



## ASH 2017 Coverage: An Interferon Update From an MPN Expert

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**Esther Schorr:**

Hi there. This is Esther Schorr with Patient Power. I'm here at the American Society of Hematology conference in Atlanta, and I'm pleased to—we have back Dr. Verstovsek, specialist in myeloproliferative neoplasms from the University of Texas MD Anderson Cancer Center. So thank you for being with us again.

Tell us a little bit about the headlines from ASH. Maybe start with myelofibrosis.

**Dr. Verstovsek:**

Very good. So myelofibrosis is the most aggressive of the myeloproliferative neoplasms, and we had made strides by developing ruxolitinib (Jakafi), JAK inhibitors that control the signs and symptoms of the disease and make people live longer. But the major other problem that we did not address so far is the anemia. Everybody becomes anemic over time with myelofibrosis, and ruxolitinib, the JAK inhibitor, can worsen anemia, so that's the main headline here for me.

In the myelofibrosis section, we had an update of a clinical trial under way with medication called ACE-11, ACE-11. It's also known as sotatercept. It's a medication that is given under the skin as an injection every three weeks for anemic patients with myelofibrosis that are on a stable dose of ruxolitinib or without ruxolitinib. Doesn't really matter.

And so far in preliminary findings, about 40 percent of patients respond. We plan to take this medication and similar medications called luspatercept, tough to remember, tough to remember, but it's a similar medication to it. It's given under the skin every three weeks to the global study that's about to open in multiple centers around the United States and Europe for patients that are anemic with myelofibrosis on ruxolitinib or without ruxolitinib. So we hope to have a medication for anemia finally.

**Esther Schorr:**

Wow. Okay. And is any of this applicable for PV or there are other things that are coming to the fore for PV?

**Dr. Verstovsek:**

No, the PV is completely different ball game because we are talking about too many cells, right?

**Esther Schorr:**

Yes.

**Dr. Verstovsek:**

So we have medications that can control the blood cell count. These are chemotherapy agents, hydroxyurea. We have ruxolitinib, a JAK inhibitor approved after hydroxyurea (Hydrea), but the major news here is an update on the ongoing study in Europe with a new medication called Ropeninterferon. We call it Ropen in short. This is interferon type. It's a biological agent that can modify the bone marrow, that can decrease the JAK2 allele burden, that means how many cells are involved on bone marrow with the mutation. It can decrease that. And the study in Europe is comparing it to standard of care, which is hydroxyurea for patients with PV where we need to lower the counts.

So now after two years of follow-up we have very interesting results that takes time for Ropen to work, but it does work, and it's better. It is better than hydroxyurea. It takes time, but it is better, and it's a biological agent that is injectable under the skin every two weeks or once a month now. So it's quite a change from taking pills every day to occasional injection with better results after two years. So this is very promising finding that hopefully will translate to United States here where we're going to have studies either in PV or ET soon enough for possible approval.

**Esther Schorr:**

Wow. Okay. So the other thing that I've been hearing buzz about is how interferon and interferon treatments fit into the—you know, with all of these new classes of treatments happening. Can you talk a little bit about that?

**Dr. Verstovsek:**

Absolutely. Now, because we have chemotherapy agents, hydroxyurea is a prime example, we always worry about the side effects. When you have to take in the chemotherapy agents for a very long period of time, is there some side effect? Is does not do anything about the bone marrow. It does not do anything about the disease itself. It controls the numbers. I'm talking about polycythemia vera in particular.

There might be long-term side effects in increasing the risk of skin cancer. Some still worry about acute myeloleukemia perhaps being a risk factor. It is not pleasant for many patients, particularly those younger to take chemotherapy for long period of time.

Now, interferon being a biologic agent, being something that we have in our own body and you're just give more with injection, it's preferred over the chemotherapy in many patients. And because it has ability to modify the disease, biological modification of the bone marrow, the malignant cells, it's preferred in many centers over the chemotherapy. So I hope that Ropen, the long-acting interferon that is being developed in Europe comes over to United States for us to test it in clinical studies for patients with PV and ET very soon.

**Esther Schorr:**

So it's not one or the other...

**Dr. Verstovsek:**

No.

**Esther Schorr:**

...in this evolving world.

**Dr. Verstovsek:**

No. These are complementary, and we need to find the best way to know most options. Not everybody fits profile of a perfect patient either for chemotherapy or for Ropeninterferon, but there are advantages of biological agents over chemotherapy for sure.

**Esther Schorr:**

Yeah. So in all of that, what would you tell MPN patients who are going to listen to this? What should they be talking to their physicians about locally? What does all this mean for them now?

**Dr. Verstovsek:**

Now, at the moment, we are hopeful to have those new medications at our disposal during the 2018, so awareness about the clinical studies is paramount for patients that are in need of new therapy, better therapy, or to start new therapy because standards practice has been there as the standard of practice for decades. We are making strides in developing new medications that are different, that are biologically based, that have a better outcome after two years with Ropeginterferon in particular. So engagement with the community of MPN patients seeking study sites for new medications to be tested and participation in clinical studies is always encouraged.

**Esther Schorr:**

Well, we try to encourage patients to look, be aware of what clinical trials are going on.

**Dr. Verstovsek:**

Thank you very much for all your help.

**Esther Schorr:**

Thank you very much, Dr. Verstovsek.

**Dr. Verstovsek:**

Always my pleasure.

**Esther Schorr:**

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