





Low-risk PV patients eligible for cytoreduction

CYTOREDUCTION RECOMMENDED

- Poor tolerance to phlebotomy (recurrent syncopes or blood phobia or severe difficulties in venous access)
- Symptomatic progressive splenomegaly (increase by >5 cm in the past year)
- Persistent leukocytosis (WBC >20×10⁹
 /L) for 3 months

CYTOREDUCTION SHOULD BE CONSIDERED

- Progressive (≥100% increase if baseline count is <10×10⁹/L or at ≥ 50% increase if baseline count is >10 ×10⁹/L) and persistent (WBC >15 ×10⁹/L for 3 months) leukocytosis.
- Extreme thrombocytosis (>1500 × 10⁹ /L)
- Inadequate Hct control with phlebotomies (need for ≥ 6 phls per year for ≥ 2 years).

TRIAL OR CYTOREDUCTION CAN BE CONSIDERED

- High symptom burden (TSS ≥20) or severe itching (itching score ≥5) that are not ameliorated by phlebotomy, antiplatelet therapy, or antihistamine.
- Relevant cardiovascular risk (hypertension, diabetes, dyslipidemia, overweight)

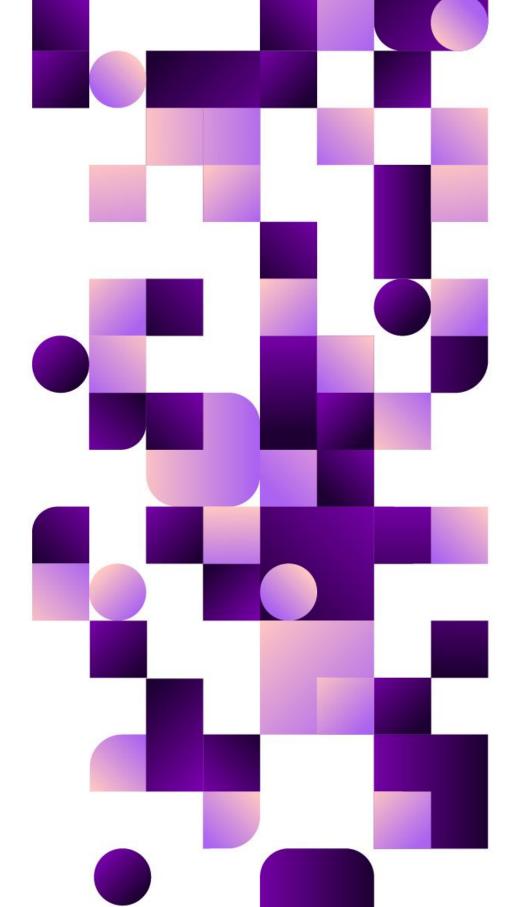
High JAK2 VAF^{2,3}

Higher absolute neutrophil count⁴

According to the indications of the European leukemia Net, start of cytoreductive therapy in low-risk patients:

- 1. Is recommended in patients with poor tolerance to phlebotomy, symptomatic progressive splenomegaly, and persistent leukocytosis
- 2. Should be considered in patients with progressive leukocytosis, extreme thrombocytosis, or inadequate hematocrit control
- 3. Can be considered in patients with high symptom burden and/or with uncontrolled cardiovascular risk factors Also, high allele burden of the JAK2V617F mutation and high absolute neutrophil count have been associated with increased thrombotic risk and should be taken into account when establishing the indication for starting cytoreduction in PV





Il presente documento è il prodotto finale del progetto Clinical Assessment of resistance and Intolerance to Hydroxyurea as Criteria for Second-line Treatment in patients with Polycythemia Vera, condotto nel corso del 2023 e 2024 dal Working Party GIMEMA sulle Neoplasie Mieloproliferative Croniche.

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