

# KEY FACTS ABOUT POLYCYTHEMIA VERA (PV)

(polly-sigh-THEE-me-ah-VAIR-Ah)

## WHAT IS PV?

**PV is a rare, chronic blood disease in which a person's body makes too many red blood cells,** and may also result in too many white blood cells or platelets.



**Too many red blood cells can cause the blood to thicken.**

This can lead to blood clots that block the flow of blood through the arteries and veins. A heart attack or stroke can result.



## PV IS:

- A specific type of blood cancer called a myeloproliferative neoplasm, or MPN
- A serious, chronic condition
- A progressive disease that develops slowly and will likely get worse over time

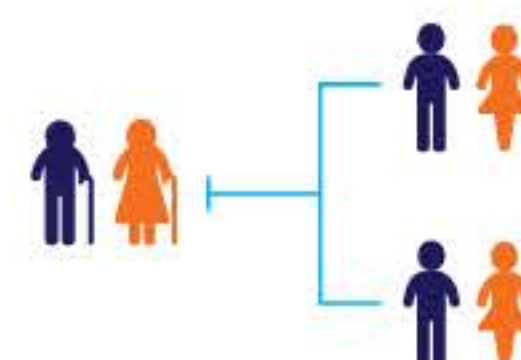
## WHO IS AT RISK FOR POLYCYTHEMIA VERA?



**Age**—Being over age 60



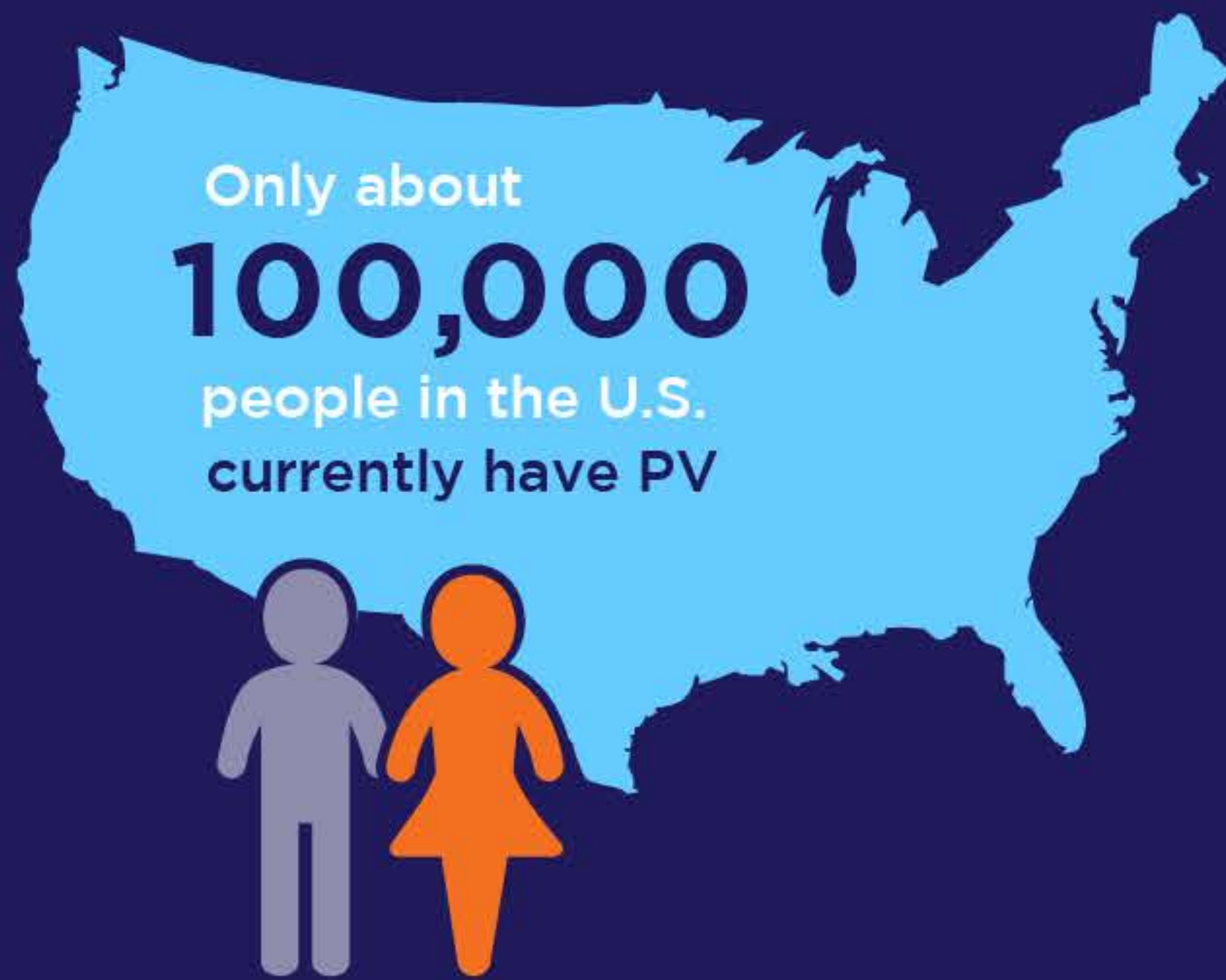
**Being male**—Men are at slightly higher risk for PV than women



**Family history**—PV is not considered a genetic disease; however, having close family members with PV can increase a person's chance of having it



# HOW COMMON IS PV?



**200,000**

The National Institutes of Health (NIH) defines a rare disease as one that affects fewer than 200,000 individuals in the United States. To date, the NIH has identified about 7,000 rare diseases.

