

N E W S L E T T E R

Bloodline MPN

Brought to you by: Canadian MPN Network, Canadian MPN Research Foundation and MPN Doctors

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Welcome to The Bloodline MPN

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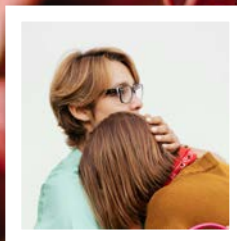
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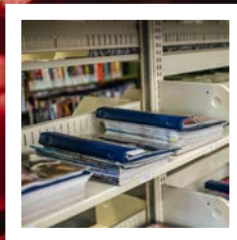
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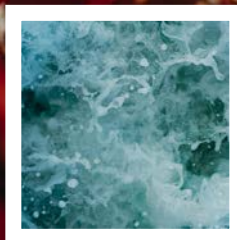
This issue of Bloodline MPN is dedicated to Care Partners of MPN patients. National Care Partners Month was in April of this year. Our April 25th webinar was about the role and the needs of our care partners. You can view the webinar at www.canadianmpnnetwork.ca



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Living in the Space Between: A Care Partner's Perspective on MPN

There is a particular kind of uncertainty that comes with a diagnosis of a myeloproliferative neoplasm (MPN). It is not immediate in the way some illnesses are. It unfolds over time—often quietly—asking patients and those who love them to live in a prolonged state of watchfulness, waiting for the moment when action becomes necessary.

I lived in that space as the care partner to C. for over ten years.

From the beginning, we were told this was a disease to be managed carefully, with decisions hinging on a narrow and critical window. The timing of a bone marrow transplant required balancing risk against progression—acting too early or too late could each carry devastating consequences.

So, we waited. We trusted the process. We followed the guidance of a system grounded in clinical expertise and evidence.

When the transplant was finally triggered, it represented hope. Hope that careful monitoring had led us to the right moment. Hope that the outcome would justify the patience and uncertainty that had come before it.

But the transplant failed.

Despite a perfect donor match, C's body rejected the marrow nearly a year later. What followed was swift and unforgiving. The MPN transformed into acute myeloid leukemia—shifting from a chronic condition into an aggressive and terminal disease.

In the aftermath, what remained were not only grief and loss, but profound and persistent questions:

Why did the transplant fail?

Why did the disease transform?

Were there signals we could not yet see—or do not yet understand?

And how can patients and care partners be better

prepared for outcomes that diverge so sharply from expectation?

These questions are not theoretical. They reflect the lived experience of many navigating this disease—and they point to a critical gap in our understanding.

As Chair of the Canadian MPN Research Foundation, and through our growing alignment with the MPN Research Foundation in Chicago, my work is driven by the need to answer these questions. We must move beyond treatment alone to better understand predictors of transplant success and failure, disease progression, and relapse.

Because better understanding changes everything. It informs decisions.

It strengthens care.

It helps patients and families prepare—clinically, emotionally, and practically—for what lies ahead.

Most importantly, it brings us closer to more predictable, more hopeful outcomes.

Charlene's journey continues to shape this work. Her experience—and the experiences of so many others reinforces why advancing research is not optional. It is essential.

Together, we can deepen understanding, improve outcomes, and ensure that fewer families are left with the same unanswered questions.

With hope,

Merrill E. Pierce

Chair, Canadian MPN Research Foundation



MPN Care Partner Resources

Prepared for the Canadian MPN Network Care Partners Conference (April 25, 2026)

The material presented here offers MPN patient care partners information about resources that are available to support them in their daily care work. It was created by a group of MPN patients and care partners based on many years of experience. Please note that the information shared in this document is not exhaustive, but rather, is intended to give partners a starting point. If you have questions or are feeling overwhelmed, please reach out to the Canadian MPN Network or your local support group.

