GITMO Symposium

HOT TOPICS IN CHRONIC GVHD

OCTOBER 20-21, 2024

ANCONA, Ego Hotel

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Overlap cGVHD: assessment in the real life

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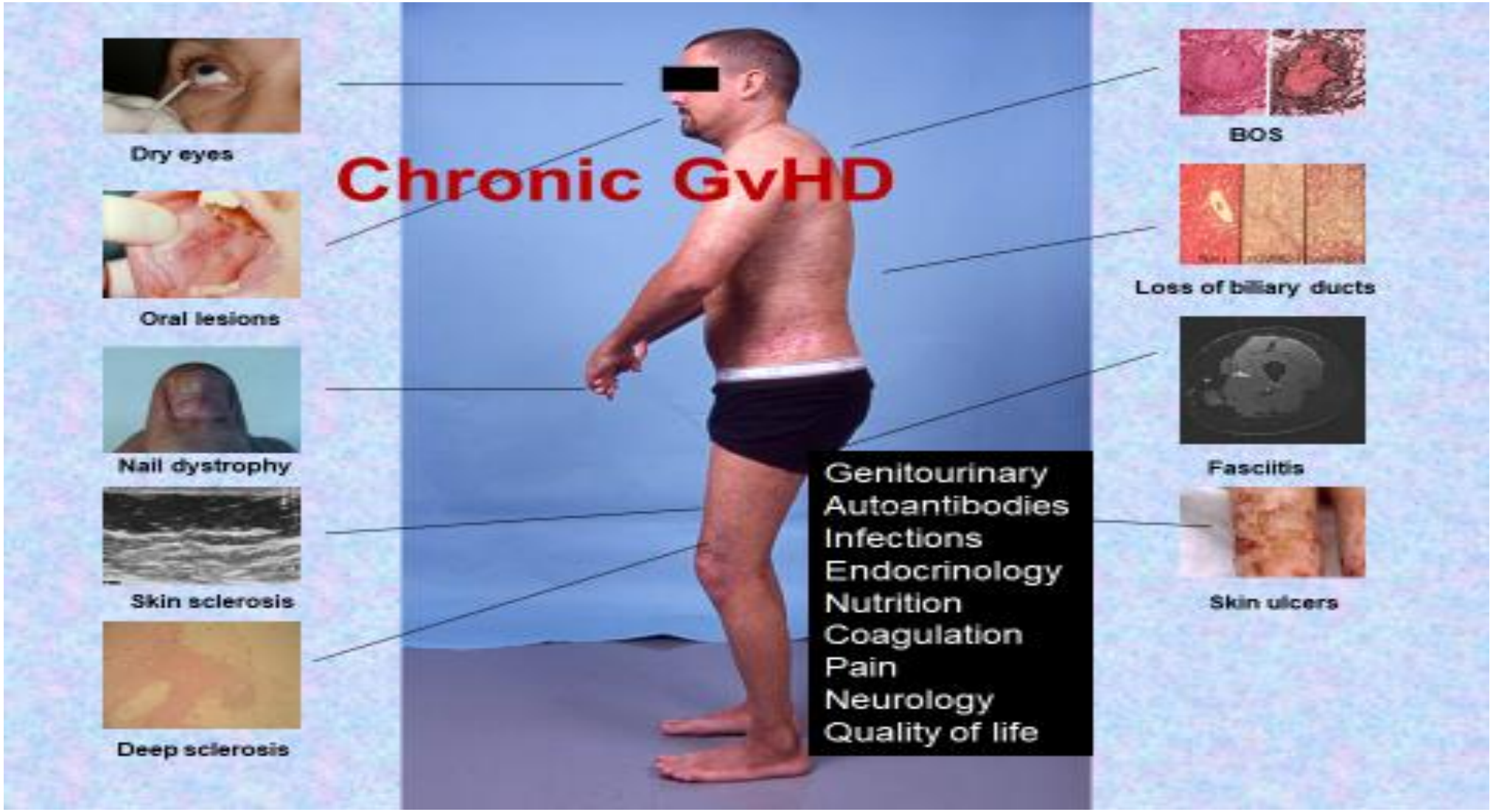
Disclosures of Drazen Pulanic

