

Meet The Professor: Current and Future Management of Myelofibrosis —
Part 1 of a 6-Part Series

THE CORRECT ANSWER IS INDICATED WITH YELLOW HIGHLIGHTING.

1. Patients with myelofibrosis receiving which of the following therapies in the Phase III PERSIST-2 trial experienced the greatest reduction in total symptom score?
 - a. Pacritinib 400 mg per day
 - b. Pacritinib 200 mg twice a day**
 - c. Ruxolitinib
 - d. Total symptom score was equivalent among the treatment arms
2. Which of the following Grade 3 or higher adverse events was most commonly observed in patients with myelofibrosis treated with 400 mg of fedratinib on the JAKARTA trial?
 - a. Fatigue
 - b. Diarrhea
 - c. Increased lipase
 - d. Anemia**
3. Which of the following genes is an additional target of the JAK1/2 inhibitor momelotinib used in the treatment of myelofibrosis?
 - a. ACVR1**
 - b. CD34
 - c. GATA1
 - d. PRV1
4. In the PERSIST-1 trial evaluating pacritinib versus best available therapy for patients with myelofibrosis, the greatest reduction ($\geq 35\%$) in spleen volume at 24 weeks was reported for patients in which platelet subgroup?
 - a. None — response was equivalent across platelet counts
 - b. Patients with platelets $< 50,000/\mu\text{L}$**
 - c. Patients with platelets $< 100,000/\mu\text{L}$
5. Which of the following statements best describes the thrombocytopenia observed with navitoclax and ruxolitinib in a Phase II investigation for patients with myelofibrosis and prior disease progression or suboptimal response?
 - a. Thrombocytopenia was accompanied by clinically significant bleeding
 - b. Thrombocytopenia was irreversible and led to dose discontinuation in $> 50\%$ of patients
 - c. Thrombocytopenia was reversible and manageable with dose reductions and interruptions**
 - d. Thrombocytopenia was not commonly observed