ACCESS BARRIERS AND TREATMENT PATTERNS IN PHILADELPHIA-NEGATIVE MYELOPROLIFERATIVE NEOPLASMS (PH- MPN): INSIGHTS FROM A BRAZILIAN PHYSICIAN SURVEY

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Introduction

Effective management of Philadelphia-negative myeloproliferative neoplasms (Ph-MPNs)—polycythemia vera (PV), essential thrombocythemia (ET), and myelofibrosis (MF)—requires accurate diagnosis and tailored therapies. Understanding real-world clinical practices is crucial to identify gaps in access to diagnostics and treatments, particularly in resource limited settings.

Aim

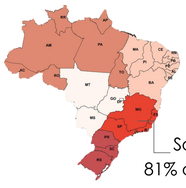
To conduct a survey among Brazilian hematologists assessing their current practices and potential challenges in managing patients with Ph- MPN.

Methods

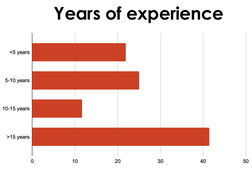
From March to July 2025, an anonymous, internet-based survey with 31 questions was distributed to hematologists across Brazil. The survey assessed physician profiles, diagnostic procedures and therapeutic decisions regarding Ph- MPNs. Data were collected using the REDCap platform.

Results

We received **128 responses** over the 5 months.

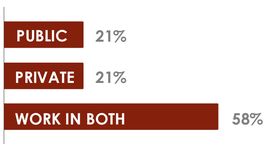


Southeast
81% of responses



Among the responders, 41% had >15 years of experience in practice, and 81% were from the Southeast Region of Brazil.





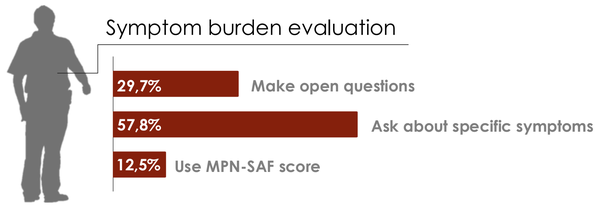
69% DID NOT HAVE A SPECIFIC CLINIC FOR PH-MPN PATIENTS

21% DID NOT HAVE A ACCESS TO A HEMATOPATHOLOGIST TO SEND BONE MARROW SAMPLES

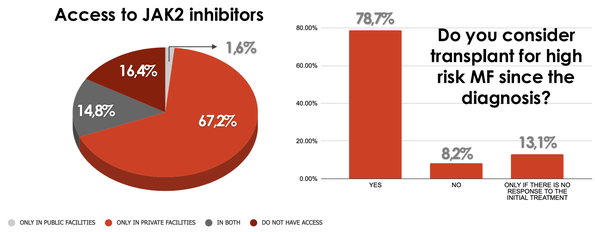
While almost everyone had access to testing for **JAK2 mutation**, 28% did not have access to exams for **CALR** and **MPL** mutation, and 47% did the latter only in the private setting. **60% did not have access to Next Generation Sequencing (NGS)**

ACCESS TO SPECIFIC TESTING ACCORDING TO THE TYPE OF FACILITY			
	JAK2	CALR and MPL	NGS
PUBLIC ONLY	9,5%	6,3%	0,8%
BOTH	46,8%	19,5%	0,8%
PRIVATE ONLY	38,9%	46,9%	38,6%
DO NOT HAVE ACCESS	4,8%	27,3%	59,8%

Only **13%** use the **MPN SAF score** to assess the symptom burden of their patients.



For treatment of MF, JAK2 inhibitors are available almost exclusively in private settings (67%). For high-risk MF patients, 79% of respondents considered allogeneic bone marrow transplantation as a treatment option.



Regarding challenges in MPN management, 82% cited **ordering molecular and genetic tests** as the primary difficulty, while 71% identified **access to newer therapies**.

Major barriers in the brazilian healthy system perceived bt physicians		
1	Ordering molecular and genetic tests	82,4%
2	Access to newer therapies	71,2%
3	Management after 1° line failure	51,2%
4	Referral to a transplant center	30,4%

Conclusions

This is the first Brazilian survey about Ph- MPN patient management. It highlights disparities in diagnostic and treatment access, particularly in the public healthcare system. Additionally, symptom burden questionnaires are underutilized. Data are still being collected, with the expectation of more robust numbers for future analyses. This information could help us understand not only our practices as Brazilian physicians but also possible knowledge gaps and major access issues.

References

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