Pacritinib for Patients With Myelofibrosis Who Have Thrombocytopenia

Estado	Tipo de Participantes	Rangos de Edad
Reclutando	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase II	30
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	No
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	tratamiento	NO

Información

Identificador
2025-522509-39-00 (CTIS)

Cod. Protocolo
GEMFIN-MF-PACRI 2401

Área terapéutica
Enfermedades [C] - Cáncer [C04]|

Enfermedad investigada
Patients with myelofibrosis and platelets counts between 50 - 120 x 10e9/L

Título Científico
Pacritinib For The Reduction Of Bone Marrow Fibrosis In Patients With Myelofibrosis Who Have Thrombocytopenia; A Multicenter, Open-Label, Single Arm, Phase II Exploratory Study

Justificación

No aportado

Objetivo Principal

The primary objective of this study is to evaluate the effect of pacritinib on the bone marrow fibrosis.

Variables de Evaluación Primaria

Decrease of 1 grade in reticulin fibrosis from baseline to week 52 measured in bone marrow biopsy.

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

To evaluate the efficacy of pacritinib in bone marrow fibrosis reduction, measured by quantitative Dixon Quant magnetic resonance imaging (MRI)
To correlate changes in fat content/cellularity (FF) by MRI with fibrosis assessment by BM biopsy.
To evaluate anemia response: a) To assess the red blood cell (RBC) transfusion independence rate achieved with pacritinib. b) To evaluate the changes in Hb level achieved with pacritinib, in patients who are transfusion-independent. c) To correlate changes in fat content/cellularity (by MRI) and fibrosis assessment (by BM biopsy) with anemia response.
To evaluate the durability of anemia response under pacritinib treatment.
To evaluate the changes in platelet counts
To evaluate the effect of pacritinib on the durability of platelet response under pacritinib.
To determine the effect of pacritinib in the VAF of driver-gen.
To correlate changes in fat content/cellularity (FF) by MRI and/or fibrosis assessment by BM biopsy with the splenic, anemia and platelet response, as well as, with the changes in the VAF of driver-gen.
To correlate pacritinib-induced changes in the VAF of driver-gen with the splenic, anemia and platelet response.
To evaluate safety of the intended treatment regimen based on the frequency and severity of adverse events and Treatment-emergent adverse events (TEAEs) assessed by NCI CTCAE v5.0.
To evaluate the treatment compliance of pacritinib.
To identify predicted biomarker of response in blood and BM in patients with MF: To evaluate the inflammatory cytokines profile under pacritinib treatment. To assess gene/protein expression of TGF-1 and NFkB targets .
To evaluate the effect of pacritinib in the bone marrow fibrosis at early time-points
To evaluate the efficacy of pacritinib in bone marrow fibrosis reduction measured by quantitative Dixon Quant magnetic resonance imaging (MRI) at early time-points.
To correlate changes in fat content/cellularity (FF) by MRI and fibrosis assessment by BM biopsy marrow at early time-points.
To evaluate the changes in MPN symptoms during pacritinib treatment.
To evaluate the efficacy of pacritinib to reduce the spleen volume by MRI from baseline and its durability among patients with baseline splenomegaly

