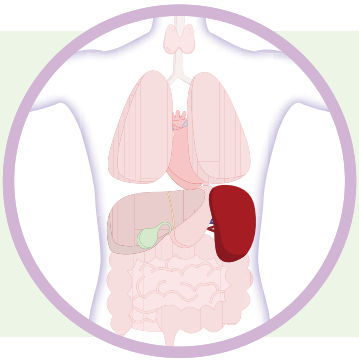
FOR ADULTS WITH POLYCYTHEMIA VERA (PV) WHO HAVE ALREADY TAKEN A MEDICINE CALLED HYDROXYUREA (HU) AND IT DID NOT WORK WELL ENOUGH OR THEY COULD NOT TOLERATE IT.

Polycythemia Vera, Spleen Size & *You*

Taking an active role in helping to manage your PV



What does the spleen do?

The spleen is a small organ located near the stomach, under your left rib cage. It has a number of important functions, including:

- Filtering the blood
- Storing blood cells
- Fighting infection

What is a "normal" spleen size?

Typically, the spleen is about the size of your fist. However, in people with PV, it may become enlarged—a condition called ***splenomegaly***.

Image of enlarged spleen shown for illustrative purposes.

What causes an enlarged spleen in people with polycythemia vera?

Patients with PV can often have too many blood cells, especially red blood cells (which can be measured by a lab test called *hematocrit*). As a result of the increased number of blood cells caused by PV, your spleen works harder than normal. This may cause the spleen to get bigger.

36% In one clinical study, **36% (534 of 1477) of patients** with PV had an enlarged spleen at the time of diagnosis.

What symptoms are associated with an enlarged spleen?

Because the spleen is located in your abdominal area, an enlarged spleen may press on the stomach, making it difficult for it to expand normally when eating.

Symptoms of an enlarged spleen may include:

- Abdominal discomfort
- Pain under the left ribs
- An early feeling of fullness when eating (early satiety)—even if you haven't eaten much food

Be sure to share all of your symptoms with your Healthcare Professional, even if you're not sure that they are related to your PV.

What does it mean if my spleen is enlarged?

Enlargement of the spleen can be a sign that your spleen is working harder than normal. However, in some patients with PV, it may also be a sign of disease progression, which means that your PV is changing or getting worse. It's important to work with your care team to regularly keep track of any changes in your spleen size or symptoms.

Early identification of an enlarged spleen may help your Healthcare Professional to assess your care management approach sooner if your PV is progressing.

How will I know if my spleen is enlarged?

Spleen enlargement may cause some of the spleen-related symptoms mentioned above. It's important to share these (and any other) symptoms with your Healthcare Professional. He or she can help you document and keep track of spleen size by evaluating your spleen on a regular basis throughout your PV journey.

Your Healthcare Professional can check your spleen size by gently feeling or "palpating" your left upper abdominal area. Because it can sometimes be difficult to accurately measure spleen size through physical exam alone, your Healthcare Professional may order an imaging test. **These tests may include:**

Ultrasound

Computed tomography (CT), also called a CT scan

Magnetic resonance imaging (MRI)

How can I take an active role in tracking my spleen size?

Recognizing the signs and symptoms of spleen enlargement can help you take a more active role in your ongoing PV care.

What *you* can do

- Talk with your Healthcare Professional about **establishing your individual "baseline" spleen size** as early on as possible (ideally, at diagnosis)
- Ask your Healthcare Professional **how often your spleen size should be checked** and to share the result with you when assessed
- Keep notes for yourself to document and **keep track of any changes in your condition**, such as increases or decreases in both spleen size (as identified by your Healthcare Professional) and PV symptoms
- Plan ahead for PV care visits by **reviewing tracking results** and **writing down any questions or concerns** that you want to discuss

What your *Healthcare Professional* may do

- Perform a **physical exam** to check your spleen size
- Order **imaging tests**, as needed
- Discuss **ongoing care management options**

Remember, whether you are using an online tracking tool or a notebook or diary, regularly keeping track of your spleen size (as identified by your Healthcare Professional) and PV symptoms—including spleen-related symptoms—can help you and your care team identify possible changes over time. This information offers valuable insights that can help ensure that your current PV management approach is the right one for you.

Work with your Healthcare Professional to establish your "baseline" spleen size at diagnosis—or as early on as possible.

Questions to ask yourself before your next care visit

Take an active role in your care by helping to identify the signs and symptoms of spleen enlargement. **Before your next PV care visit, ask yourself the following questions:**

- ☐ Do you feel full quickly after meals?
- ☐ Are you losing weight unintentionally, and if so, how much weight have you lost over the last 6 months?
- ☐ Do you have abdominal discomfort, particularly after eating? If so, how often does this occur?
- ☐ Do you find it difficult to get into a comfortable position for sleeping because of abdominal discomfort when lying down?
- ☐ Do you experience dull or sharp pain under the left ribs or in your abdomen?

Remember, early recognition of disease progression can impact how your PV may be managed.

For adults with polycythemia vera (PV) who have already taken a medicine called hydroxyurea (HU) and it did not work well enough or they could not tolerate it.

Discover what may be possible with Jakafi® (ruxolitinib)

JAKAFI may help reduce spleen size in patients with PV

The results of a key clinical trial* in adults with PV who did not benefit from treatment with HU or could not tolerate it showed that after approximately 8 months of treatment:

23% of patients in the group that received Jakafi kept their hematocrit under control *and* had a reduction in spleen size of at least 35% compared with <1% of patients in the group that received other treatments

40% of patients receiving Jakafi had the reduction in spleen size when measured separately from hematocrit control compared with <1% of patients receiving other treatments

How your PV may respond to Jakafi depends on your specific circumstances. Individual results may vary.

