Results

Patient Disposition
- Of 222 patients with MF enrolled in MOST, 204 were included in this analysis (Figure 2).
- Median (range) time from MF diagnosis to enrollment was 1.8 (0-38) years.
- During the study, 12 (20.3%) had PD due to disease progression, and 4 (6.8%) died due to LT.
- The percentages of patients with

- Change in hematologic parameters, spleen size, and MF-associated symptoms were similar between the low-risk and INT-1-risk groups.
- Change in blast counts was higher in the low-risk group compared with the INT-1-risk group.
- LT and death due to disease progression were higher in the INT-1-risk group compared with the low-risk group.

Physician-Reported Indicators of PD by MF Risk Category
- Among the 55 patients with physician-reported PD, 15 (27.3%) had LT, 12 (20.3%) died due to disease progression, and 4 (6.8%) died due to other causes.

Physician-reported indicators of disease progression by MF risk category are shown in Figure 3. The percentages of patients with

- Change in hematologic parameters, spleen size, and MF-associated symptoms were similar between the low-risk and INT-1-risk groups.
- Change in blast counts was higher in the low-risk group compared with the INT-1-risk group.
- LT and death due to disease progression were higher in the INT-1-risk group compared with the low-risk group.

Figure 3. Physician-Reported Indicators of PD by MF Risk Category

Table 4. Physician-Reported Symptoms and Signs at Enrollment

Physician-Reported Signs and Symptoms
- The symptomatology of patients recorded at time of enrollment was not significantly different for patients with PD compared with patients without PD during the study (Table 4).

Table 4. Physician-Reported Symptoms and Signs at Enrollment

Table 5. Disease Characteristics at Enrollment by MF-Directed Monotherapy

Monotherapy

- Longer time from diagnosis to enrollment was associated with PD compared with patients receiving hydroxyurea.
- Patients who had PD during the study were more likely to have INT-1-risk (by age >65 years) compared with patients without PD.
- Fewer patients on monotherapy with PD vs without PD were receiving hydroxyurea at enrollment.
- Patients who had PD during the study compared with patients with no PD during the study

- Patients with ≥1 symptom at enrollment, n (%) 117 (57.4) 74 (55.2) 7 (5.2) 0
- Fever 5 (2.5) 3 (5.1) 0
- Fatigue 13 (6.4) 9 (6.8) 0
- Weight loss 13 (6.4) 8 (6.0) 0
- Власти 3 (27.3) 0 0
- Other 1 (9.1) 0 0

Table 5. Disease Characteristics at Enrollment by MF-Directed Monotherapy

Physician-Reported Indicators of PD

- The most common monotherapies received by patients at enrollment were hydroxyurea (44.4%) and ruxolitinib (41.9%).
- Although a higher percentage of patients who had PD were receiving hydroxyurea, patients with PD compared with patients receiving hydroxyurea were more likely to have risk factors for PD.
- Patients receiving ruxolitinib at enrollment were more and only those with PD compared with patients receiving hydroxyurea compared with patients receiving ruxolitinib.

- This real-world analysis of data from 244 patients enrolled in MOST describes the disease progression of patients with low-risk or INT-1-risk (by age >65 years) MF.
- Of the 244 patients analyzed, 59 (28.9%) had physician-reported PD during the study, of whom 23.4% had LT and 29.3% died due to disease progression.
- Physicians reported receiving ruxolitinib at enrollment were more likely to have risk factors for PD.
- Patients receiving ruxolitinib at enrollment were more and only those with PD compared with patients receiving hydroxyurea.

- This suggests that ruxolitinib use is greater in patients at higher risk for disease progression.
- Further analysis of molecular and post-baseline data may provide insight into risk factors for PD in this population.

Table 7. Disease Characteristics at Enrollment by MF-Directed Therapy

Table 7. Disease Characteristics at Enrollment by MF-Directed Therapy

Conclusions