A New Pathway for Treating a Group of Rare Blood Cancers

[Key takeaway: Oncologists will soon have easier access to the newest options for treating myeloproliferative neoplasms.]

Treating rare diseases poses numerous challenges, especially when effective drug options are limited or nonexistent. When new options become available, the lack of a well-defined care pathway that allows physicians to easily access new, more effective treatments can be a frustrating roadblock to patient care. While that may have been the case for myeloproliferative neoplasms (MPNs), a group of rare blood cancers diagnosed in approximately 20,000 people each year,[1] New Century Health recently developed a new pathway for MPN treatment. Now live in our CarePro clinical decision support platform, this pathway gives oncologists more flexibility and enables them to more easily select some of the newer medications available.

Greater efficacy at higher cost

Each of the three common subtypes of MPNs—polycythemia vera (PV), essential thrombocythemia (ET) and primary myelofibrosis (MF)—display different clinical characteristics, symptoms and mortality rates. Yet, until recently, treatments for all three subtypes involved the same inexpensive regimens that have been on the market for years.[2] Now, drugs such as fedratinib (approved in 2019) and pacritinib (approved in 2022), along with renewed interest in peginterferon alfa-2a for MPNs (originally approved for the treatment of chronic hepatitis C in 2002), give providers and patients additional options that may prove more effective.

However, greater efficacy comes at a price. Newer treatment options may cost as much as $15,000 to $20,000 per month, depending on the drug, but data from clinical trials show improved survival rates and reductions in related symptoms for fedratinib[3], pacritinib[4] and peginterferon alfa-2a.[5]

[1] Leukemia & Lymphoma Society. https://www.lls.org/research/myeloproliferative-neoplasms-mpn-research-funded-lls

[2] Can Oncol Nurs J. 2018 Oct 1;28(4):262-268. doi: 10.5737/23688076284262268

[3] Onco Targets Ther. 2021 Aug 21;14:4509-4521. doi: 10.2147/OTT.S267001

[4] Ther Adv Hematol. 2015 Aug;6(4):186-201. doi: 10.1177/2040620715586527

[5] Hematology, 25:1, 247-257, DOI: 10.1080/16078454.2020.1780755

MPN Subtype	Percentage of MPN Cases	Median Survival	Often Characterized By	Common Symptoms
PV	45%	15 to 20 years	High red blood cell volume High white blood cell count Elevated platelet count Enlarged spleen	Headaches Itching Bleeding Blood clots
ET	25%	18 to 20 years	High platelet count Enlarged, mature megakaryocytes Blood clots and bleeding complications	Headaches Vision changes Bleeding Blood clots
MF	30%	18 months to 15 years	Enlarged spleen Fibrosis or scarring of the bone marrow Transformation to acute myeloid leukemia	Fatigue Weight loss Fever Night sweats Abdominal pain or discomfort

Sources: Can Oncol Nurs J. 2018 Oct 1;28(4):262-268. doi: 10.5737/23688076284262268
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Pathway launched June 1

Despite the potential added cost, the NCH approach to more effective MPN therapies is to consider and allow when indicated, so our new MPN care pathway includes these and other treatment options. To assist oncologists, a set of questions in CarePro helps determine if requests meet treatment criteria, which streamlines the process and speeds approvals when criteria are met.