What Do You Use for 2nd Line Therapy in Treating Patients Diagnosed with Polycythemia Vera (PV)?

Time	Question
00:54	What is your preferred first line therapy for Polycythemia Vera (PV) and when do you use it?
03:24	If there is a need for a change will you alternate between Interferon and Hydroxyurea or would there be something else you would explore based on patient characteristics?
04:52	What would be the most common reason for changing from the first-line therapy to something else?
06:44	How do we define a time or reason for change?
09:59	If a patient is showing progression in Polycythemia Vera (PV), is Interferon the second line or is the decision based on certain characteristics?
12:22	How would we define a good JAK inhibitor for use in PV patients?
13:38	With Interferon the clinical benefit in normalization of the blasto count and possible decrease in the risk of a thrombosis does not correlate with the molecular responses where we cannot detect JAK2 mutated cells, so what are your thoughts on this?
15:38	Have you noticed a difference in tolerability based on age with regards to Interferon?
17:05	Do you see a need for other therapies, such as Interferon or a JAK2 inhibitor, to prove that decreasing the red blood cell count decreases the risk of thrombosis or is it good enough to say that the normalization of the hematocrit is a good marker for such an event?
17:50	How important is the molecular response in the field?
18:38	Do you measure the molecular response?
20:17	Is the role for the JAK2 inhibitor in the second line or is there something more that we need to explore here? Where is the field going?
21:31	Are we able to define the high risk patients based on molecular findings? Are these candidates for certain interventions even if by the conventional risk assessment they are not high risk?