Real-World Treatment Patterns and Outcomes in Patients With Myelofibrosis Treated With Pacritinib Previously Treated With Ruxolitinib

John O Mascarenhas[1], Samantha Eiffert[2*], Michael Marrone[3], Lisa Morere[2], Abiola Oladapo[3], Anubhav Sharma[2], Purvi Suthar[3], Anupama Vasudevan[2*], Michael Vredenburg[3], Raajit K Rampal[4]

[1]Icahn School of Medicine at Mount Sinai, New York, NY, USA; [2]IntegraConnect, PrecisionQ, West Palm Beach, FL, USA; [3]Sobi Inc, Waltham, MA, USA; [4]Memorial Sloan Kettering Cancer Center, New York, NY, USA

*At the time the study was conducted.

CONCLUSIONS

- **Real-world data on pacritinib (PAC)-treated patients with myelofibrosis (MF) who were previously treated with ruxolitinib (RUX) demonstrate hematologic stability**
- **The observed median overall survival (OS) of over 23 months compares favorably with historic reports, which documented a median OS of 11 to 14 months following RUX discontinuation[1]**

BACKGROUND

- RUX is a Janus kinase (JAK)1/2 inhibitor known to induce myelosuppression and is often used at suboptimal doses due to concerns of, or in response to treatment-related cytopenia[2]
- Unlike RUX, PAC is a JAK1–sparing inhibitor of JAK2/IRAK1/ACVR1 that can be used at full dose with consistent efficiency regardless of the presence or absence of cytopenia[3,4]

AIM

To evaluate real-world treatment patterns and outcomes in PAC-treated patients with MF following a switch from RUX

METHODS

- The Integra-PrecisionQ database, including electronic health and practice management data (80% community oncology practices), was used to identify patients with MF (based on *International Classification of Diseases, Tenth Revision* [*ICD-10*] diagnostic codes: D47.4, D75.81, and D47.1) who initiated treatment with PAC (index) between June 1, 2022, and June 30, 2024, following prior treatment with RUX
- Data were extracted from the index date to the end of data availability, death, or end of study (September 30, 2024), whichever occurred first
- Treatment patterns and outcomes were assessed:
  - Platelet (PLT) and hemoglobin (Hb) levels from index through the end of the study period
  - OS and 12-month survival probabilities were estimated
- Continuous variables were summarized using median, and interquartile range and categorical variables were described using counts and percentages. Survival probabilities were estimated using the Kaplan-Meier method

RESULTS

- Median (interquartile range [IQR]) age at MF diagnosis was 71 years (63-76; **Table 1**)
- Median (IQR) time from MF diagnosis to PAC initiation (index) was 27.5 (10.1-67.4) months (**Table 1**)

Table 1. Patient demographics and clinical characteristics (N = 115)

Age at MF diagnosis, years	
Median (IQR)	71 (63-76)
Sex, n (%)	
Female	63 (54.7)
Race, n (%)	
White	76 (66.1)
Black or African American	5 (4.3)
Asian	1 (0.9)
Other/unknown	33 (28.7)
Time from MF diagnosis to PAC initiation (index), months	
Median (IQR)	27.5 (10.1-67.4)
Age at PAC initiation (index), years	
Median (IQR)	75 (68.0-80.0)
Follow-up from PAC initiation (index), months	
Median (IQR)	10.0 (4.0-15.0)
PLT count at PAC initiation (index), × 10^9/L (n = 96)[a]	
Median (IQR)	87.0 (47.3-179.0)
Hb level at PAC initiation (index), g/dL (n = 96)[a]	
Median (IQR)	8.8 (7.6-10.6)

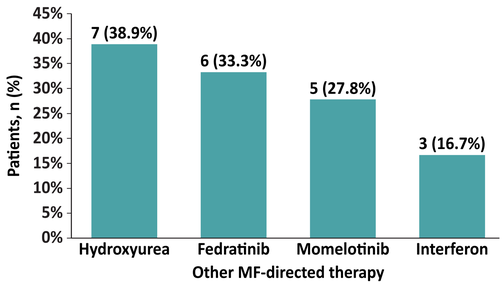
[a]Patients who had PLT and Hb data were available at index and during follow-up.
Hb, hemoglobin; IQR, interquartile range; MF, myelofibrosis; PAC, pacritinib; PLT, platelet.

