

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/assessing-the-burden-of-myelofibrosis-related-anemia/14707/>

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Assessing the Burden of Myelofibrosis-Related Anemia

Announcer:

Welcome to *Project Oncology* on ReachMD. On this episode, sponsored by GSK, we'll hear from Dr. Srdan Verstovsek, who's a Professor in the Department of Leukemia at the University of Texas MD Anderson Cancer Center. He'll be discussing the burden of anemia in myelofibrosis. Here's Dr. Verstovsek now.

Dr. Verstovsek:

Unfortunately, anemia is very prevalent in patients with myelofibrosis. Even at the time of diagnosis, we have about 40 to 60 percent of patients having anemia, which is defined as hemoglobin less than 10. About a quarter of these patients in total will actually require a transfusion. And even about 5 to 10 percent of patients are so much requiring a transfusion that we call them transfusion dependent. That means a couple of transfusions a month, actually. And so that number of patients increases over time as people live with myelofibrosis, and we know they live about 5 to 7 years. So by the end of their life, almost everybody's anemic. It's a sorry state of myelofibrosis of relatively aggressive myeloproliferative neoplasm.

We unfortunately at this moment do not have approved therapies for the management of patients with anemia, and we are struggling to help patients avoid transfusion dependence. When we talk about anemia management, this is an area of unmet need for us in the community of myelofibrosis doctors and patients.

The anemia and associated dependency on the transfusions of red blood cells impact a lot of patients' quality of life. You can imagine that because red blood cells carry oxygen and you don't have enough of them, the oxygen deprivation will lead to increased fatigue and weakness, shortness of breath, and the function of the organs like your brain or your heart may be affected. The quality of life therefore is poor.

The quality of life certainly is ultimately a goal for us when we talk about treatment of myelofibrosis patients and in anemia specifically because they're so connected to one another. And I would hope in the very near future we'll have new therapies for anemia to improve the blood cell count, and that will then lead to massive improvement in the quality of life.

Announcer:

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