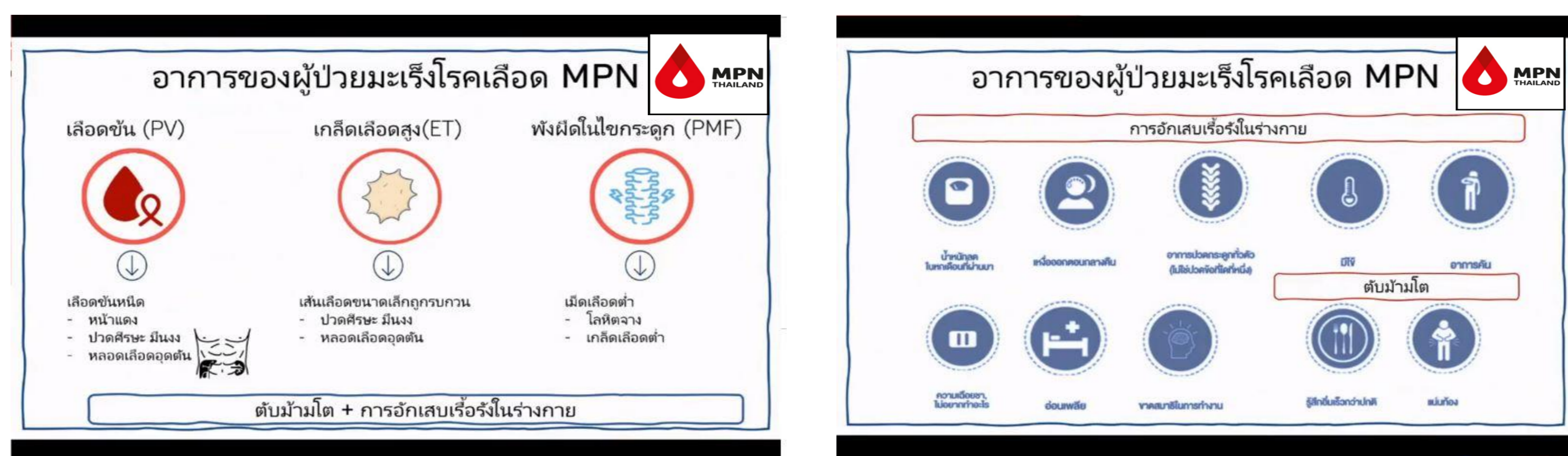


The investigation of the symptom burden of Thai MPN Patients (members of MPN Patient Advocacy Group Thailand)



