Platelet Response in Pacritinib-Treated Patients with Cytopenic Myelofibrosis: a Retrospective Analysis of PERSIST-2 and PAC203 Studies

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RESULTS

Baseline characteristics in HI-P responders and non-responders

• Of 117 patients randomized to pacritinib (75 from PERSIST-2, 42 from PAC203), 16% (n=19) experienced HI-P on study (as defined in methods).

• 14 of the 19 HI-P patients had sustained platelet improvement over ≥12 weeks.

• Among the HI-P responders, 32% of patients were ruxolitinib naïve (n=6), while the remaining 68% had prior ruxolitinib exposure (n=13), with a median dose of 10 mg BID.

By contract, only 5% (4/77) of patients on BAT achieved HI-P.

Platelet improvement in HI-P responders

• Platelet improvement was noted within the first 12 weeks in most HI-P responders treated with pacritinib, whereas platelet improvement remained stable, on average, among non-responders (Figure 1).

• A subset of patients with ruxolitinib exposure in previous 30 days (1/19) were analyzed to evaluate if the recent ruxolitinib exposure and washout of drug was responsible for HI-P.

• Mean PLT count increased from 56 to 141 x10^9/L at week 12 among these responders.

• In the remaining 8 patients without recent ruxolitinib exposure, PLT count increased from 59 to 102 x10^9/L at week 12 (Figure 2).

Figure 1. Mean change in platelet count from baseline over time on pacritinib 200 mg BID among HI-P responders vs non-responders, PERSIST-2 & PAC203

Figure 2. Change in platelets over time, PERSIST-2 & PAC203, pacritinib 200 mg BID

There was no difference noted in the magnitude of spleen volume or symptom score reduction in HI-P responders vs non-responders.

Association between PLT increase and improvement in bone marrow fibrosis

• Among the 36 patients on pacritinib with available bone marrow data from baseline and week 24, Hi-P responders were numerically more likely to have bone marrow fibrosis reduction (67%, n=4/6) compared to non-responders (23%, n=7/30, P=0.057, Figure 3).

Figure 3. Change in marrow fibrosis in HI-P responders vs non-responders, PERSIST-2 & PAC203, pacritinib 200 mg BID

Safety similar between HI-P responders and non-responders

• There was no difference in the rate of hemorrhagic events (by standardized MedDRA queries) in HI-P responders vs non-responders (47% vs 46%), though grade 3 bleeding was observed at lower frequency in responders compared to non-responders (10.3% vs 16%).

• Other commonly reported adverse events with pacritinib occurred at similar frequency between HI-P responders and non-responders.