**METHODS**

The **Truven Health Analytics MarketScan Commercial Claims and Encounters** and **Truven Medicare and Optum** databases were utilized to integrate electronic health records and claims databases. Patients were identified through claims histories between 2006 and 2015. Patients aged 18 to 60 years, with a diagnosis of MF were included in this analysis. MF patients were defined using the relevant ICD-9 codes for diagnosis. Patients were categorized as having PMF, post-PV/ET sMF, or Other sMF based on earliest MF diagnosis. The study was approved by the institutional review board at the University of California, San Francisco. The authors report no sources of funding and no financial disclosures.

**RESULTS**

**Pathology**

<table>
<thead>
<tr>
<th>ICD-9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>283.51</td>
<td>Polycythemia vera (PV)</td>
</tr>
<tr>
<td>283.52</td>
<td>Essential thrombocythemia (ET)</td>
</tr>
<tr>
<td>283.6</td>
<td>Primary myelofibrosis (myelofibrosis)</td>
</tr>
</tbody>
</table>

**Survival**

- Median survival: 7 months
- Overall survival: 23 months
- Survival for patients who received frontline ruxolitinib was 30 months compared with 22 months for patients receiving non-frontline ruxolitinib (hazard ratio [HR] = 0.7; 95% confidence interval [CI] 0.58 to 0.92).

**Conclusions**

- Most patients diagnosed with MF were aged 65 years and had neither splenomegaly nor ≥50% bone marrow fibrosis.
- Survival after failure or discontinuation of ruxolitinib was not statistically significantly associated with the covariates tested:
  - Age (HR = 0.87, P = 0.46)
  - Presence of splenomegaly (HR = 0.96, P = 0.70)
- Despite significant variability in outcomes, patients with available platelet counts:
  - Ruxolitinib achieved survival in 2011 from the US Food and Drug Administration for treating MF; however, few patients are eligible for transplant.
  - Median OS was among patients (n = 430) who failed or discontinued frontline ruxolitinib was 7 months.

**DISCLOSURES**

- The authors report no sources of funding and no financial disclosures.

**REFERENCES**


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