

Other than cytopenias, what are signs that my patient is intolerant to ruxolitinib or a JAK inhibitor?

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So that is a really good question, we often think about the cytopenias as being predominant but there are other things. Most of those drugs can have renal consequences, secondary or primary malignancies, particularly skin cancers are something we need to be mindful of, although that is not truly an intolerance. GI upset is something that we see in some of these patients, as well. I think the tricky thing here is to make sure that you are differentiating intolerance to the drug versus symptoms of the disease. So, it is really important to track those over time and be sure that you are really accounting for those toxicities and attributing them correctly to the medications before discontinuing each therapy.

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