



Correction to: Ruxolitinib therapy formyelofibrosis in Austria

Consensus on therapy management

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The original version of this article unfortunately contained a mistake. Table Nr. 1 was inconsistent. The corrected version of Table 1 is given below. We apologize for any inconveniences this may have caused.

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Table 1 World Health Organisation (WHO) diagnostic criteria for PMF. (Table adjusted from [20])

WHO diagnostic criteria for PMF
<i>I. Major criteria</i>
a. Presence of megakaryocytic proliferation and atypia, accompanied by either reticulin and/or collagen fibrosis grades 2 or 3
b. Not meeting WHO criteria for <i>BCR-ABL1</i> ⁺ chronic myelogenous leukemia, essential thrombocythemia, polycythemia vera, myelodysplastic syndromes, or other myeloid neoplasms
c. Demonstration of <i>JAK2</i> , <i>CALR</i> , or <i>MPL</i> mutation or in the absence of these mutations, presence of another clonal marker ^a , or no evidence of reactive bone marrow fibrosis
<i>II. Minor criteria</i>
a. Anemia not attributed to a comorbid condition
b. Leukocytosis $\geq 11 \times 10^9/l$
c. Palpable splenomegaly
d. Serum lactate dehydrogenase increased to above upper limit of normal
e. Leukoerythroblastosis
For meeting the requirement of PMF, all 3 major criteria, plus ≥ 1 minor criterion (confirmed in 2 consecutive determinations) must be met ^a In absence of any of the three major clonal mutations ^a , analysis of the most frequent accompanying mutations (e.g. <i>ASXL1</i> , <i>EZH2</i> , <i>TET2</i> , <i>IDH1/IDH2</i> , <i>SRSF2</i> , <i>SF3B1</i>) can be valuable

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