Introduction

The following definitions have been adopted by the Canadian MPN Network. The Network prefers to use the term “care partner” however, it is noteworthy that the more commonly used term across Canada is “caregiver”. Thus, most of the links below refer to “caregivers”. Therefore, if you set out to find your own resources on the internet, please be aware of this terminology.

a) Definitions

- **Care partner** – a person who partners in care with a loved one, often in the early to moderate stage of an illness journey, thereby maximizing the patient’s remaining abilities through collaboration and shared decision making.
- **Caregiver** – a person who provides hands on care to someone with a chronic illness or disability, often in the advanced stages of disease, as functioning diminishes
- **Care provider** – is a trained and paid individual, usually a professional, who provides care in one’s home or in a care setting (e.g. adult day program, residential care facility, etc) (Family Caregiver Alliance, 2016).

b) Diversity of care partners and their experiences

One in four people over the age of 15 years currently identify as an unpaid caregiver and one in two people will become one within their lifetime (Canadian Centre for Caregiving Excellence, A National Caregiving Strategy for Canada, 2025).

Care partners are diverse in terms of their relationship to the patient and living arrangements, their age and life stage, health status, range of support provided, and level of burden based on the support they receive.

In terms of their relationship with a patient, care partners can be a family member, a close friend, a neighbour or a work colleague. Some patients may also have a pet companion. Thus, care partners may live in the same household, live apart but in close proximity, or live apart separated by distance.

Age and life stage of care partners are also diverse. Care partners may be younger and juggling school, work and social life. They may be middle-aged and sandwiched between caring for younger and older generations at the same time. Finally, care partners can be older, perhaps dealing with their own health issues or feeling socially isolated with a lack of support.

Some care partners may be dealing with their own health issues. They may have mild to moderate health conditions that limit their ability to provide full support. Or they may have severe health limitations that greatly impact their own functioning, thus negatively impacting their capacity to provide care.

Care partners are known to provide a range of support to patients. They may: provide assistance with practical/daily living, administer medications, offer emotional support, enable social interaction, find and secure financial supports, drive a patient to appointments, assist with decision-making, advocate to resolve unmet needs and communicate with the patient’s medical team regarding medication or other issues.

Finally, care partners may be accessing many different types of support depending on the level of care required by the patient. For example, care partners may receive help from family and friends, possibly coordinated through apps like CaringBridge and Lotsa Helping Hands. They may receive services from private or publicly-funded home care workers including psycho-social services, etc. and they may participate in support programs offered by outside agencies that assist them with their care work.

Resources

We have assembled material on government and nonprofit resources given our belief that information and support for care partners should be freely available in Canada for all who may need them. Please also note this is not an exhaustive list.

It is noteworthy that being a care partner requires us to be:

- well organized
- flexible and open to change
- prepared to ask for help
- curious and resourceful as we encounter daily issues
- continually seeking support and balance in our lives.

1. Key MPN Organizations

Canadian MPN Network (<https://canadianmpnnetwork.ca>) – patient education, webinars and support programs, local support groups. It provides a directory (Useful Websites & Organizations) of organizations with plenty of useful information.

Canadian MPN Research Foundation

(<https://www.cmpnrf.ca>)

Our Mission is to stimulate original Canadian research in pursuit of new treatment options – and ultimately a cure – for the blood cancers collectively known as myeloproliferative neoplasms (MPNs).

Leukemia & Lymphoma Society of Canada (LLSC)

(<https://www.bloodcancers.ca>) – dedicated to providing education and support to blood cancer patients, caregivers and professionals, including One-on-one Personalized Support and First Connection Peer Support Program.

2. Key Caregiver Organizations

Canadian Centre for Caregiving Excellence

(<https://canadiancaregiving.org>) – A national organization focused on strengthening Canada's caregiving ecosystem through research, innovation, and policy advocacy.

In the Caregivers Resources section, please see the comprehensive directory of national and provincial/territorial/regional organizations. The following are some examples:

- **Family Caregivers of BC**
- **Caregivers Alberta**
- **L'Appui (Quebec)**
- **Caregiver Grief Connexion**

- **Caregiver Centred Care, Supporting Family Caregivers**
- **Caregiving Matters**
- **Canadian Virtual Hospice, Caregiver Support**

Note also the Siblings Canada program

If you are interested in working with other caregivers in nationwide public policy advocacy, see the Canadian Caregiving Network (–Canadian Caregivers Advisory Network Canadian Centre for Caregiving Excellence).