Variables de Evaluación Secundaria

Improvement in bone marrow fat fraction (FF) at Week 52 (C12D1) from baseline, measured by quantitative MRI as has been previously described
Percent change in fat fraction by quantitative Dixon Quant MRI will be correlated with improvement in BM fibrosis by at least 1 grade (assessment by BM biopsy) at Week 52.
To evaluate anemia response a) Achievement of RBC transfusion independence over the first 24 weeks of treatment. b) Improvement in hemoglobin level without transfusion over the first 24 weeks of treatment c) Correlation study between i) the changes in hemoglobin level without transfusion and/or proportion of patients achievement of RBC transfusion independence with ii) the changes in the Bone Marrow (by MRI and/or BM biopsy) over the first 24 weeks of treatment.
Durability of anemia response a) Achievement of RBC transfusion independence over the first 52 weeks of treatment. b) Improvement in hemoglobin level without transfusion over the first 52 weeks of treatment c) Correlation study between i) the changes in hemoglobin level without transfusion and/or proportion of patients achievement of RBC transfusion independence with ii) the changes in in the Bone Marrow (by MRI and/or BM biopsy) over the first 52 weeks
Improvement in platelet counts without transfusion at week 24 from baseline
Improvement in platelet counts without transfusion at week 52 from baseline
Post-treatment changes in MPN driver-gen VAF (JAK2, CALR, MPL) from baseline at Week 24 and Week 52.
Percent change in fat fraction by quantitative Dixon Quant MRI and/or in the grade of fibrosis in BM will be correlated with the percent change in splenic volume; with the percent change in the driver-gen VAF; and with the hemoglobin and platelet levels at Week 24 and Week 52.
Post-treatment changes in MPN driver-gen VAF will be correlated with the percent change in splenic volume; and with the hemoglobin and platelet levels at Week 24 and Week 52
Frequency and severity of adverse events and Treatment-related adverse events (TRAEs) assessed by NCI CTCAE v5.0
Rate of completion of pacritinib treatment: Cumulative dose Actual dose intensity Relative dose intensity Proportion of patients requiring dose interruptions Proportion of patients requiring dose reductions
Assessement of MF or dual IRAK-1/JAK2 inhibitor (pacritinib) biology-related features associated with response: Changes in the levels of circulating plasma cytokines at week 24 from baseline by Luminex Changes in the mRNA and/or protein expression levels of of TGT betha and NFkB targets will be measures at week 24 in bone marrow and compare between responders and non-responders to pacritinib.
Decrease of 1 grade in reticulin fibrosis from baseline to week 24 measured in bone marrow biopsy.
Improvement in bone marrow fat fraction (FF) at Week 24 from baseline, measured by quantitative MRI
Percent change in fat fraction by quantitative Dixon Quant MRI and improvement in BM histology (assessment by BM biopsy) at Week 24.
Changes in MPN symptoms throughout the study period assessed through MPN SAF TSS 2.0 questionnaire
Percent change in splenic volume at Week 24 and Week 52 among patients with baseline splenomegaly

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Signed written and voluntary informed consent. Adequate coagulation defined by prothrombin time/international normalized ratio and partial thromboplastin time 1.5 × ULN. If fertile, willing to use effective birth control methods during the study and up to 30 days after the last dose of pacritinib Willing to undergo and able to tolerate frequent MRI during the study and BM biopsy Able to understand and willing to complete symptom assessments. Age 18 years Patients with a confirmed diagnosis of myelofibrosis, either primary myelofibrosis (PMF) or post polycythemia vera (PPV-MF) or post essential thrombocythemia (PET-MF) Patients with thrombocytopenia, delimited by platelets

counts between 50 - 120 x10e9/L. Patients who require JAK-2 inhibitor therapy in the opinion of the investigator and are eligible to start treatment with pacritinib either in the first line (JAK2 inhibitor-naive) or in second line setting (after no response or loss of response or intolerance to one prior JAK2 inhibitor). Note: patients should have recovered to grade 1 from any toxicity from previous treatment. Have a Eastern Cooperative Oncology Group Performance Status (ECOG-PS) of 0 - 2 Have a dynamic international prognostic scoring system (DIPSS) Intermediate-1, Intermediate-2, or High risk Peripheral blasts count < 5% and absolute neutrophil count (ANC) of 500/L. Adequate liver and renal function, defined by: a. liver transaminases, including alanine aminotransferase (ALT or GOT) and aspartate aminotransferase (AST or GOT) 3 x upper limit normal (ULN). AST/ALT 5 × ULN if transaminase elevation is related to MF. b. Total bilirubin and/or direct bilirubin 4 x ULN. c. Estimated glomerular filtration rate (eGFR) > 30 mL/min.