INTRODUCTION & AIMS

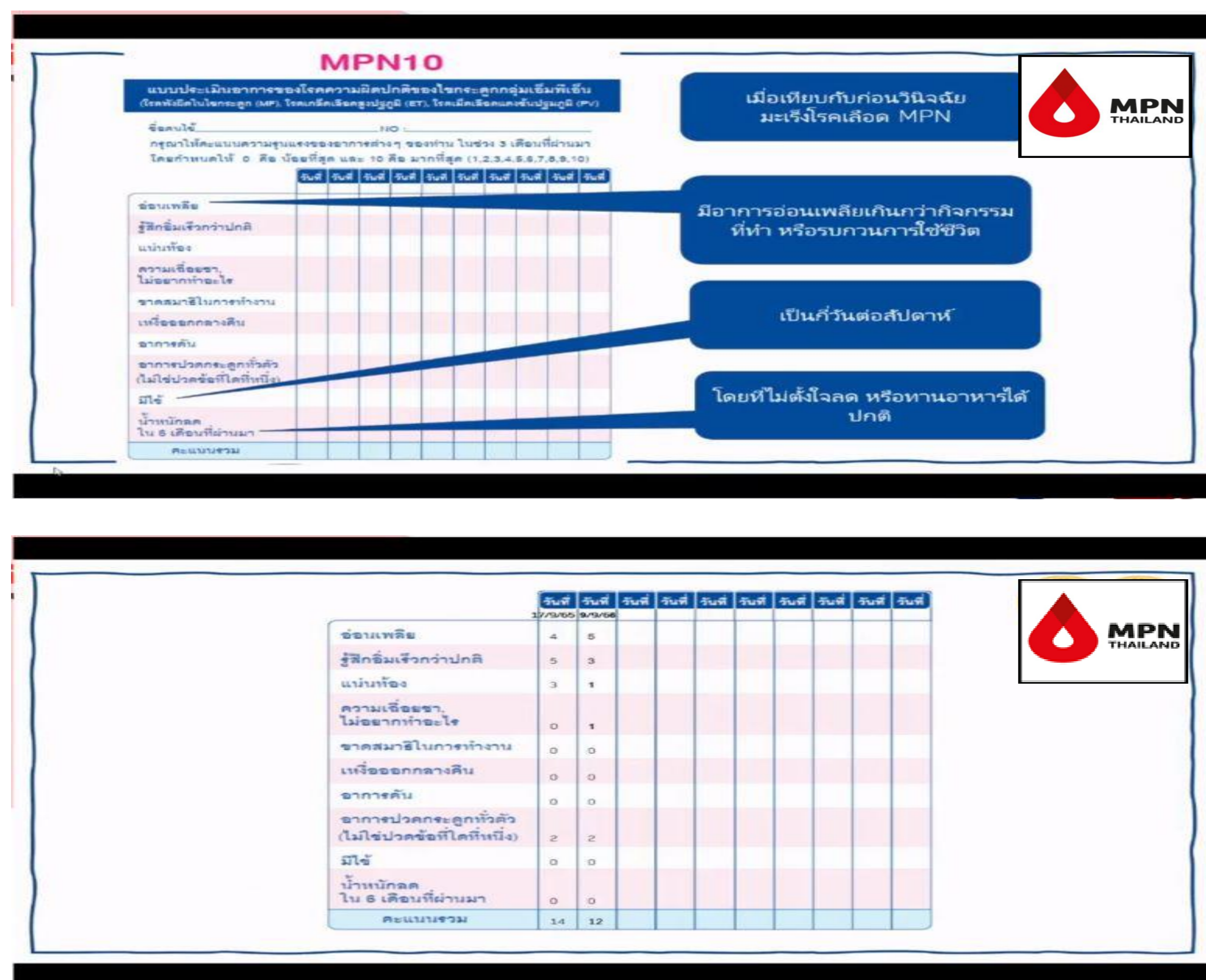
Patients living with myeloproliferative neoplasms (MPNs) suffer from symptom burden that affect quality of life. Due to the differences in cultures, climates, and genetic background, we aimed to investigate the symptom burden of Thai MPN patients, members of MPN Patient Advocacy Group Thailand under the consultancy and support from a Thai MPN Working Group. All members were attended a webinar a year ago to learn the importance and usage of MPN SAF and MPN10.



METHODOLOGY

A survey using the MPN-10 questionnaire was carried out between June 1st 2023 and June 30th, 2024 at King Chulalongkorn Memorial Hospital.

MPN-SAF TSS and MPN-10 were translated into Thai language by a Thai MPN working group and assessed as the sum of 10 items: worst fatigue, early satiety, abdominal discomfort, inactivity, concentration problems, night sweats, itching, bone pain, fever, and weight loss. The intensity of scores had a range from 0 (absent) to 10 (worst imaginable) for each symptom. The total score had a range from 0 to 100. MPN-10 questionnaire was conducted as an observational cross-sectional study. The participating patients were asked to complete the survey and to provide answers as completely and accurately as possible.

