

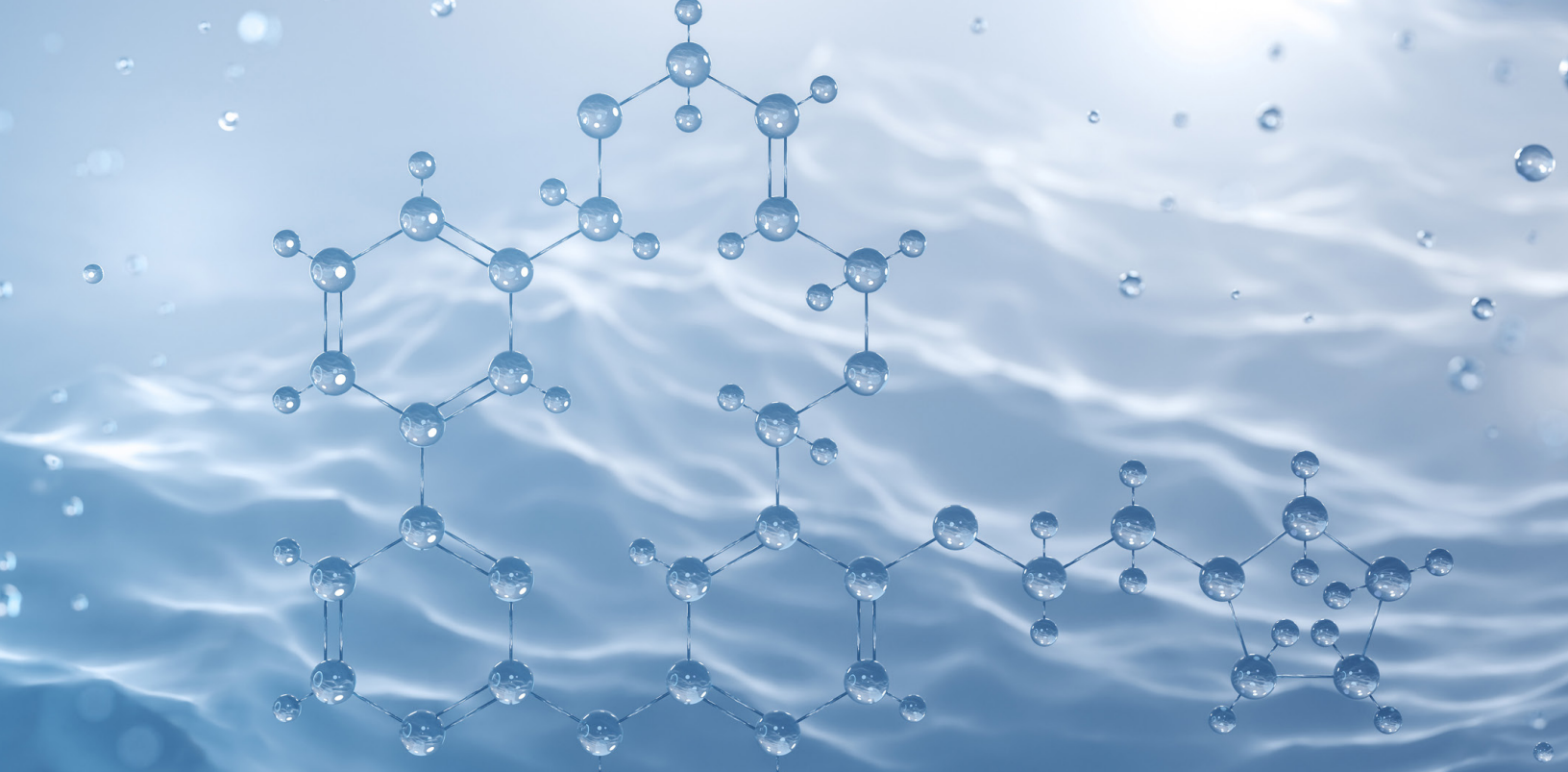
ONCrg Congress Insights: MPNs at ASCO/EHA 2026 and Beyond



Stacey Aggarwal, Ph.D.

ONCrg MPNs Analyst

Stacey has been covering myeloproliferative neoplasms (MPNs) for over 6 years at ONCrg, following as clinical advances expand beyond JAK inhibitors to today's focus on combinations and novel MOAs.



Potential game changers: Late-stage readouts at ASCO/EHA

Selinexor: The last of the wave of novel MOA + ruxolitinib pivotal trials in frontline myelofibrosis (MF). All in this wave have faced struggles, selinexor included, with a missed symptom endpoint in Phase III SENTRY. Detailed outcomes reported at ASCO will inform not only the next steps for selinexor, but future development in the field of first-line MF as a whole.