Criterios de Exclusión

Life expectancy <6 months. Any active GI or metabolic condition that could interfere with absorption of oral medication. Splenic irradiation within the last 6 months. Previously treated with pacritinib. Concurrent enrollment in another interventional trial. Treatment with an experimental therapy within 28 days prior to the first dose of study treatment. Systemic treatment with a strong CYP3A4 inhibitor or inducer and the treatment cannot be either discontinued or switched to a different medication within 5 half-lifes prior to study entry. Severe (Child-Pugh C) liver impairment. Significant recent bleeding history defined as NCI CTCAE grade 2 within 3 months prior to first dose of study treatment, or with active bleeding, unless precipitated by an inciting event (e.g., surgery, trauma, or injury). Conditions or medications that increase the risk of bleeding, except for aspirin (dosages of 100 mg per day). Patients treated with "direct-acting oral anticoagulants (DOACs), could be considered for inclusion (may be consulted with the Sponsor, GEMFIN). Patients with rheumatoid arthritis for whom therapy with an alternative JAK inhibitor is required Any history of CTCAE grade 2 dysrhythmias or non-dysrhythmia cardiac conditions within 6 months prior to the first dose of study treatment. Patients with non-dysrhythmia or non-QTc grade 2 cardiovascular conditions , may be considered for inclusion, if stable , asymptomatic and unlikely to affect patient safety. QT corrected by the Fridericia method (QTcF) prolongation >480 ms or other factors that increase the risk for QTcF interval prolongation (e.g., heart failure, hypokalemia or history of long QT interval syndrome). New York Heart Association Class II, III, or IV congestive heart failure. Active or uncontrolled inflammatory or chronic functional bowel disorder such as Crohns disease, inflammatory bowel disease, chronic diarrhea or constipation Other malignancy within 3 years prior to treatment Day 1, other than curatively treated basal cell or squamous cell skin or corneal cancer; curatively treated carcinoma in situ of the cervix. The exception is if patients have been disease-free for at least 5 years, and are deemed by the investigator to be at low risk for recurrence of that malignancy. Known seropositivity for human immunodeficiency virus. Known active hepatitis B, or C virus infection. Women who are pregnant or lactating Uncontrolled intercurrent illness, including, but not limited to, ongoing active infection, psychiatric illness, or social situation that, in the judgment of the treating physician, would limit compliance with study requirements.

Calendario

(Última actualización: 27/07/2026)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
06/02/2026	30/03/2026	15/04/2026	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
No aportado	No aportado	No aportado	No aportado	No aportado

Promotor

Grupo Español de Enfermedades Mieloproliferativas Crónicas Filadelfia Negativas País no aportado

N/A

Contact Person

GEMFIN Secretariat

0034934344412

investigacion@mfar.net

Monetary support: N/A

Tipo de promotor: No comercial

Ceim

CEIm Hospital Fundación Jiménez Díaz

Avda. Reyes Católicos, 2 - 5ª Ascensores 4-5 28040 Madrid

ceic@fjd.es

915443720

Centros

Activo (12/05/2026)

Consorcio Hospital General Universitario De Valencia

Valencia

VALENCIA

Hematology Department

No iniciado (--/--/----)

El Hospital Universitario De Gran Canaria Dr. Negrin

Las Palmas De Gran Canaria

LAS PALMAS

Hematology Department

Activo (10/04/2026)

Hospital Clinic De Barcelona

Barcelona

BARCELONA

Hematology Department

Activo (22/06/2026)

Hospital Clinico Universitario De Valencia

Valencia

VALENCIA

Hematology Department

Activo (27/07/2026)

Hospital De Jerez De La Frontera

Jerez De La Frontera

CÁDIZ

Hematology Department

Activo (05/05/2026)

Hospital Del Mar

Barcelona

BARCELONA

Hematology Department

Activo (08/04/2026)

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Hematology Department

Activo (15/04/2026)

Hospital General Universitario Morales Meseguer

Murcia

MURCIA

Hematology Department

Activo (17/06/2026)

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Hematology Department

No iniciado (--/--/----)

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Hematology Department

Activo (31/03/2026)

Hospital Universitario Fundacion Jimenez Diaz

Madrid

MADRID

Hematology Department

Activo (09/04/2026)

Hospital Universitario Ramon Y Cajal

Madrid

MADRID

Hematology Department

Activo (10/04/2026)

Hospital Universitario 12 De Octubre

Madrid

MADRID

Hematology Department

Medicamentos

Pacritinib
CAPSULE, HARD
ORAL USE

-

Principios Activos: N/A

Experimental

Sin resultados

Pacritinib for Patients With Myelofibrosis Who Have Thrombocytopenia

State	**Type of participants**	**Age Ranges**
Recruiting	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase II	30
Results	**Low level of intervention**	**Rare disease**
No results	No	No
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	treatment	NO

