

**Rami S. Komrokji, MD**

Professor of Medicine and Oncologic Sciences  
University of South Florida College of Medicine  
Vice Chair, Malignant Hematology Department  
Moffitt Cancer Center  
Tampa, Florida

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

***What are the differences in terms of adverse event profile between fedratinib and ruxolitinib?***

Obviously all the JAK inhibitors that we are looking at inhibit JAK2 receptor. They all have different other targets that they go after, and that can explain some of the differences in toxicity we see. For example, fedratinib also targets FLT3, so with that we do see a little bit more GI toxicity in terms of nausea, vomiting, and diarrhea, more than ruxolitinib. The myelosuppression seems to be a little bit less. Although the numbers on the study were similar, the population that were treated with fedratinib had lower baseline blood counts. We discussed briefly the very rare occurrence of Wernicke encephalopathy in patients that are thiamine deficient. Finally, we also discussed that in patients on ruxolitinib, if they are responding, we don't stop the treatment immediately; in fedratinib patients, the withdrawal or the recurrence of symptoms had not been described as much as with ruxolitinib.