**COVID-19 Outbreak: Advice for Patients with Myeloproliferative Neoplasms (MPNs) 30th March 2020**

Please look at the NHS website for the latest information and follow updates on the news and television. Advice is changing frequently. Please make sure you are up to date.

The **government’s general advice** may be found here: <https://www.nhs.uk/conditions/coronavirus-covid-19/>

**The Myeloproliferative Neoplasms** (MPNs, including Essential Thrombocythaemia, Polycythaemia Vera and Myelofibrosis) are a groups of blood cancers. The government has classified all patients with blood cancer (including MPN patients) as **extremely vulnerable** to COVID-19 infection**:**

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>.

The link above provides advice about appropriate social distancing and shielding measures. If you have received a letter from the NHS advising you that you are considered "at risk of severe illness" please follow the instructions you have been sent. This letter is provided by your GP, not your hospital specialist. This letter will explain how you can have full access to government support services that MPN patients are entitled to. If patients have not received this notification, they should contact their GP surgery and not the hospital.

As doctors looking after patients with MPNs there is still much we do not know about the impact of COVID-19 because it is a new infection. The government’s blanket advice in relation to extremely vulnerable individuals is made with the intention of minimising risk for all blood cancer patients.

For individual patients with MPNs, we provide guidance below regarding the likely level of risk. Decisions to self-isolate or shield are based on a range of different considerations and if you receive a letter from the NHS advising you that you are considered “vulnerable” or "extremely vulnerable" please follow the instructions you have been sent, ***and consider discussing your own personal circumstances with your healthcare team***.

We will regularly update these recommendations as new data emerge. Below we summarise recommendations from UK experts in relation to management of MPNs during the current COVID-19 outbreak:

1. There is currently no evidence that patients under 70 with a myeloproliferative neoplasm (ET or PV) who are on aspirin alone, blood thinning tablets (like warfarin, apixaban or rivaroxaban), venesection alone are at increased risk of COVID-19 infection compared with the general population.
2. Patients over the age of 70 with an MPN, or any MPN patient with additional illnesses such as heart disease, high blood pressure or diabetes, are considered more vulnerable to COVID-19 infection. Please remember that some complications of MPN eg some blood clots could also make a patient fall into the “extremely vulnerable” cohort.

3.      Patients under 70 who are on medications to control their blood count or their MPN , for example Hydroxycarbamide, Interferon, Anagrelide or Busulfan are in a group where the situation is unclear. Currently there is no clear evidence that these patients are at increased risk of COVID-19 infection.

4.     Patients with myelofibrosis and those taking ruxolitinib have a weakened immune system and severe infections from other viruses have previously been reported in this patient group. These patients are therefore likely to be at increased risk of COVID-19 infection and should take the most stringent precautions.

**In addition**

5.      All patients should continue with their current medication because keeping good control of your MPN is an important priority. If a patient with an MPN develops COVID-19 infection, in most cases it will remain appropriate to continue current medications, but this should be discussed with your healthcare team and considered on a case by case basis.

6.      While there have been some concerns that ibuprofen or similar drugs may make COVID-19 worse, there is no current suspicion that this is the case for aspirin.

7. The life expectancy for many patients with an MPN is similar to that of the general population. Although MPNs are classified as a blood cancer, under most circumstances the diagnosis of a MPN is not expected to have a negative impact during assessment for treatment of COVID-19.

**Please note that this represents the collective opinions of MPN clinicians; MPN is not a simple Blood Cancer. The situation may change rapidly please check for updates and if you are not certain discuss with your clinical team but bear in mind the pressures that they will be under.**