Information

Identifier
2025-522509-39-00 (CTIS)

Protocol Code
GEMFIN-MF-PACRI 2401

Therapeutic area
Diseases [C] - Cancer [C04]|

Investigated Disease
Patients with myelofibrosis and platelets counts between 50 - 120 x 10e9/L

Scientific Title
Pacritinib For The Reduction Of Bone Marrow Fibrosis In Patients With Myelofibrosis Who Have Thrombocytopenia; A Multicenter, Open-Label, Single Arm, Phase II Exploratory Study

Rationale

Not provided

Main Objective

The primary objective of this study is to evaluate the effect of pacritinib on the bone marrow fibrosis.

Primary Endpoints

Decrease of 1 grade in reticulin fibrosis from baseline to week 52 measured in bone marrow biopsy.

Temporary moments of secondary assessment

Not provided

Secondary Objective

To evaluate the efficacy of pacritinib in bone marrow fibrosis reduction, measured by quantitative Dixon Quant magnetic resonance imaging (MRI)
To correlate changes in fat content/cellularity (FF) by MRI with fibrosis assessment by BM biopsy.
To evaluate anemia response: a) To assess the red blood cell (RBC) transfusion independence rate achieved with pacritinib. b) To evaluate the changes in Hb level achieved with pacritinib, in patients who are transfusion-independent. c) To correlate changes in fat content/cellularity (by MRI) and fibrosis assessment (by BM biopsy) with anemia response.
To evaluate the durability of anemia response under pacritinib treatment.
To evaluate the changes in platelet counts
To evaluate the effect of pacritinib on the durability of platelet response under pacritinib.
To determine the effect of pacritinib in the VAF of driver-gen.
To correlate changes in fat content/cellularity (FF) by MRI and/or fibrosis assessment by BM biopsy with the splenic, anemia and platelet response, as well as, with the changes in the VAF of driver-gen.
To correlate pacritinib-induced changes in the VAF of driver-gen with the splenic, anemia and platelet response.
To evaluate safety of the intended treatment regimen based on the frequency and severity of adverse events and Treatment-emergent adverse events (TEAEs) assessed by NCI CTCAE v5.0.
To evaluate the treatment compliance of pacritinib.
To identify predicted biomarker of response in blood and BM in patients with MF: To evaluate the inflammatory cytokines profile under pacritinib treatment. To assess gene/protein expression of TGF-1 and NFkB targets .
To evaluate the effect of pacritinib in the bone marrow fibrosis at early time-points
To evaluate the efficacy of pacritinib in bone marrow fibrosis reduction measured by quantitative Dixon Quant magnetic resonance imaging (MRI) at early time-points.
To correlate changes in fat content/cellularity (FF) by MRI and fibrosis assessment by BM biopsy marrow at early time-points.
To evaluate the changes in MPN symptoms during pacritinib treatment.
To evaluate the efficacy of pacritinib to reduce the spleen volume by MRI from baseline and its durability among patients with baseline splenomegaly

