Frequent symptoms include fatigue, night sweats, pruritus, abdominal pain, early satiety, etc. Some patients have early morning fatigue or require naps during the day. 

In a retrospective study of 1000 pts with primary MF treated at the Mayo Clinic, the incidence of baseline thrombocytopenia increased dramatically within an early 1 year period.

- A retrospective study of 1000 pts with primary MF treated at the Mayo Clinic, the incidence of baseline thrombocytopenia increased from 10% at diagnosis to 29% within 1 year after diagnosis. 

- Patients with MF have significantly greater tumor burden, resulting in baseline platelet levels below 100,000/μL in a significant proportion of pts. 

- Platelets <100,000/μL in 25% of pts treated with pacritinib vs BAT.

- Among pts with baseline thrombocytopenia treated with pacritinib vs BAT, 50% decrease in platelet level was observed by 12 weeks and 74% of pts had baseline platelets >100,000/μL after 24 weeks. 

- Duration of SVR ≥35% was 48 weeks (24, NA) and 57 weeks (25, NA), respectively, for pacritinib and BAT, respectively.

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- Achieving TSS minimally better at 24 weeks among pacritinib-treated pts (0/29) vs BAT (1/26).

- Among pts with baseline (BL) thrombocytopenia treated with pacritinib; 60% of pts had baseline platelets >100,000/μL at Week 24.

- The majority of pts had primary MF, BM-2-3 stage disease, >50% had baseline platelet levels; stratified for Intermediate- or high-risk disease (by MRI/CT) from baseline to Week 24.

- 69% of pts who crossed over to receive pacritinib had baseline platelet levels >100,000/μL (n=35).

- At 24 weeks, bleeding events occurred at a similar rate in pacritinib- and BAT-treated patients; following crossover to pacritinib, BAT treatment accounted for 44% of bleeding events.

- Mean hemoglobin (SD: 11, 12) at baseline was 11, 12 (SD: 11, 12) at 12 weeks, 11, 12 (SD: 11, 12) at Week 24, respectively, for pacritinib and BAT, respectively.

- Patients at risk of bleeding may benefit from a more aggressive treatment strategy, such as the use of pacritinib, given its ability to reduce platelet counts and improve clinical outcomes. 

- The majority of pts had primary MF, BM-2-3 stage disease, >50% had baseline platelet levels; stratified for Intermediate- or high-risk disease (by MRI/CT) from baseline to Week 24.