How Do You Treat PV Patients That Fail Hydroxyurea (HU)?

Time	Question
00:33	In terms of failing Hydroxyurea, what sort of toxicities might be seen with a patient on Hydroxyurea that would lead to a therapy to be discontinued?
02:00	In terms of toxicities, what sort of things do patients bring up with nurses?
02:34	In addition to toxicities from hydrea, we can also have resistance or inadequate efficacy at a certain dose. How would you define resistance? Give us a sense or formal guidelines out there regarding failing hydrea. What should people view those guidelines to be?
05:03	Regarding Ruxolitinib, what were the results that led to the FDA approval in the second-line setting, and in which patients should physicians be thinking about that agent?
07:00	If a patient has been on interferon and failed interferon, what is the thought process now since there are options available of Hydroxyurea that they haven't seen or ruxolitinib?
08:32	What are some of the toxicities our patients with interferon sometimes have seen that have made us scramble for an alternative option?
09:20	Looking at the broader scope of poorly controlled PV, what is the spectrum of complaints people are coming in where they are really not well-controlled?
13:04	How physicians should be thinking about ruxolitinib in PV as opposed to in myelofibrosis, whether it is around dosing or monitoring?
15:16	What would you consider to be the ceiling? What is the ceiling for the dosing of ruxolitinib?
16:16	How is tracking and monitoring patients for symptoms with ruxolitinib and PV similar or different than myelofibrosis?
16:49	What frequency should we be monitoring patient's blood count as we're determining the dose adjustments as discussed earlier?