Wellspring Cancer Support (<https://wellspring.ca>) – A network of community-based support centres offering programs and services that meet the emotional, social, practical and restorative needs of people living with cancer and those who care for them.

The Caregiver Support program provides online and in-person (Alberta and Ontario) programs: **Caregivers Connect, Compass for the Caregiver, For Caregivers Only**, to name a few.

Cancer Transition Coaching

(<https://wellspring.ca/program/cancer-transition-coaching/>) –

through one-on-one sessions with a trained volunteer coach with experience in oncology, you will develop plans to manage your emotional, physical and practical concerns while navigating your new normal.

Wellwood (<https://wellwood.ca>) – holistic caregiver support, combining emotional support, practical education, peer connection, and self-care, designed to help caregivers sustain their role while maintaining their own well-being. Available online and in-person in Ontario.

Carers Canada (<https://www.carerscanada.ca>) – A national coalition of caregiver organizations working to improve recognition, policy, and supports for caregivers across Canada

Young Caregivers Association (<https://youngcaregivers.ca>)

– A national non-profit dedicated to service, awareness and empowerment for young caregivers and their families. Some programs may be limited to certain geographies. Online Resources available for parents, young caregivers, educators and more. This organization does not focus solely on cancer.

Caregiver Resource Hub

(<https://www.uhn.ca/PatientsFamilies/Caregiver-Resource-Hub>) – was created with caregivers, for caregivers to share all the resources that the University Health Network offers. We hope that this site will support you in your caregiving role.

Petro-Canada CareMakers Foundation

(<https://caremakers.ca>) – Raises awareness about family caregiving and funds community organizations that support caregivers.

Want to learn more about giving care?

There are myriad resources available for educating ourselves about our care role. If you would like to dig deeper, check out the following:

Books and reputable websites – the following are some examples:

You can download a copy of the handbook, Caregiving 101. If you're new to your care partner role, this document provides a very good overview to get you started.

The following are some books that you might want to access at your local library or bookstore: Caregivers Guide for Canadians, Caregiver Survival Guide, Unexpected Journey, Hope for the Caregiver, The Reluctant Carer.

University/college courses

McMaster University Continuing Education, Caregiving Essentials Course is a free, self-paced, online course to enhance your knowledge and confidence in your caregiver role

<https://continuing.mcmaster.ca/programs/health-social-services/caregiving-essentials>

Governments and nonprofit organizations offer free courses and webinars:

Ontario Caregiver Organization – The SCALE (Supporting Caregiver Awareness, Learning and Empowerment) Program can provide you with skills you need to find a balance between your caregiving responsibilities and personal needs

<https://ontariocaregiver.ca/counselling-coaching/scale-program>

Self-Management Ontario workshops

(selfmanagementontario.ca) such as Powerful Tools for Caregivers is a free six-week workshop to provide caregivers with tools and strategies to better handle the unique challenges they face.

3. Knowledge is power for both patient and care partner

Reliable information helps caregivers understand MPN types, symptoms, common tests, treatment, and disease progression. The more we understand about MPNs the

more we can fully participate in medical decision-making and advocate on behalf of our patients/loved ones when necessary. As care partners, we need to be prepared, be persistent and be polite. This is the essence of our advocacy role in caregiving. For example, you have a key role to play at specialist appointments.

Most MPN and cancer care organizations have website sections dedicated to patients and caregivers' education. They also provide one-to-one or group support.

Canadian MPN Network – <https://canadianmpnnetwork.ca>

About MPNs

MPN FAQs, Videos, and Glossary

MPN Advocacy Network

<https://www.mpn-advocates.net>

What are MPNs?