Talk to your Healthcare Professional to see if Jakafi may be right for you. Learn more about Jakafi at **JakafiForPV.com**.

If you and your Healthcare Professional decide that Jakafi is right for you, learn about a patient support program, including financial assistance options for eligible† patients. **Visit IncyteCARES.com to learn more.**

Incyte**CARES**: **C**onnecting to **A**ccess, **R**eimbursement, **E**ducation and **S**upport

*In a clinical trial of 222 patients, Jakafi was compared against other standard therapies in adults with PV who had already taken a medicine called HU and it did not work well enough or they could not tolerate it. Treatment was said to be effective if Jakafi kept a patient's hematocrit level under control, while at the same time reducing spleen size by at least 35%.

†Terms and conditions apply.

INDICATIONS AND USAGE

Jakafi is a prescription medicine used to treat adults with polycythemia vera who have already taken a medicine called hydroxyurea and it did not work well enough or they could not tolerate it.

IMPORTANT SAFETY INFORMATION

Jakafi can cause serious side effects, including:

Low blood counts: Jakafi® (ruxolitinib) may cause low platelet, red blood cell, and white blood cell counts. If you develop bleeding, stop taking Jakafi and call your healthcare provider. Your healthcare provider will do a blood test to check your blood counts before you start Jakafi and regularly during your treatment. Your healthcare provider may change your dose of Jakafi or stop your treatment based on the results of your blood tests. Tell your healthcare provider right away if you develop or have worsening symptoms such as unusual bleeding, bruising, tiredness, shortness of breath, or a fever.

Infection: You may be at risk for developing a serious infection during treatment with Jakafi. Tell your healthcare provider if you develop any of the following symptoms of infection: chills, nausea, vomiting, aches, weakness, fever, painful skin rash or blisters.

Cancer: Some people have had certain types of non-melanoma skin cancers during treatment with Jakafi. Your healthcare provider will regularly check your skin during your treatment with Jakafi. Tell your healthcare provider if you develop any new or changing skin lesions during treatment with Jakafi.

Increases in cholesterol: You may have changes in your blood cholesterol levels during treatment with Jakafi. Your healthcare provider will do blood tests to check your cholesterol levels about every 8 to 12 weeks after you start taking Jakafi, and as needed.

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IMPORTANT SAFETY INFORMATION (CONTINUED)

Increased risk of major cardiovascular events such as heart attack, stroke or death in people who have cardiovascular risk factors and who are current or past smokers while using another JAK inhibitor to treat rheumatoid arthritis: Get emergency help right away if you have any symptoms of a heart attack or stroke while taking Jakafi, including: discomfort in the center of your chest that lasts for more than a few minutes, or that goes away and comes back, severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw, pain or discomfort in your arms, back, neck, jaw, or stomach, shortness of breath with or without chest discomfort, breaking out in a cold sweat, nausea or vomiting, feeling lightheaded, weakness in one part or on one side of your body, slurred speech

Increased risk of blood clots: Blood clots in the veins of your legs (deep vein thrombosis, DVT) or lungs (pulmonary embolism, PE) have happened in people taking another JAK inhibitor for rheumatoid arthritis and may be life-threatening. Tell your healthcare provider right away if you have any signs and symptoms of blood clots during treatment with Jakafi, including: swelling, pain, or tenderness in one or both legs, sudden, unexplained chest or upper back pain, shortness of breath or difficulty breathing

Possible increased risk of new (secondary) cancers: People who take another JAK inhibitor for rheumatoid arthritis have an increased risk of new (secondary) cancers, including lymphoma and other cancers. People who smoke or who smoked in the past have an added risk of new cancers.

The most common side effects of Jakafi include: for certain types of myelofibrosis (MF) and polycythemia vera (PV) – low platelet or red blood cell counts, bruising, dizziness, headache, and diarrhea; for acute GVHD – low platelet counts, low red or white blood cell counts, infections, and swelling; and for chronic GVHD – low red blood cell or platelet counts and infections including viral infections.

These are not all the possible side effects of Jakafi. Ask your pharmacist or healthcare provider for more information. Call your doctor for medical advice about side effects.

Before taking Jakafi, tell your healthcare provider about: all the medications, vitamins, and herbal supplements you are taking and all your medical conditions, including if you have an infection, have or had low white or red blood cell counts, have or had tuberculosis (TB) or have been in close contact with someone who has TB, had shingles (herpes zoster), have or had hepatitis B, have or had liver or kidney problems, are on dialysis, have high cholesterol or triglycerides, had cancer, are a current or past smoker, had a blood clot, heart attack, other heart problems or stroke, or have any other medical condition. Take Jakafi exactly as your healthcare provider tells you. Do not change your dose or stop taking Jakafi without first talking to your healthcare provider.

Women should not take Jakafi while pregnant or planning to become pregnant. Do not breastfeed during treatment with Jakafi and for 2 weeks after the final dose.

Please click here for the Full Prescribing Information, which includes a more complete discussion of the risks associated with Jakafi.

You are encouraged to report negative side effects of prescription drugs to the FDA.
Visit **www.fda.gov/medwatch**, or call **1-800-FDA-1088**.

You may also report side effects to Incyte Medical Information at 1-855-463-3463.