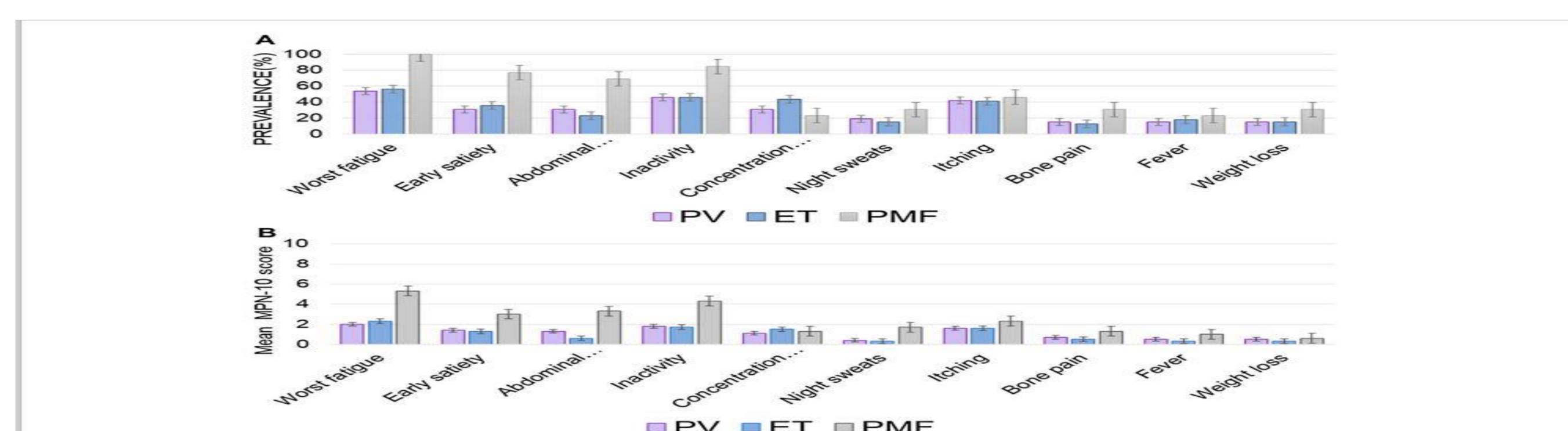
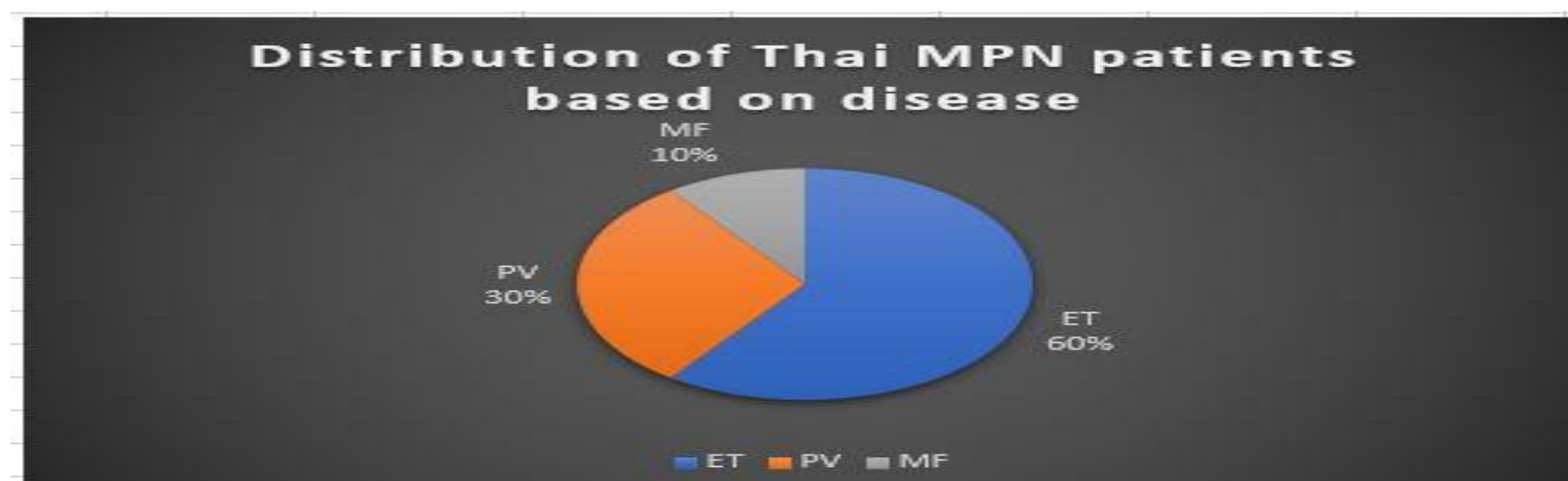


RESULTS

A total of 50 patients were enrolled. Nearly 90% of patients reported being symptomatic. The mean MPN-10 score was 15.6. The mean MPN-10 score was highest in PMF, whereas the mean score and intensity of individual items were surprisingly low in ET and PV.

15 patients (30%) were diagnosed with polycythemia vera (PV), 30 patients (60%) with essential thrombocythemia (ET), and 5 patients (10%) with myelofibrosis (PMF). Median age was 52 years, 59 years and 69 years in PV, ET and PMF respectively.

The most common symptom was fatigue, which had the highest prevalence in PV, ET, and PMF. The other common symptoms were inactivity, itching, early satiety, concentration problems, and abdominal discomfort. In PV, ET, and PMF patients, the two most common symptoms were fatigue and inactivity, while PMF had the highest symptom intensity (mean 5.5 and 4.3, respectively). The third most common symptom was different among MPNs with itching in PV, concentration problems in ET, and early satiety in PMF. Bone pain was the least reported item among MPN patients.



CONCLUSIONS

Our study suggested that the MPN-10 score was not found to be predictive of disease-related outcomes in Thai MPN populations. Thai MPN patients reported lower MPN-10 scores compared to what has been previously reported in western populations, especially in the case of PV and ET. Patients who were transfusion-dependent had higher MPN-10 scores compared to those who did not require transfusions. Future research should be conducted on a larger scale to capture the undermanaged symptoms more effectively.