MPN Webinars

Canadian Cancer Society – <https://cancer.ca>

Information on MPN blood cancer

MPN Research Foundation –

<https://www.mpnresearchfoundation.org>

Educational materials about all MPN types

You and MPN

<https://www.youandmpn.com/en-mpn/home>

MPN materials with a focus on visualization

Animated Understanding MPN, slide show, infographic diagram, expert and patients videos

MPN Advocacy & Education International

<https://mpnadvocacy.com>

Understanding MPN section provides ET, PV and MF overview, FAQs, Glossary, Questions to Ask your Hematologist

Blood Cancer United (former Leukemia & Lymphoma Society) – <https://bloodcancerunited.org>

Information about all MPN types

Downloadable booklet

National Comprehensive Cancer Network

Detailed MPN Patient Guidelines in downloadable format, available in 8 languages

MyMPN Team – <https://www.mympnteam.com>

Articles on MPN causes, diagnosis, symptoms, treatment, and more

Support through social network groups

Clinical Trials and Research Updates – Caregivers often help patients explore new treatment options.

Health Canada's Clinical Trials – access to Canadian and USA databases of clinical trials. Searchable by MPN type and location.

MPN Hub (<https://mpn-hub.com>) – Summaries of new therapies and studies; research news.

4. Online Support Communities

Caregivers and patients often benefit from connecting with others facing similar challenges.

MPN Voice – <https://www.mpnvoice.org.uk>

Provides information, emotional support and peer connections for patients and their caregivers

Offers social networking via HealthUnlock

MPN Net – <https://mpninfo.org/support/mpn-net-online-support-group>

Patient and caregiver support network

Educational materials and community stories

PatientPower – <https://www.patientpower.info/>

devoted to supporting cancer patients, care partners and their loved ones through education and advocacy see in particular, care partner resources

<https://www.patientpower.info/community/care-partners>

5. Mental health and wellness resources for care partners

Many of the organizations listed above have self-care materials, supports and guidance for care partners. Be sure to check your local cancer centre for psychosocial supports and other resources.

Canadian Mental Health Association (CMHA) (cmha.ca)

- Find resources to help you stay mentally fit and healthy.
- Find help in your area

- gives you contact information of local resources
- CMHA has a guide, Take 15 Minutes Just for You, which is a printable booklet with quick exercises and techniques to help you with self-care and address burn out, mental health, emotional health and more.
- Care for the Caregivers

LLSC – for mental health in the form of peer support, contact First Connection Peer Support Program

6. Finding financial/legal resources

Credit Counselling Society (1-877-398-0297)

Provides information to support caregivers with balancing expenses and financial planning.

<https://nomoredebts.org/blog/dealing-with-debt/how-caregivers-can-manage-debt-while-caring-for-a-family-member-tips-for-financial-wellness>

Some services may have a fee.

Assistive Devices Program – most provincial/territorial governments have programs to help people with long-term physical disabilities pay for customized equipment, like wheelchairs, hearing aids and specialized supplies. March of Dimes Canada (Ontario Home & Vehicle Modification Program , 1-877-369-4867). This nonprofit organization provides funding for basic home and/or vehicle modifications for people who meet a low-income cut-off.

Money Matters program of **Wellspring**, available in Alberta and Ontario – This organization offers guidance regarding government programs. In some cases, these organizations assist people to complete the necessary paperwork. Contact your nearest Wellspring for more information.

Exceptional Access Program: facilitates patient access to drugs not listed on the Ontario Drug Benefit Formulary, including certain high-cost cancer medications. This is the Ontario site <https://www.ontario.ca/page/applying-exceptional-access-program>. If you live in a different province/territory, please search there.

Some drug/pharmaceutical companies assist patients by reducing the cost of certain cancer medications. Consider formally requesting this assistance.

Government Financial Support Programs for Caregivers

Canada Caregiver Credit (CCC) – A federal non-refundable tax credit available to individuals supporting a spouse, partner, child, or dependent with a disability or serious illness.

Disability Tax Credit (DTC) – A federal tax credit that may provide financial relief for individuals with disabilities and the family members who support them.

Employment Insurance (EI) Caregiving Benefits –

Provides temporary income support for people who need to take time off work to care for a critically ill or injured person.

Compassionate Care Benefit – An EI benefit for people who must take time away from work to care for a family member who is seriously ill with a significant risk of death. Family Caregiver Benefit for Adults – Provides EI benefits for individuals caring for a critically ill or injured adult family member.

