


Ruxolitinib: evolution or revolution in treatment of patients with polycythemia vera?


Closing the gap: genetic landscape of MPN.


STAT1 activation in association with JAK2 exon 12 mutations.

Myeloproliferative neoplasms and personalized medicine: the perfect match?
Kiladjian JJ, Harrison C. Haematologica. 2015 Dec;100(12):1493-4

Changes in Quality of Life and Disease-Related Symptoms in Patients With Polycythemia Vera Receiving Ruxolitinib or Standard Therapy.


Management of polycythaemia vera: a critical review of current data.

How we diagnose and treat essential thrombocythaemia.

Pacritinib: a new agent for the management of myelofibrosis?
A pooled analysis of overall survival in COMFORT-I and COMFORT-II, 2 randomized phase III trials of ruxolitinib for the treatment of myelofibrosis.
Haematologica. 2015 Sep;100(9):1139-45.

JAK inhibition induces silencing of T Helper cytokine secretion and a profound reduction in T regulatory cells.

The effects of JAK inhibitor therapy upon novel markers of thrombosis In myeloproliferative neoplasms.
Keohane C, McLornan DP, Sanchez K, Connor C, Radia D, Harrison CN.
Haematologica. 2015 Sep;100(9):e348-50.

Pacritinib: a new agent for the management of myelofibrosis?


The use of JAK inhibitors for low-risk myelofibrosis.

How We Treat Myeloproliferative Neoplasms.

Immunological Consequences of JAK Inhibition: Friend or Foe?

The use of JAK inhibitors for low-risk myelofibrosis.


JAK inhibitors and myelofibrosis, Einstein and ruxolitinib. Harrison C. Haematologica. 2015 Apr;100(4):409-11


Pulmonary arterial hypertension exacerbated by ruxolitinib. Low AT, Howard L, Harrison C, Tulloh RM. Haematologica. 2015 Jun;100(6):e244-5.


Patients with essential thrombocythaemia have an increased prevalence of antiphospholipid antibodies which may be associated with thrombosis. Harrison CN, Donohoe S, Carr P, Dave M, Mackie I, Machin SJ. Thromb Haemost. 2002 May;87(5):802-7.


A large proportion of patients with a diagnosis of essential thrombocythemia do not have a clonal disorder and may be at lower risk of thrombotic complications. Harrison CN, Gale RE, Machin SJ, Linch DC. Blood. 1999 Jan 15;93(2):417-24.