Secondary Endpoints

Improvement in bone marrow fat fraction (FF) at Week 52 (C12D1) from baseline, measured by quantitative MRI as has been previously described
Percent change in fat fraction by quantitative Dixon Quant MRI will be correlated with improvement in BM fibrosis by at least 1 grade (assessment by BM biopsy) at Week 52.
To evaluate anemia response a) Achievement of RBC transfusion independence over the first 24 weeks of treatment. b) Improvement in hemoglobin level without transfusion over the first 24 weeks of treatment c) Correlation study between i) the changes in hemoglobin level without transfusion and/or proportion of patients achievement of RBC transfusion independence with ii) the changes in the Bone Marrow (by MRI and/or BM biopsy) over the first 24 weeks of treatment.
Durability of anemia response a) Achievement of RBC transfusion independence over the first 52 weeks of treatment. b) Improvement in hemoglobin level without transfusion over the first 52 weeks of treatment c) Correlation study between i) the changes in hemoglobin level without transfusion and/or proportion of patients achievement of RBC transfusion independence with ii) the changes in in the Bone Marrow (by MRI and/or BM biopsy) over the first 52 weeks
Improvement in platelet counts without transfusion at week 24 from baseline
Improvement in platelet counts without transfusion at week 52 from baseline
Post-treatment changes in MPN driver-gen VAF (JAK2, CALR, MPL) from baseline at Week 24 and Week 52.
Percent change in fat fraction by quantitative Dixon Quant MRI and/or in the grade of fibrosis in BM will be correlated with the percent change in splenic volume; with the percent change in the driver-gen VAF; and with the hemoglobin and platelet levels at Week 24 and Week 52.
Post-treatment changes in MPN driver-gen VAF will be correlated with the percent change in splenic volume; and with the hemoglobin and platelet levels at Week 24 and Week 52
Frequency and severity of adverse events and Treatment-related adverse events (TRAEs) assessed by NCI CTCAE v5.0
Rate of completion of pacritinib treatment: Cumulative dose Actual dose intensity Relative dose intensity Proportion of patients requiring dose interruptions Proportion of patients requiring dose reductions
Assessement of MF or dual IRAK-1/JAK2 inhibitor (pacritinib) biology-related features associated with response: Changes in the levels of circulating plasma cytokines at week 24 from baseline by Luminex Changes in the mRNA and/or protein expression levels of of TGT betha and NFkB targets will be measures at week 24 in bone marrow and compare between responders and non-responders to pacritinib.
Decrease of 1 grade in reticulin fibrosis from baseline to week 24 measured in bone marrow biopsy.
Improvement in bone marrow fat fraction (FF) at Week 24 from baseline, measured by quantitative MRI
Percent change in fat fraction by quantitative Dixon Quant MRI and improvement in BM histology (assessment by BM biopsy) at Week 24.
Changes in MPN symptoms throughout the study period assessed through MPN SAF TSS 2.0 questionnaire
Percent change in splenic volume at Week 24 and Week 52 among patients with baseline splenomegaly

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Signed written and voluntary informed consent. Adequate coagulation defined by prothrombin time/international normalized ratio and partial thromboplastin time 1.5 × ULN. If fertile, willing to use effective birth control methods during the study and up to 30 days after the last dose of pacritinib Willing to undergo and able to tolerate frequent MRI during the study and BM biopsy Able to understand and willing to complete symptom assessments. Age 18 years Patients with a confirmed diagnosis of myelofibrosis, either primary myelofibrosis (PMF) or post polycythemia vera (PPV-MF) or post essential thrombocythemia (PET-MF) Patients with thrombocytopenia, delimited by platelets

counts between 50 - 120 x10e9/L. Patients who require JAK-2 inhibitor therapy in the opinion of the investigator and are eligible to start treatment with pacritinib either in the first line (JAK2 inhibitor-naive) or in second line setting (after no response or loss of response or intolerance to one prior JAK2 inhibitor). Note: patients should have recovered to grade 1 from any toxicity from previous treatment. Have a Eastern Cooperative Oncology Group Performance Status (ECOG-PS) of 0 - 2 Have a dynamic international prognostic scoring system (DIPSS) Intermediate-1, Intermediate-2, or High risk Peripheral blasts count < 5% and absolute neutrophil count (ANC) of 500/L. Adequate liver and renal function, defined by: a. liver transaminases, including alanine aminotransferase (ALT or GOT) and aspartate aminotransferase (AST or GOT) 3 x upper limit normal (ULN). AST/ALT 5 × ULN if transaminase elevation is related to MF. b. Total bilirubin and/or direct bilirubin 4 x ULN. c. Estimated glomerular filtration rate (eGFR) > 30 mL/min.