Family Caregiver Benefit for Children – Provides EI benefits to caregivers who must take time off work to care for a critically ill or injured child.

Registered Disability Savings Program – a long-term savings plan in Canada designed to save for the future.

It is noteworthy that there are numerous legal/medical documents that you should ensure are scanned into your primary care clinic, your provincial health system record and your cancer centre (e.g., goals of care, POA, PV, etc).

You should also ensure that you have a Green Sleeve, which is a green plastic pocket used in healthcare to store important advanced care planning documents, often acting as a "medical passport" to ensure healthcare providers know a patient's goals of care. It is designed to be kept on or near the fridge at home so paramedics can quickly find it during a 911 emergency, ensuring care aligns with the patient's wishes.

Advance Care Planning Canada zzz – Provides "how-to" resources for caregivers, families and health care professionals, including the Illness Trajectory Conversation Guide that explains how to have difficult conversations with goal of having clear legal/medical decisions articulated by your patient (e.g. death and dying).

7. Internet Navigation Assistance

There are numerous places that we can reach out to in order to get assistance on how to use the internet to find valid and reliable information on cancer diagnoses, medications, exercises and nutrition for our partners. Local libraries, local schools, recreation centres, YMCAs/YWCAs, and social workers at cancer centres – depending on the size and location of your community – can provide assistance.

Disclaimer

Please check your local hospital, clinics, university/college, **nurse navigator**, library etc. for more information beyond what we have provided here. This document provides only highlights of what exists in Canada.

Please also note that sometimes if we're not sure where to start when we're looking for resources, call 211. Most provinces/territories have 211 which is a free, easy and confidential 24/7 helpline that connects people to innumerable community supports.

Further, 811 is a free, secure and confidential 24/7 health-specific service that can help you find health services, information and referrals or provide non-urgent health care advice. It is available in most provinces/territories.



A Turbulent Year for MPNs: Shortages, Lessons, and Cooperation: Dr Shirhan

In late 2024, the MPN community in Canada faced something none of us were prepared for: a global shortage of peginterferon alfa-2a (Pegasys), a treatment many of our patients rely on every day to keep their disease under control.

For those living with polycythemia vera (PV) and essential thrombocythemia (ET), these are lifelong cancers with real risks, including thrombosis, bleeding, disease progression, and a significant symptom burden. Treatment for those who need it is not optional.

When the shortage was declared in November 2024, the impact was immediate. Patients were told their medication was backordered, and clinicians were left without clear alternatives. Pharmacists, understandably, were often unfamiliar with its use in MPNs and associated it with hepatitis C. Some suggested antiviral substitutions, which highlighted how little awareness there was of its critical role in MPN care. Anxiety spread quickly across the community, and for a moment, it felt as though the ground had shifted beneath all of us.

Around that time, I began receiving messages from colleagues: “Dr. Sirhan, we need to do something.” Patients reached out as well, scared and uncertain, asking what would happen next. I remember thinking that we did not yet have an answer. For the first time, I truly felt the weight of my role as President of the Canadian MPN Group. This was no longer about individual patient decisions, but about an entire community at risk of losing continuity of care.

We began reaching out. Through discussions with colleagues, I learned about Health Canada’s Drug Shortages Unit and requested a meeting. To their credit, the response was immediate. During those early discussions, we reviewed the situation in detail, including the lack of appropriate alternatives for patients with MPNs. It became clear that because Pegasys was being used off-label in this setting, the full impact of the shortage had not been fully appreciated.

One moment from those discussions remains particularly

meaningful. After describing the treatment interruptions, the anxiety, and the uncertainty patients were facing, a member of the Health Canada team said, “You spoke from the heart.” That moment marked a shift. The issue was no longer viewed solely through a regulatory lens, but also through the lived experience of patients.