AGE:



**0-19**

**20-39**

**40-59**

**60+**



PV is uncommon in people under age 30

PV is most common in people older than 60, although it may occur at any age



## WHAT CAUSES PV?

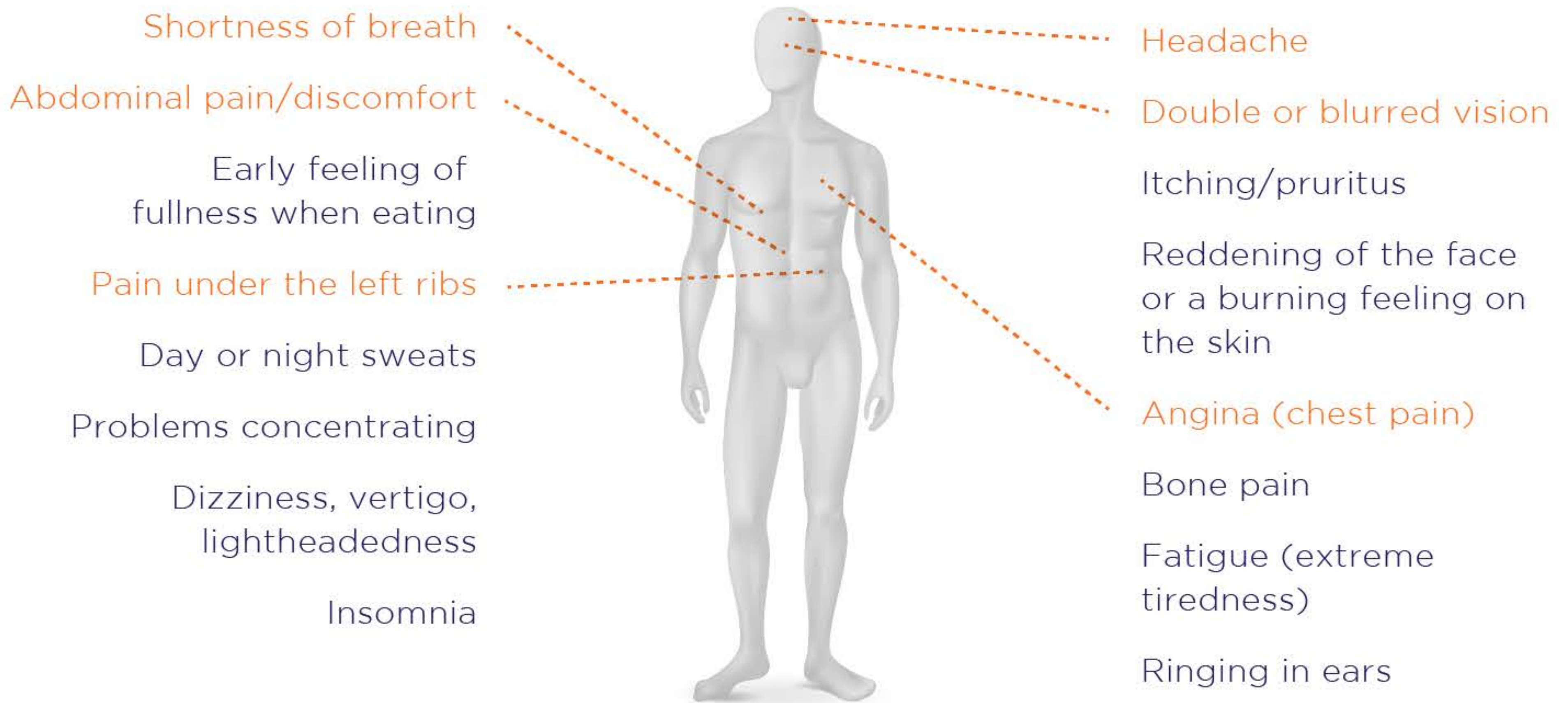
The main cause of PV is a genetic mutation—or change—expressed in a bone marrow cell in the body which results in an overproduction of blood cells

### *JAK2* MUTATION

95% of people with PV have a specific mutation of the *JAK2* (Janus kinase 2) gene



# WHAT ARE THE SIGNS AND SYMPTOMS OF PV?



FROM  
**30%-40%**  
of PV patients present with  
an enlarged spleen



Some symptoms are caused by thickening of the blood, which results in a lack of oxygen to parts of the body

## WHAT OTHER HEALTH PROBLEMS CAN PV CAUSE?

- Blood clots leading to heart attack or stroke
- Stomach ulcers, gout, or kidney stones
- Angina (chest pain)
- Progression to leukemia

ABOUT  
**10%**  
OF PEOPLE may progress  
to myelofibrosis,  
or MF, over  
10 years

**PV** → **MF**



# HOW IS PV DIAGNOSED?

With PV, early diagnosis is important. If your doctor suspects you have PV, a **blood test** can aid in the diagnosis

ABOUT

**30%**

OF PV CASES ARE DIAGNOSED AFTER A CARDIOVASCULAR EVENT SUCH AS A HEART ATTACK OR STROKE

# WHAT IS THE PROGNOSIS?

Although not curable, PV can be managed effectively over the course of the disease

In people with PV, the **median survival** approaches or exceeds 20 years.

Each person's risk factors should be evaluated individually

# HOW IS PV MONITORED?

Healthcare Professionals monitor PV with periodic blood tests. They also track the symptoms of PV. Regular monitoring and medical care can help detect any changes in the condition. New or worsening symptoms should be reported to a Healthcare Professional.

If you are affected by PV, your symptoms, blood counts, even your feelings can help you identify your **PV STATE OF MINE**—or where you are on your journey with PV.

**WHAT IS YOUR  
PV STATE OF MINE?**



To learn more, visit  
[www.VoicesofMPN.com](http://www.VoicesofMPN.com)



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