

## **Ruxolitinib Reduces *JAK2* p.V617F Allele Burden in Patients With Polycythemia Vera Enrolled in the RESPONSE Study**

Alessandro Maria Vannucchi, MD,<sup>1</sup> Srdan Verstovsek, MD, PhD,<sup>2</sup>  
Paola Guglielmelli, MD, PhD,<sup>1</sup> Martin Griesshammer, MD,<sup>3</sup> Timothy C. Burn, PhD,<sup>4</sup>  
Ahmad Naim, MD,<sup>4</sup> Dilan Paranagama, PhD,<sup>4</sup> Mahtab Marker, PhD,<sup>5</sup>  
Brian Gadbow, MD,<sup>5</sup> Jean-Jacques Kiladjian, MD, PhD<sup>6</sup>

<sup>1</sup>CRIMM, Center for Research and Innovation of Myeloproliferative Neoplasms, AOU Careggi, Laboratorio Congiunto and Department of Experimental and Clinical Medicine, University of Florence, Florence, Italy; <sup>2</sup>The University of Texas MD Anderson Cancer Center, Houston, TX, USA; <sup>3</sup>Johannes Wesling University Clinic, Minden, Germany; <sup>4</sup>Incyte Corporation, Wilmington, DE, USA; <sup>5</sup>Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA; <sup>6</sup>Hôpital Saint-Louis, Paris, France

