

What is the First Choice of Therapy for (non-MF) MPN Diagnosed Patients?

Time	Question
00:53	What usually prompts you to start therapy on these patients and what's your preferred first choice of treatment for patients with Polycythemia Vera (PV)?
03:49	Do you ascribe to this also and are there any other treatments that you would consider as front-line therapy for these patients?
05:00	Which risk grouping do you look at, high versus low or do you also consider the intermediate risk group?
06:11	With regards to phlebotomy, do you think the cutoff point of less than 45 is the correct goal or is there a different level that we should aim for?
10:54	Could white blood cell count be used to determine introduction of the cytoreductive therapies?
12:01	We are discovering some important factors but do you think they are not ready to be used to determine the introduction of therapies?
12:46	If a patient is already on cytoreductive therapy and the white blood cell count happens to be 50,000 or 60,000, do you titrate the dose of the therapy to achieve a normal white blood cell count?
14:35	The results of the molecular response of Interferon leads us to ask should we be treating everyone with Interferon?
16:29	What is your first approach for patients with Essential Thrombocythemia (ET)?
18:10	Do you use the same risk-scoring system? Do you use the traditional low/ high risk or do you use the IPSET?
18:50	Is it routine in your practice to quantify symptoms of patients with Polycythemia Vera (PV)? How do you continually collect this information?
20:19	In Essential Thrombocythemia (ET), do you use Anagrelide?
23:13	Is there an unmet need within Essential Thrombocythemia (ET) where we would say there is a need for a new medication?