Oncology Clinical Pathways
Polycythemia Vera

April 2024 – V1.2024

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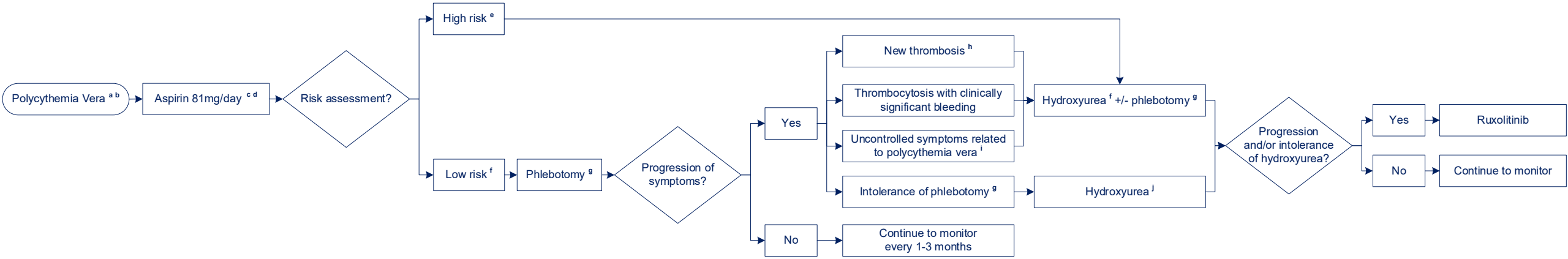
Polycythemia Vera – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

- Polycythemia Vera is currently not a presumptive condition

For more information, please visit U.S. Department of Veterans Affairs - Presumptive Disability Benefits (va.gov)

Polycythemia Vera



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **PV Diagnosis** initiate a discussion regarding allogeneic bone marrow transplant with patients < 60 who have high risk disease

[b] **Bone Marrow Biopsy** is recommended if at any point the patient has symptoms of progression to myelofibrosis; symptoms include progressive cytopenias, rising white blood cell count, increasing splenomegaly, constitutional symptoms, and leukocytosis

[c] **Maintain Current Regimen** if patient is already on anticoagulant or antiplatelet

[d] **Aspirin** is recommended for primary thrombosis prevention in all PV patients without a contraindication; microvascular symptoms can be managed by increasing aspirin to 81mg twice a day

[e] **High Risk** age > 60 or history of thrombosis

[f] **Low Risk** age ≤ 60 and no history of thrombosis

[g] **Phlebotomy** goal hematocrit < 45%

[h] **Treat Thrombosis** as clinically appropriate

[i] **PV Symptoms Include** pruritis, erythromelalgia, vasomotor disturbances, splenomegaly, constitutional symptoms

[j] **Hydroxyurea** should not be given to patients who are pregnant or wishing to become pregnant; pregnancy test is recommended prior to initiation in patients with child-bearing potential; an alternative to hydroxyurea in this patient population is peginterferon alfa-2a

PV Polycythemia Vera

Polycythemia Vera – Molecular Testing Table

Eligibility	Test Category	Test Type	Recommended Vendors	NPOP Coverage	Specimen Type
Clinical Suspicion of Polycythemia Vera (PV)	Stain	Reticulin staining on *bone marrow biopsy	Local VA or locally contracted vendor	No	Bone Marrow Biopsy, Blood
	FISH	FISH (Peripheral blood or Bone marrow) to rule out t(9;22) BCR-ABL1	Local VA or locally contracted vendor	No	Bone Marrow Biopsy, Blood
	Karyotyping	Bone marrow karyotype	Local VA or locally contracted vendor	No	Bone Marrow Biopsy, Blood
	Molecular Testing	JAK2 V617F with reflex to JAK2 sequencing of exons 12 - 15	Local VA or locally contracted vendor	No	Bone Marrow Biopsy, Blood
Polycythemia Vera (PV) with Myelofibrosis and/or Increased Blasts	Somatic NGS**	Targeted myeloid NGS panel including ASXL1, BCOR, BCOR1, CBL, CUX1, DNMT3A, ETV6, EZH2, FLT3, IDH1, IDH2, KRAS, NPM1, NRAS, PHF6, RAD21, RUNX1, SF3B1, SMC1A, SMC3, SRSF2, STAG2, TET2, TP53, U2AF1, ZRSR2, JAK2, CALR, MPL, SETBP1, ETNK1, PTPN11, AND NF1. Optional: DDX41	GLA Foundation Medicine	GLA Grant*** Yes	Bone Marrow Biopsy, Blood
* For clinically well patients who will only be observed if diagnosis is confirmed, workup can be limited to peripheral blood and JAK2 reflex testing only; however, bone marrow biopsy and targeted NGS panel are recommended for complete baseline disease characterization and prognostication					
** Can be performed on subsequent peripheral blood sample					
*** Reach out to GLA for information on use of NGS testing under a VA sponsored grant, with no cost to your local facility					