Impact of risk stratification by IPSS-R and IPSS-M on the IPSS-defined ASCERTAIN patient population

- Reclassification from IPSS to IPSS-R or IPSS-M upgraded multiple subjects from a LR to a HR category, describing the ASCERTAIN patient population as a majority higher-risk population with worse prognosis than previously assumed from IPSS.

- The efficacy as measured by the CR rates did not change from redefining HR risk categories after migration from IPSS to IPSS-R and IPSS-M.

- No significant difference in CR rates was observed from redefining HR and LR risk categories after migration from IPSS to IPSS-R and IPSS-M.

- The c-index improves with migration from IPSS to IPSS-R to IPSS-M, suggests that the IPSS-M score is more effective in predicting patient outcome, in particular the impact of variations in the TPS, MLL, and FLT3 mutations.

Conclusions

- IPSS, IPSS-R, and IPSS-M showed a clear separation of the different risk categories for OS.

- IPSS, IPSS-R, and IPSS-M showed a clear separation of the different risk categories for LFS.

- The c-index improved with migration from IPSS to IPSS-R and IPSS-M for OS and LFS, indicating better ability to predict patient outcome compared to IPSS-R and IPSS-M.

- The ASCERTAIN population is more accurately stratified using IPSS-R and IPSS-M compared to IPSS.