

BACKGROUND

Chronic GvHD (cGvHD) is a common long-term consequence of allogeneic haemopoietic stem cell transplantation. The understanding of the pathophysiology of cGvHD is in its infancy and progress to prevent and treat cGvHD remains limited¹. The skin is the most commonly affected organ in cGvHD if the patient has received HCT and shows a variety of manifestations². As cutaneous cGvHD (ccGvHD) can have a profound effect on quality of life, supportive care is crucial for ccGvHD patients.

We aimed to gain an understanding of current practice in ccGvHD management within EBMT member centres, including level of access to extracorporeal photophoresis (ECP) as a supportive therapy.

METHODS

In this cross-sectional survey, a self-designed online questionnaire on ccGvHD management and ECP was distributed among all nurse representatives of EBMT transplant member centres. The questionnaire included 41 questions, addressing: ccGvHD management policy, monitoring, patient education, treatments provided (with a special focus on ECP), and referral. Participation was voluntary and anonymous. The survey data were analysed using descriptive statistics. The frequency of each multiple-choice answer is presented as a proportion of all non-missing answers.

RESULTS

A total of 110 questionnaires were returned, the majority of respondents being nurses (92.7%) and having 15 or more years of relevant experience (53.6%). While most responders reported that their centre has a policy for monitoring a ccGvHD patient and affiliation of a dermatologist for referral, few have access to a specialist nurse (e.g. tissue viability nurse) to support the transplant department with the management of ccGvHD patients (Figure 1).

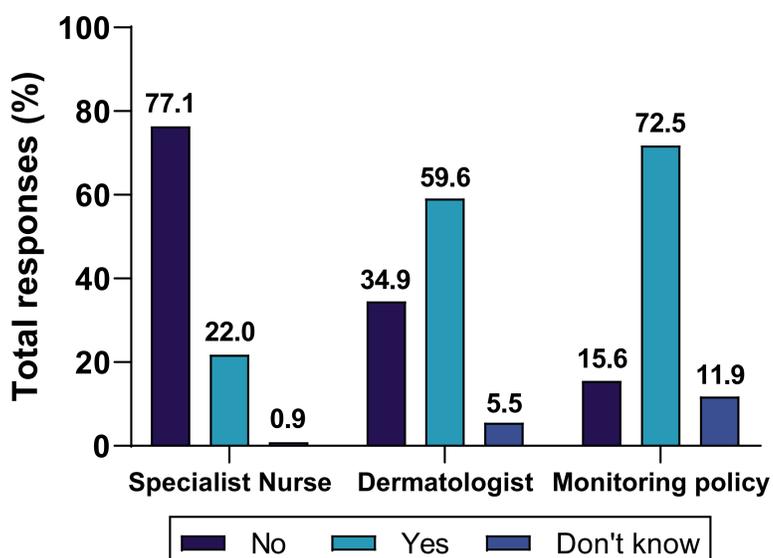


Figure 1. Management of ccGvHD patients.

All respondents indicated that assessment of ccGvHD is undertaken by the physicians, with sometimes a nurse involved (40.0%). Patient education is routinely provided (84.0%) in the majority of the centres, delivered mostly through a combination of oral and written information by physicians (76.4%) as well as nurses (70.0%).

Topical management of ccGvHD skin is not standardised in most centres (54.7%) and first line treatment is increasingly tailored with worsening severity (Table 1). Most centres have ECP available for ccGvHD patients (84.7%) or can refer to another centre for ECP treatment (12.9%). ECP is primarily provided as a therapy to patients with moderate to severe ccGvHD and is not routinely used for management of patients with mild ccGvHD (Table 1).

Table 1. First line treatment of ccGvHD according to disease severity.

| 1 st line treatment (% of total responses) | ccGvHD severity | | |
|---|-----------------|----------|--------|
| | Mild | Moderate | Severe |
| Topical steroid | 66.4 | 76.4 | 60.0 |
| Emollient | 60.0 | 52.7 | 41.8 |
| Tacrolimus (topical) | 9.1 | 17.3 | 27.3 |
| Sirolimus (topical) | 2.7 | 2.7 | 6.4 |
| ECP | 8.2 | 40.0 | 66.4 |
| No usual / standard 1 st line topical product(s) | 4.5 | 10.0 | 20.0 |

Quality of life and/or emotional impact is assessed by most centres (65.0%), usually by informal questioning (Figure 2).

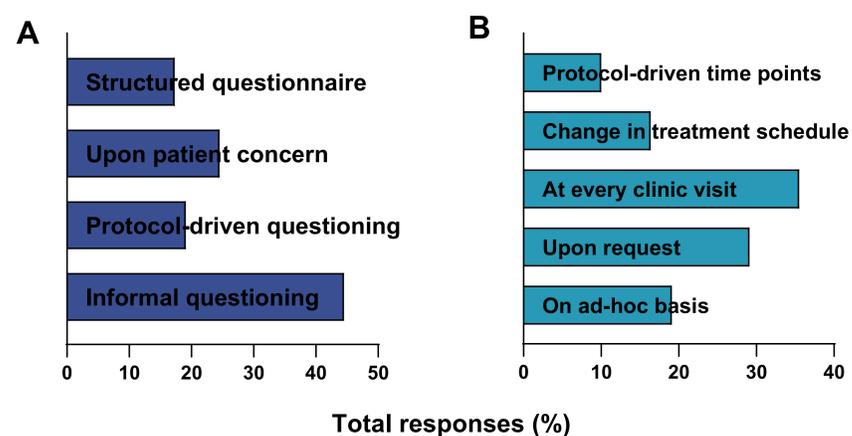


Figure 2. Assessment method (A) and frequency (B) of ccGvHD.

CONCLUSION

Our findings identify **little standardisation** in the topical management of ccGvHD, despite skin being the most commonly cited organ affected by cGvHD. Treatment is **increasingly tailored** with worsening severity and ECP is reported to be used for moderate to severe ccGvHD primarily. Although ccGvHD has a huge impact on QoL, our survey seems to indicate underexposure in practice. Our results indicate that additional **research into appropriate treatment and monitoring of ccGvHD skin is needed** to establish guidelines for effective management of this complication.

REFERENCES

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