half of patients require transfusions within the first year following diagnosis^{xi}

~100%

Nearly all myelofibrosis patients will eventually develop anaemiaⁱⁱⁱ

Diagnosis

Several specialised tests and procedures may be used to diagnose myelofibrosis, including:^{xi}

- Blood tests, including a complete blood count (CBC)
- Imaging tests, such as X-rays and MRIs
- Bone marrow exams, such as biopsy and aspiration
- Genetic testing



Treatment and treatment challenges

Since MF remains an incurable disease at this time, treatment goals primarily include symptom relief and reducing the risk of complications.^x However, currently-approved treatments do not address the full spectrum of symptoms and can negatively impact blood cell production, leading to worsening anaemia.^{xii}

Over the course of their disease, patients may be treated with one or more of these therapies:^x

- Blood transfusions
- Hormone therapy
- Immunomodulatory drugs
- Targeted therapy
- Chemotherapy
- Splenectomy (surgical removal of the spleen)
- Radiation therapy
- Stem cell transplant

ⁱChifotides HT, Bose P, Verstovsek S. Mometinib: an emerging treatment for myelofibrosis patients with anemia. J Hematol Oncol. 2022;15(7):1-18. <https://doi.org/10.1186/s13045-021-01157-4>

ⁱⁱMayo Clinic. Myelofibrosis. 2022. Accessed October 2022. <https://www.mayoclinic.org/diseases-conditions/myelofibrosis/symptoms-causes/syc-20355057>

ⁱⁱⁱNaymagon L, Mascarenhas J. Myelofibrosis-Related Anemia: Current and Emerging Therapeutic Strategies. Hemosphere. 2017;1(1):e1-9. doi: 10.1097/H59.0000000000000001

^{iv}Gupta V, Harrison C, Hexner EO, Al-Ali HK, Foltz L, Montgomery M, Sun W, Gopalakrishna P, Kantarjian H, Verstovsek S. The impact of anemia on overall survival in patients with myelofibrosis treated with ruxolitinib in the COMFORT studies. Haematologica. 2016;101(12):e482-e484. doi: 10.3324/haematol.2016.151449

^vNIH National Cancer Institute. Chronic Myeloproliferative Neoplasms Treatment (PDQ®)—Patient Version. Accessed October 2022. <https://www.cancer.gov/types/myeloproliferative/patient/chronic-treatment-pdq>

^{vi}Palmer J, Mesa R. The role of fedratinib for the treatment of patients with primary or secondary myelofibrosis. Ther Adv Hematol. 2020;11:1-7. doi: 10.1177/2040620720925201

^{vii}NIH National Library of Medicine. Primary Myelofibrosis. Accessed October 2022. <https://medlineplus.gov/genetics/condition/primary-myelofibrosis/>

^{viii}MPN Research Foundation. Primary Myelofibrosis (PMF). Accessed October 2022. <http://www.mpnresearchfoundation.org/primary-myelofibrosis-pmf/>

^{ix}National Organization for Rare Disorders (NORD). Primary Myelofibrosis. Accessed August 2022. <https://rarediseases.org/rare-diseases/primary-myelofibrosis/>

^xTefferi A, Lasho TL, Jimma T, Finke CM, Gangat N, Vaidya R, Begna KH, Al-Kali A, Ketterling RP, Hanson CA, Pardanani A. One thousand patients with primary myelofibrosis: the mayo clinic experience. Mayo Clin Proc. 2012;87(1):25-33. doi: 10.1016/j.mayocp.2011.11.001

^{xi}Mayo Clinic. Myelofibrosis Diagnosis. Accessed October 2021. <https://www.mayoclinic.org/diseases-conditions/myelofibrosis/diagnosis-treatment/drc-20355062>

^{xii}Pardanani A, Tefferi A. Prognostic relevance of anemia and transfusion dependency in myelodysplastic syndromes and primary myelofibrosis. Haematologica. 2011;96(1): 8-10. <https://doi.org/10.3324/haematol.2010.035519>