Dear Colleague:

Thank you for your recent participation in the CE activity *Advancing the Treatment of Patients With Myelofibrosis,* with Drs. Aaron Gerds and Michael Grunwald, developed by the Annenberg Center for Health Sciences. As you continue to advance the care you provide to these patients, here are the key concepts for you to consider:

- The chronic inflammatory state of myelofibrosis contributes to heterogeneous, nonspecific symptoms, many of which, e.g., fatigue, difficulty concentrating, sexual dysfunction, and anxiety, significantly impair patient quality of life.
- Myelofibrosis is a rare myeloproliferative neoplasm with a large mutational landscape that extends beyond *JAK2*, *CALR*, and *MPL* mutations.
- Janus Kinase (JAK) inhibitors are the most common treatment options for symptomatic patients with intermediate-high risk myelofibrosis and include ruxolitinib and fedratinib for patients with sustained platelet counts. Pacritinib is a standard treatment option for symptomatic patients with intermediate-high risk myelofibrosis with thrombocytopenia (platelet count less than 50,000 per microliter).
- The large mutational landscape of myelofibrosis provides a variety of treatment targets, including epigenetic modifiers and apoptotic pathway enhancers, as well as those involving DNA replication, host immunity, signal transduction, and tumor microenvironment.
- Multiple novel therapeutic options, e.g., momelotinib and imetelstat, and combinations with ruxolitinib, e.g., navitoclax, parsaclisib, and pelabresib, are undergoing clinical trial evaluation.

We hope you will be able to participate in other accredited activities we offer. You will find information at www.Annenberg.net.

Regards,
The Annenberg Center Team