

Polycythemia Vera

TREATMENT OF LOW-RISK POLYCYTHEMIA VERA

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TREATMENT OF LOW-RISK POLYCYTHEMIA VERA

Manage cardiovascular risk factors
Aspirin (100 mg/day)
Phlebotomy (to maintain hematocrit <45%)
Control atherosclerotic risk factors: hypertension, dyslipidemia, diabetes and obesity as well as smoking cessation

Asymptomatic with no indications for cytoreductive therapy

Continue aspirin with phlebotomy

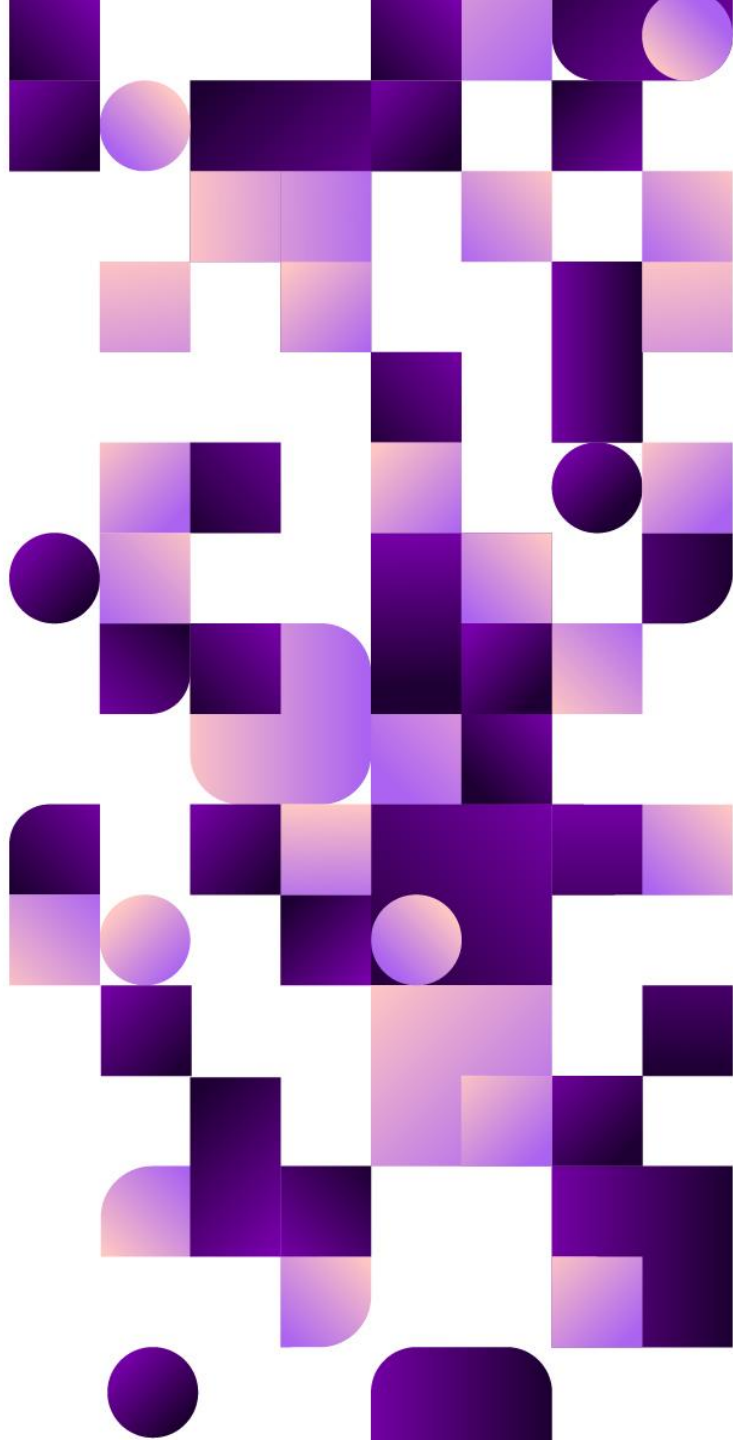
Symptomatic with potential indications for cytoreductive therapy

LOW-RISK PV PATIENTS ELIGIBLE FOR CYTOREDUCTION

Disease progression
Splenomegaly
Progressive thrombocytosis and/or leukocytosis
Disease-related symptoms (eg, pruritus, night sweats, fatigue)
Anemia or sustained loss of requirement of either phlebotomy

See ICC, and WHO diagnostic criteria for post-PV MF or for Accelerated/blast phase (BP) MPN





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.

EXPERT PANEL

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