Luspatercept: In July 2025, BMS cryptically indicated their intentions to move forward with filings for luspatercept in anemic MF, despite a missed primary endpoint in Phase III INDEPENDENCE. No updates have since been released, and the presentation at EHA will be the first report of detailed data from this trial. An update on **DISC-0974**, an anti-hemojuvelin antibody developed for anemic MF, is also expected at ASCO. The agent is expected to enter pivotal trials in H1 2027. Multiple agents in development for anemic MF have been culled in recent years, with only a handful remaining. It remains unclear how attractive this setting will be moving forward, with multiple treatment options now approved.

General Trends: MF often steals the spotlight among MPN presentations at congresses, but this year at EHA is more balanced with a strong showing of clinical presentations in essential thrombocythemia (ET) and polycythemia vera (PV). This largely reflects the state of the field in general, with multiple agents failing to gain traction in MF while novel approaches continue to march forward in ET and PV, and **ropeginterferon alfa-2b** has become a mainstay.

Earlier-stage trends: A peek into the future of MPNs

While late-stage readouts in MPNs are likely to shift near-term landscapes and benchmarks, a look at early-stage agents gives a peek into changes of the next decade. A new generation of JAK inhibitors is on the rise, designed to allow normal JAK/STAT signaling and reduce off-target effects in MF.

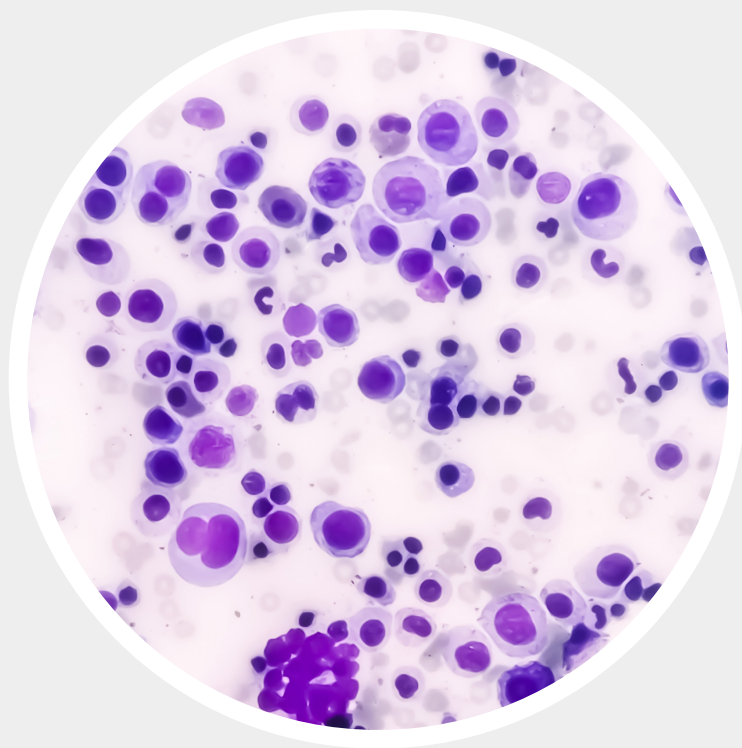


- **Ajax's AJ1-11095** targets the type II configuration of JAK2 and is also in clinical development, with first data to be reported at EHA 2026.
- Agents that target only mutant JAK2 V617F are starting to enter the clinic, with both Incyte's **INCB160058** and Incyte/Prelude's **PRT12396** in Phase I clinical trials.

Another hot target in both MF and ET is CALR, the second-most mutated driver gene in MPNs. Multiple agents are fighting to be the first in this space, with Incyte's **INCA33989** (mutCALR mAb) clearly leading the pack with Phase III trials expected this year in both MF and ET, as well as multiple updates at EHA.

- Other agents targeting CALR in clinical development include J&J's **JNJ-88549968** and Incyte's **INCA035784**, both mutCALRxCD3 mAb in Phase I trials for MF and ET with no data yet reported.

In PV, **TMPRSS6** continues to gain traction as a novel target in the hepcidin signaling pathway, with data for both **divesiran** (siRNA), **DISC-3405** (mAb) and **sapablursen** (ligand-conjugated oligo) at EHA 2026.



The bigger picture

The field of MPNs is at a very interesting point right now in 2026. In MF, multiple pivotal trials have read out over the past few years, and all have faced various roadblocks. Understanding these roadblocks, why they occurred, and how regulators ultimately approach them will certainly impact the MF landscape in the near future. In ET and PV, multiple therapies with novel mechanisms have seen encouraging outcomes in late-stage trials in the past year, with multiple potential approvals in 2026, and other late-stage readouts expected in the next few years.