Treatment Patterns With PAC

- Median (IQR) duration between RUX discontinuation and PAC initiation was 1 day (1-56.5)
- Most patients (84.3%, 97/115) switched directly from RUX to PAC and 15.7% (18/115) received other MF-directed therapy between RUX discontinuation and PAC initiation (**Figure 1**)
- Across all patients treated with RUX prior to PAC, 64.3% (74/115) were treated with PAC in the second-line of MF-directed therapy
- Median (IQR) duration of PAC use was 6.0 (2.3-10.8) months among 62 patients with ≥9 months follow-up

Copies obtained through the Quick Response (QR) code are for personal use only.

Figure 1. MF-directed therapies received following RUX discontinuation and prior to PAC initiation

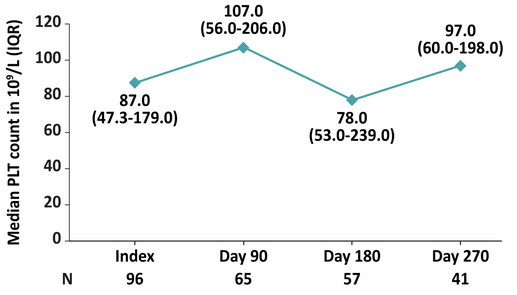


The total patient count exceeded 18 because some received multiple lines of therapy between RUX discontinuation and PAC initiation.
MF, myelofibrosis; PAC, pacritinib; RUX, ruxolitinib.

PLT and Hb Response With PAC Treatment

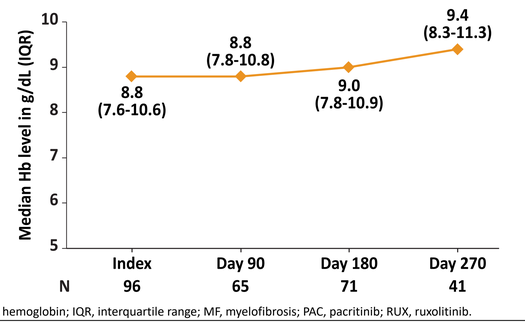
- In PAC-treated patients with MF and prior RUX treatment, the median PLT count and Hb levels remained relatively stable from index through post-index day 270 (**Figure 2 and 3**)

Figure 2. Impact of PAC on PLT counts in patients with MF following prior RUX treatment



IQR, interquartile range; MF, myelofibrosis; PAC, pacritinib; PLT, platelet; RUX, ruxolitinib.

Figure 3. Impact of PAC on Hb levels in patients with MF following prior RUX treatment



Hb, hemoglobin; IQR, interquartile range; MF, myelofibrosis; PAC, pacritinib; RUX, ruxolitinib.

Overall Survival

- The median OS from PAC initiation was 23.5 (95% CI, 15.8-inf) months
- The 6-month survival probability was 82.4% (95% CI, 73.7-88.4)
- The 12-month survival probability was 67.3% (95% CI, 56.5-76.0)

Limitations

- As patients were managed in predominantly community settings, the results may not be generalizable beyond the study population
- As with other retrospective studies, there is a risk of missing or incomplete information as data may not be uniformly available for all patients at standardized time intervals

REFERENCES

1. Tang D, et al. *Blood*. 2019; 134:3457. 2. Vachhani P, et al. *Expert Opin Pharmacother.* 2023;24:901-912. 3. Mascarenhas J, et al. *Expert Rev Hematol.* 2022;15:671-684. 4. Gagelmann N, et al. *Clin Lymphoma Myeloma Leuk*. 2024;24:796-803.

DISCLOSURES AND ACKNOWLEDGEMENTS

This poster was created by the authors in accordance with Good Publication Practice (GPP) 2022 guidelines (https://www.ismpp.org/gpp-2022). Sobi reviewed and provided feedback on the poster. The authors had full editorial control of the poster and provided their final approval of all content. MM, AO, PS, and MV are employees of Sobi Inc. SE, LM, AS, AV are employees of IntegraConnect and hold stock in the company. RKR has received con-sulting fees from Stemline Corporation, Celgene, Agios Pharmaceuticals, Apexx Oncology, Beyond Spring, Partner Therapeutics, and Jazz Pharmaceuticals and has received research funding from Constellation Pharmaceuticals, Incyte, and Stemline Therapeutics. JOM has received research funding paid to the institution from Incyte, Sobi, Novartis, AbbVie, Geron, Kartos, BMS, Karyopharm, Ajax, Disc, PharmaEssentia and consulting fees from Incyte, Novartis, AbbVie, Sobi, Geron, Kartos, Karyopharm, GSK, PharmaEssentia, Blueprint Medicines, Keros, Sumitomo, Merck, Roche, Disc, Pfizer, and BMS. Editorial and medical writing support was provided by Sonali K. Kalra, PhD, of rareLife solutions, Westport, CT, USA, and the study was funded by Sobi, Inc.

For additional information contact: michael.marrone@sobi.com