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I'm Dr. Rami Komrokji from Moffitt Cancer Center answering the following question related to myeloproliferative neoplasms.

***Are there any management issues to be aware of when switching from ruxolitinib to fedratinib?***

If patients have malnutrition, if they had nausea or vomiting, it's important to check the thiamine levels. In terms of the side effects, I think it's just to have the patient expect that there could be some more diarrhea. This is due to the fedratinib targeting FLT3 in addition to the JAK2. There had been no reports of withdrawal from fedratinib. In the ruxolitinib patients, if they are responding and we stopped the treatment immediately, their symptoms recurred quickly and they could feel sick. So if patients are losing the response to ruxolitinib, we can stop and switch. If patients are responding, obviously there's no reason to interrupt ruxolitinib, but in case somebody gets sick and admitted to a hospital, then I think it should be tapered or sometimes steroids can be used in that setting.