Long-Term Significant Improvement in Quality of Life in Patients With Chronic Myeloproliferative Neoplasms and Myelofibrosis Treated With the JAK1/JAK2 Inhibitor Ruxolitinib

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Introduction

Chronic Myeloproliferative Neoplasms (CMPN), in addition to shortening the life of patients, severely affect their quality of life because of the general symptoms of cytokine-mediated wasting and those resulting from the massive splenomegaly characteristic of these diseases. Objective measurement of myelofibrosis symptoms is essential due to the presence of general symptoms of wasting and is considered to have adverse prognostic value for survival. Systematic measurement of symptoms in myelofibrosis is essential for the evaluation of the outcome of treatment with JAK-2 inhibitors.

Objetive

To assess the long-term quality of life of patients with Chronic Myeloproliferative Neoplasms treated with Ruxolitinib.

Methods

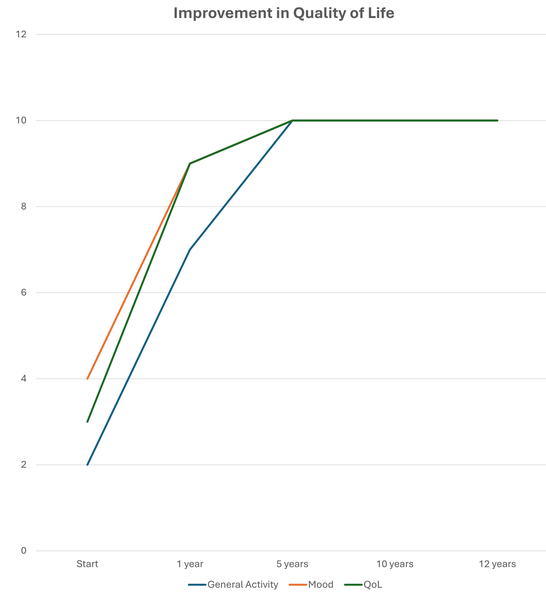
There was applied the questionnaire Myelofibrosis Symptom Assessment Form (Mesa et al. Leukemia Research. 2009: 33; 1199-1203) at start, 1, 5, 10 and 12 years of treatment to 16 patients included in the Compassionate Use of Ruxolitinib Program: 8 men and 8 women were included with a median age of 63 years (55-82); 4 patients with primary Myelofibrosis, 3 with Myelofibrosis post Polycitemia vera and 9 with Myelofibrosis post essential Thrombocythemia. The median follow-up was 10 years (8-12). The patients started with a dose of 20 mg of Ruxolitinib orally every 12 hours.

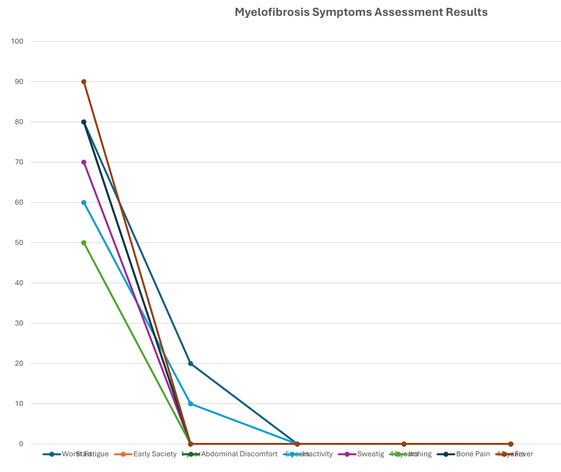
Results

Between the start and 12 years of follow up there was statistically significant difference for all variables

(P= <0.001, CI: 95%). The most significant changes were observed when comparing data at baseline and follow-up to the maximum time.

However, were obvious from the first quarter of observation on fatigue and symptoms dependent splenomegaly and most general symptoms, which disappeared after 3 months of treatment and in the perception of the quality of life of patients. The variables with lower proportional change recorded were general activity, mood, walking tolerance and everyday work.





Conclusion

The treatment of CMPN with Ruxolitinib represents a major advance in the management of malignant myeloproliferative diseases and achieved excellent improvement in overall survival, constitutional symptom control, splenomegaly and the general perception of the QoL of these patients.