When Do You Perform Allogeneic Stem Cell Transplantation in a Patient with Myelofibrosis (MF)?

Time	Question
00:48	What is the optimal timeline and approach to allogeneic stem cell transplant for a patient with myelofibrosis?
03:28	Do you primarily base it off of the DIPSS rather than the IPSS or the DIPSS Plus?
04:00	What if a patient, who appears to be good, carries a high risk psychogenetic abnormality, would you transplant these patients?
06:19	Is the low number of patients that undergo transplant due to a discrepancy between the best patients for transplant and the typical patient you see in your clinic?
07:46	Is the availability of a JAK2 inhibitor as a therapeutic option positively or negatively affecting patients' eligibility, toxicity, or favorable view of the transplant?
11:02	Should we treat everyone with a JAK2 inhibitor before transplant if they have an enlarged spleen?
12:22	Do you have a specific tapering process for the JAK inhibitor?
13:32	For someone who has a massively enlarged spleen prior to going into transplant, is your expectation when you give the JAK inhibitor also to reduce the size of the spleen?
15:03	Do you have a specific cutoff point for spleen size and do you judge by volume or size?
17:09	Would you recommend a JAK inhibitor, for the purpose of shrinking their spleen before the transplant, to someone who had a moderately sized spleen but they were not symptomatic and considering a transplant?
18:06	In terms of using JAK inhibitors before, do you see any detrimental effect on the transplant procedure itself?
20:03	If a patient was already transforming and you have a lot of blastocysts in the bone marrow and peripheral blood, do you cyto-reduce before you proceed with transplant?