Exclusion criteria

Life expectancy <6 months. Any active GI or metabolic condition that could interfere with absorption of oral medication. Splenic irradiation within the last 6 months. Previously treated with pacritinib. Concurrent enrollment in another interventional trial. Treatment with an experimental therapy within 28 days prior to the first dose of study treatment. Systemic treatment with a strong CYP3A4 inhibitor or inducer and the treatment cannot be either discontinued or switched to a different medication within 5 half-lifes prior to study entry. Severe (Child-Pugh C) liver impairment. Significant recent bleeding history defined as NCI CTCAE grade 2 within 3 months prior to first dose of study treatment, or with active bleeding, unless precipitated by an inciting event (e.g., surgery, trauma, or injury). Conditions or medications that increase the risk of bleeding, except for aspirin (dosages of 100 mg per day). Patients treated with "direct-acting oral anticoagulants (DOACs), could be considered for inclusion (may be consulted with the Sponsor, GEMFIN). Patients with rheumatoid arthritis for whom therapy with an alternative JAK inhibitor is required Any history of CTCAE grade 2 dysrhythmias or non-dysrhythmia cardiac conditions within 6 months prior to the first dose of study treatment. Patients with non-dysrhythmia or non-QTc grade 2 cardiovascular conditions , may be considered for inclusion, if stable , asymptomatic and unlikely to affect patient safety. QT corrected by the Fridericia method (QTcF) prolongation >480 ms or other factors that increase the risk for QTcF interval prolongation (e.g., heart failure, hypokalemia or history of long QT interval syndrome). New York Heart Association Class II, III, or IV congestive heart failure. Active or uncontrolled inflammatory or chronic functional bowel disorder such as Crohns disease, inflammatory bowel disease, chronic diarrhea or constipation Other malignancy within 3 years prior to treatment Day 1, other than curatively treated basal cell or squamous cell skin or corneal cancer; curatively treated carcinoma in situ of the cervix. The exception is if patients have been disease-free for at least 5 years, and are deemed by the investigator to be at low risk for recurrence of that malignancy. Known seropositivity for human immunodeficiency virus. Known active hepatitis B, or C virus infection. Women who are pregnant or lactating Uncontrolled intercurrent illness, including, but not limited to, ongoing active infection, psychiatric illness, or social situation that, in the judgment of the treating physician, would limit compliance with study requirements.

Calendar

(Last Update: 27/07/2026)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
06/02/2026	30/03/2026	15/04/2026	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
Not aported	Not aported	Not aported	Not aported	Not aported

Sponsor

Grupo Español de Enfermedades Mieloproliferativas Crónicas Filadelfia Negativas País no aportado

N/A

Contact Person

GEMFIN Secretariat

0034934344412

investigacion@mfar.net

Monetary support: N/A

Sponsor type: No commercial

Ceim

CEIm Hospital Fundación Jiménez Díaz

Avda. Reyes Católicos, 2 - 5ª Ascensores 4-5 28040 Madrid

ceic@fjd.es

915443720

Sites

Active (12/05/2026)

Consorcio Hospital General Universitario De Valencia

Valencia

VALENCIA

Hematology Department

not initialized (--/--/----)

El Hospital Universitario De Gran Canaria Dr. Negrin

Las Palmas De Gran Canaria

LAS PALMAS

Hematology Department

Active (10/04/2026)

Hospital Clinic De Barcelona

Barcelona

BARCELONA

Hematology Department

Active (22/06/2026)

Hospital Clinico Universitario De Valencia

Valencia

VALENCIA

Hematology Department

Active (27/07/2026)

Hospital De Jerez De La Frontera

Jerez De La Frontera

CÁDIZ

Hematology Department

Active (05/05/2026)

Hospital Del Mar

Barcelona

BARCELONA

Hematology Department

Active (08/04/2026)

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Hematology Department

Active (15/04/2026)

Hospital General Universitario Morales Meseguer

Murcia

MURCIA

Hematology Department

Active (17/06/2026)

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Hematology Department

not initialized (--/--/----)

Hospital Universitario De Salamanca

Salamanca

SALAMANCA

Hematology Department

Active (31/03/2026)

Hospital Universitario Fundacion Jimenez Diaz

Madrid

MADRID

Hematology Department

Active (09/04/2026)

Hospital Universitario Ramon Y Cajal

Madrid

MADRID

Hematology Department

Active (10/04/2026)

Hospital Universitario 12 De Octubre

Madrid

MADRID

Hematology Department

Medication

Pacritinib
CAPSULE, HARD
ORAL USE

-

Active Principles: N/A

Experimental

No results