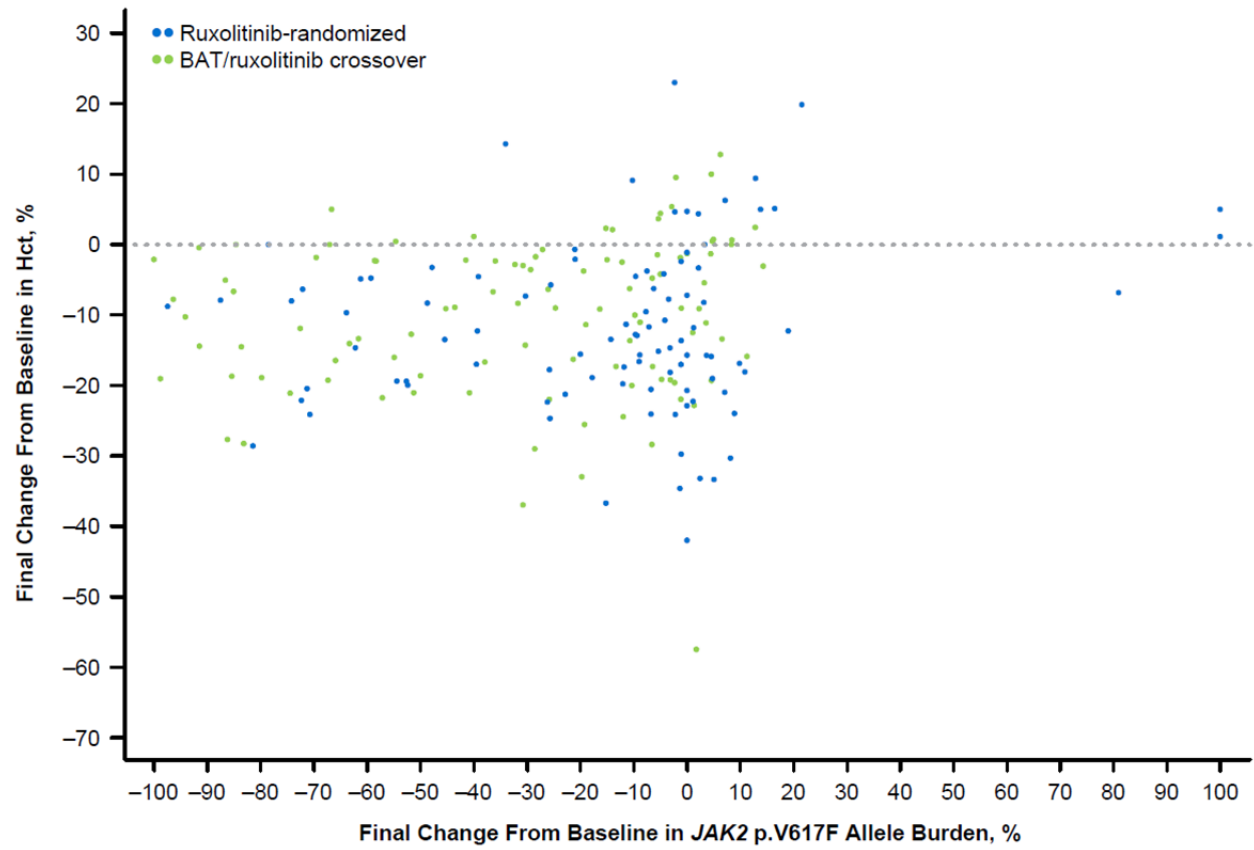
### **Supplementary Material**

**Supplementary Fig. 1** No correlations were observed between changes in *JAK2* p.V617F allele burden and Hct (**a**), white blood cell count (**b**), or platelet level (**c**) in patients randomized to ruxolitinib treatment compared with those randomized to BAT who later crossed over to ruxolitinib. BAT, best available therapy; Hct, hematocrit.

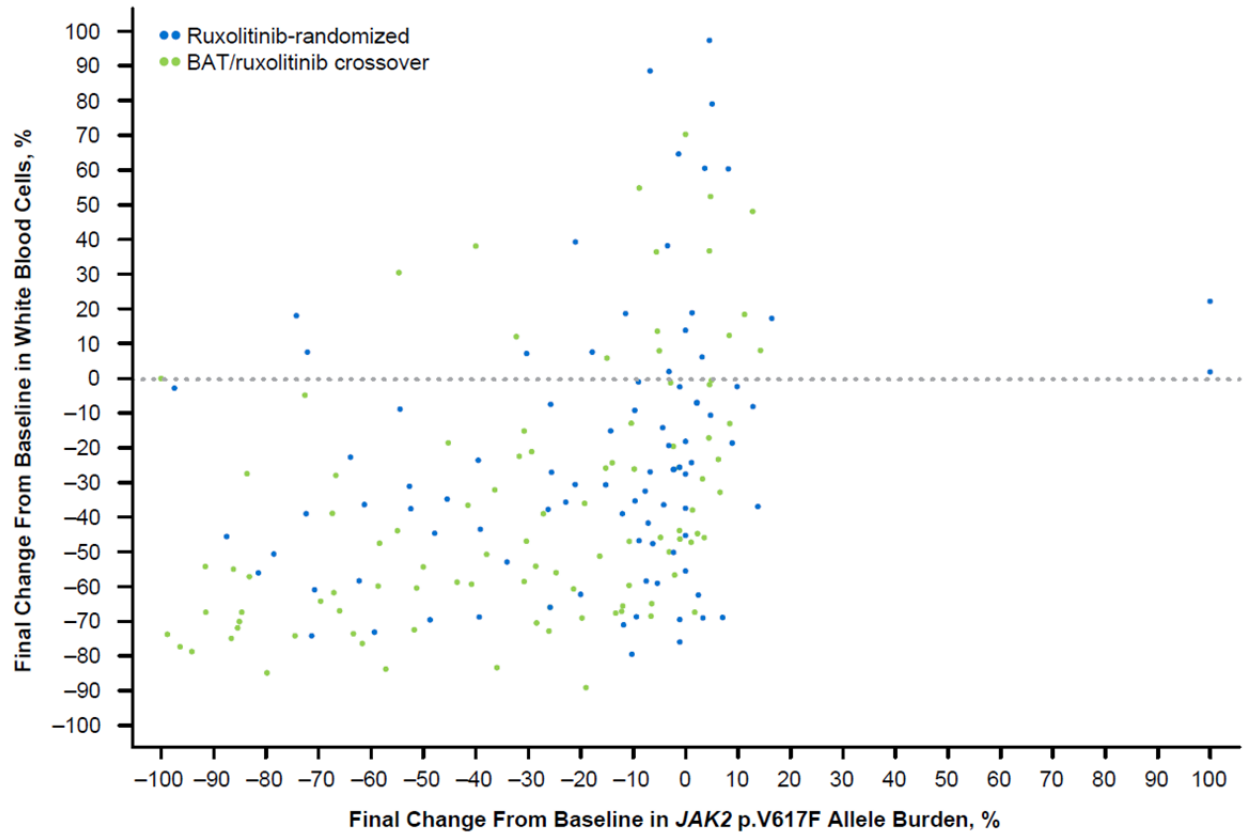
Note: Includes crossover patients who had positive allele burden at baseline (final observation before crossover).

### Supplementary Fig. 1

**a**



**b**



**C**

