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Extracorporeal photopheresis for treatment of chronic graft-versus-host disease

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Abstract

Chronic graft-versus-host disease (cGVHD) is the most serious and common long-term complication of allo-HSCT. It is the main cause of non-relapse mortality and morbidity in long-term survivors. In recent years extracorporeal photopheresis (ECP) has been used as a second line treatment: either in combination with other immunosuppressive drugs or alone in steroid-dependent and refractory cGVHD.

The aim: To evaluate the effectiveness of ECP for the treatment of cGVHD in patients after allo-HSCT.

Patients and methods: Twenty-five patients (15 children and adolescents, 10 adults), aged from 2 to 51 y.o. (median 22 y) with ALL (n=6), AML (n=9), MDS (n=2), CML (n=4), and other diagnoses (n=4) were included in the study. All pts received allo-HSCT: from unrelated (12 pts (48%)), and related (13 pts (52%)) donors. The type of cGVHD according to NIH criteria was: progressive: 16 pts (24%), quiescent: 12 pts (48%), de novo: 5 pts (20%), and overlap: 5 pts (20%). The response to corticosteroids was dependent (n=17), refractory (n=4), and intolerant (n=4). ECP treatment protocol was 2 times every 2 weeks or 2 times every 4 weeks. Patients received from 1 to 20 procedures of ECP (median 8).

Results: Complete and partial resolution of cGVHD signs was achieved in 21 pts (84%). The dose of corticosteroid was reduced or stopped in 53% pts. A better response rate was seen in skin (64%), gastrointestinal tract (61%), oral mucosa (55%) and lung (50%) cGVHD.

Conclusions: ECP is an effective method for treatment of steroid-refractory, steroid-dependent and steroid-intolerant cGVHD.

Keywords: allo-HSCT, cGVHD, extracorporeal photopheresis

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