What followed was extraordinary. Health Canada declared this as a tier 3 shortage and moved to support the exceptional, temporary importation of a medication not yet approved domestically, recognizing the urgency and unmet need in the MPN community. This decision reflected both regulatory flexibility and a deep understanding of patient impact. With this pathway established, attention turned to ropeginterferon alfa-2b (BESREMi®), a long-acting interferon already approved in the United States and Europe for PV. While not yet approved in Canada at the time, it represented a clinically appropriate and evidence-based alternative.

A coordinated national response then took shape. Hematologists, Health Canada, Forus Therapeutics, patient advocacy organizations including the Leukemia & Lymphoma Society of Canada (LLSC) and the Canadian MPN Patient Network, as well as provincial health authorities, pharmacists, and hospital systems aligned around a shared goal.

At the center of this effort was the Canadian MPN Group and the Quebec group for research in CML and MPN. More than a network of physicians, they became a hub for coordination, communication, and advocacy. Countless emails were exchanged, urgent meetings were held, and letters and guidance documents were developed, often late into the night. Much of this work occurred behind the scenes, but its impact was tangible as individual concerns evolved into a unified national voice.

Across sectors, efforts aligned. Advocacy groups raised awareness and supported patients, clinicians gathered and shared evidence, industry partners coordinated logistics, and regulators engaged constructively.

On February 7, 2025, Health Canada added U.S.-authorized ropeginterferon alfa-2b to the list of drugs eligible for exceptional, temporary importation. Just 39 days later, on March 17, the medication became available. An

extraordinary timeline the rapid and committed efforts of Forus Therapeutics. More importantly, it meant that patients could remain on treatment and regain a sense of stability.

Forus Therapeutics ensured rapid availability of the medication, while the Canadian MPN Group supported clinicians navigating access pathways. Advocacy organizations, including the LLSC and the Canadian MPN Patient Network, provided essential support to patients, helping them understand the situation and reducing anxiety during a period of uncertainty. Challenges remained. Access was variable across provinces, and funding pathways were still evolving.

This experience has reinforced several important lessons. Reliance on a single therapy creates vulnerability. Clear and timely communication matters. Most importantly, collaboration is essential, as no single group could have solved this alone.

Looking back, this was a turbulent year. It was also a year of determination, partnership, and quiet, relentless effort, a year of shared achievement.

Behind every patient who remained on treatment were individuals working tirelessly, often behind the scenes, to make that possible.

I am proud to belong to such a community one defined by dedicated physicians, relentless patient advocates, and committed industry partners. I am equally grateful to Health Canada for their responsiveness, understanding, and flexibility during a time when it mattered most. At its core, this experience reinforced a simple truth: we showed up for each other.

When clinicians, patients, regulators, and industry partners come together with a shared purpose, solutions can be found even in the most challenging circumstances. Together we made it happen!

Clinical Trials Enrolling Patients at Princess Margaret Cancer Centre

We accept patients for clinical trials. If you are interested in a clinical trial, please discuss with your hematologist or

oncologist.

Referrals should be sent to leukemiatrialsnursing@uhn.ca. Please note that we are unable to accept direct referrals from patients.

If you are eligible for more than one trial, the consulting physician will discuss which trial may be more suitable for you.

Mutation-specific clinical trials

Current approved JAK inhibitors and other therapies for MPN are not considered disease-modifying. We are entering an exciting era of mutant-specific therapies for JAK2 and CALR mutation patients, which are listed below.

A Phase 1, Open-Label, Multicenter Study of INCB160058 in Participants With Myeloproliferative Neoplasms (ClinicalTrials.gov ID: NCT06313593)

- This study is assessing the safety, tolerability, and pharmacokinetics of INCB160058 in participants that are positive for JAK2 mutation.
- Key eligibility criteria:
- JAK2 positive patients with ET, PV, or MF who have failed at least one line of previous therapy.

A first-in-human study of the safety, pharmacokinetics, and pharmacodynamics of JNJ-88549968, a T-cell redirecting bispecific antibody for CALR-mutated myeloproliferative neoplasms (ClinicalTrials.gov ID NCT06150157)

- This study is assessing a CALR-specific antibody therapy in participants with MF or ET.
- Key eligibility criteria:
- CALR positive patients with ET who have failed at least one line of therapy.
- Patients with JAK inhibitor-naïve MF or JAK-inhibitor exposed patients with MF.

A phase 1, open-label, multicenter study of INCA033989 administered as a monotherapy or in combination with ruxolitinib in participants with myeloproliferative neoplasms (ClinicalTrials.gov ID NCT06034002)

- This study is assessing a CALR-specific antibody therapy, alone or in combination with ruxolitinib.
- Key eligibility criteria:
- CALR positive patients with ET who have failed at least one line of therapy.
- Patients with JAK inhibitor-naïve MF or JAK-inhibitor exposed patients with MF.

Other clinical trials

Apixaban/Rivaroxaban Versus Aspirin for Primary Prevention of Thrombo-embolic Complications in JAK2V617F-positive Myeloproliferative Neoplasms (ClinicalTrials.gov ID NCT05198960)

- Thrombosis (blood clots) continues to remain a major issue in newly diagnosed patients with MPN. This study is assessing the efficacy of Apixaban in preventing thrombosis in participants with JAK2 mutation positive MPNs.
- Key eligibility criteria:
- Patients with ET, PV or pre-fibrotic MF positive for the JAK2 mutation.
- Participant diagnosis must be established not more than one year before entry into the clinical trial.

A Phase 3, Randomized, Double-blind, Add-on Study Evaluating the Safety and Efficacy of Navtemadlin Plus Ruxolitinib vs Placebo Plus Ruxolitinib in Patients with Myelofibrosis Who Have a Suboptimal Response to Ruxolitinib (ClinicalTrials.gov ID NCT06479135)

- This study is assessing the safety of navtemadlin in combination with ruxolitinib in participants with MF who have not responded to prior ruxolitinib therapy.
- Key eligibility criteria:
- JAK inhibitor-naïve patients with MF.

A Phase 1/2, Open-label, Dose-escalation, Safety, Pharmacokinetic, and Pharmacodynamic Study of Oral TP-3654 in Patients with Intermediate or High-risk Primary or Secondary Myelofibrosis (ClinicalTrials.gov ID NCT04176198)

- This study is assessing the safety of TP-3654 in participants with intermediate or high-risk MF who are resistant or intolerant to prior JAK inhibitor therapy or

- are eligible to be treated with a JAK inhibitor.
- Key eligibility criteria:
- Patients with MF who have failed one line of JAK inhibitor therapy and have hemoglobin less than 100 g/L.
- This study is assessing the safety of TP-3654 in participants with intermediate or high-risk MF who are resistant or intolerant to prior JAK inhibitor therapy or are eligible to be treated with a JAK inhibitor.
- Key eligibility criteria:
- Patients with MF who have failed one line of JAK inhibitor therapy and have hemoglobin less than 100 g/L.

Venetoclax and azacitidine combination therapy for patients with accelerated or blast phase BCR-ABL negative myeloproliferative neoplasms (ClinicalTrials.gov ID NCT05074355)

- This study is assessing the safety and efficacy of the combination of venetoclax and azacitidine in participants with an MPN that has transformed to accelerated phase.
- Key eligibility criteria:
- Any MPN patients with blasts in blood or bone marrow more than 10%



Canadian MPN Network Patient Support Groups

Our **PATIENT SUPPORT GROUPS** are for Canadian MPN patients, their families and care partners. They are patient-run and dedicated to providing education and support. Meetings are either held in person (subject to a safe COVID environment), on Zoom, or on Facebook. All group members follow a Code of Ethics to protect participants' privacy. If you would like to join a Support Group, or just have a few initial questions, we would love to hear from you! Please see the chart below for contact information for your area.

Would you like to start a Patient Support Group in your area?

Our Support Group Co-ordinators will help you get started, provide you with guidelines, documentation, and on-going support. For more information please get in touch with either:

Patti Saluk (Western Canada):

patti.saluk@canadianMPNnetwork.ca

John Clark (Eastern Canada):

john.clark@canadianMPNnetwork.ca



Region	Contact Info	Leaders
B.C.	vancouver@canadianMPNnetwork.ca	Mark Williams
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