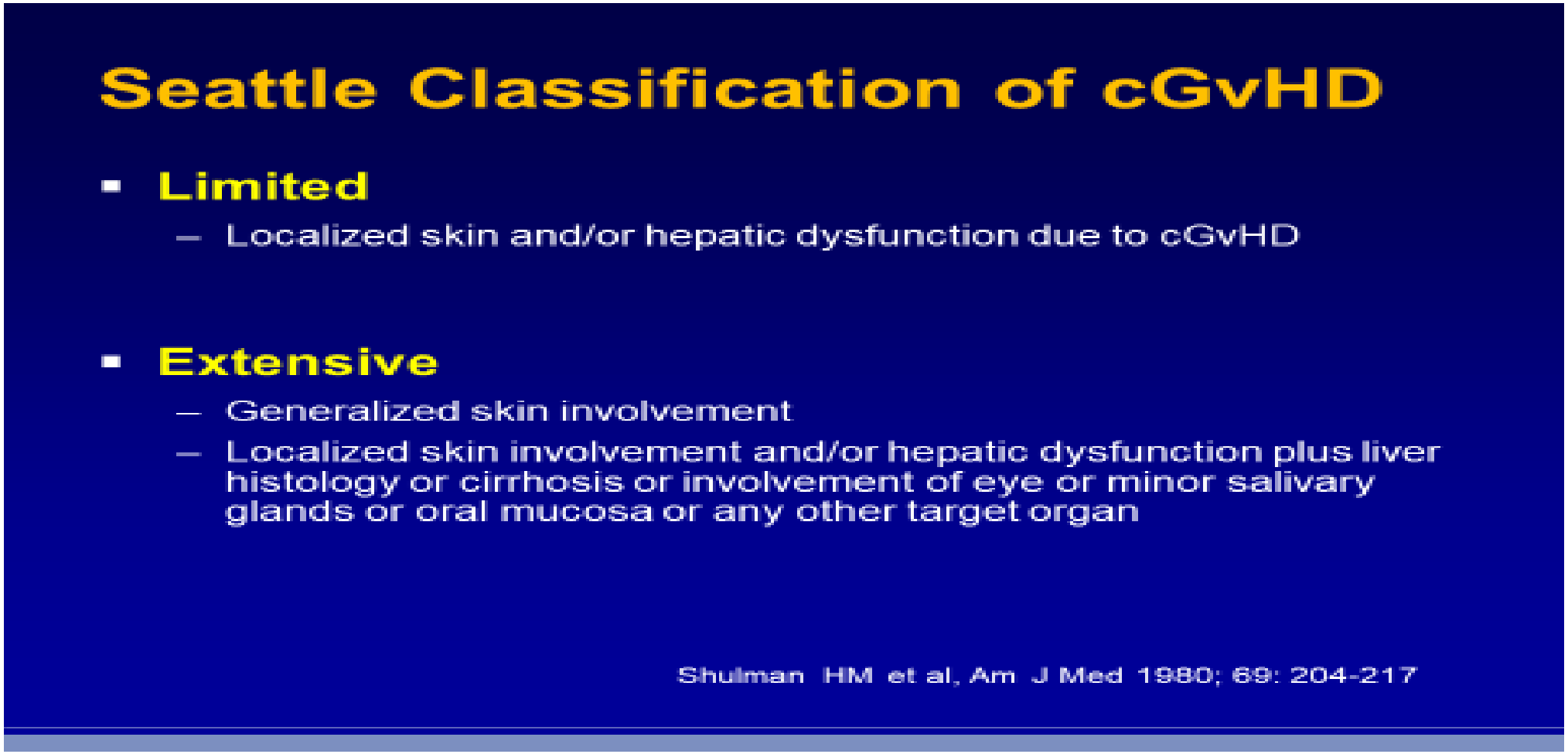
Company name	Research support	Employee	Consultant	Stockholder	Honoraria	Advisory board	Other
Novartis					Yes		
Takeda					Yes		

Chronic *Graft-versus-Host Disease* (cGvHD)

- Multiorgan allo- and auto-immune disorder
- Increasing risk for cGvHD with new transplant procedures, older age of patients and longer long-term survival
- Chronic GvHD is today the most important risk factor for non-relapse morbidity and mortality after alloHSCT


Chronic GvHD
Dry eyes
Oral lesions
Nail dystrophy
Skin sclerosis
Deep sclerosis
BOS
Loss of biliary ducts
Fasciitis
Skin ulcers
Genitourinary
Autoantibodies
Infections
Endocrinology
Nutrition
Coagulation
Pain
Neurology
Quality of life

Chronic *Graft-versus-Host Disease* (cGvHD)



2005: NIH consensus development project of criteria for clinical trials in cGvHD

Co-chairs: S.Pavletic, NCI
G.Vogelsang, Johns Hopkins

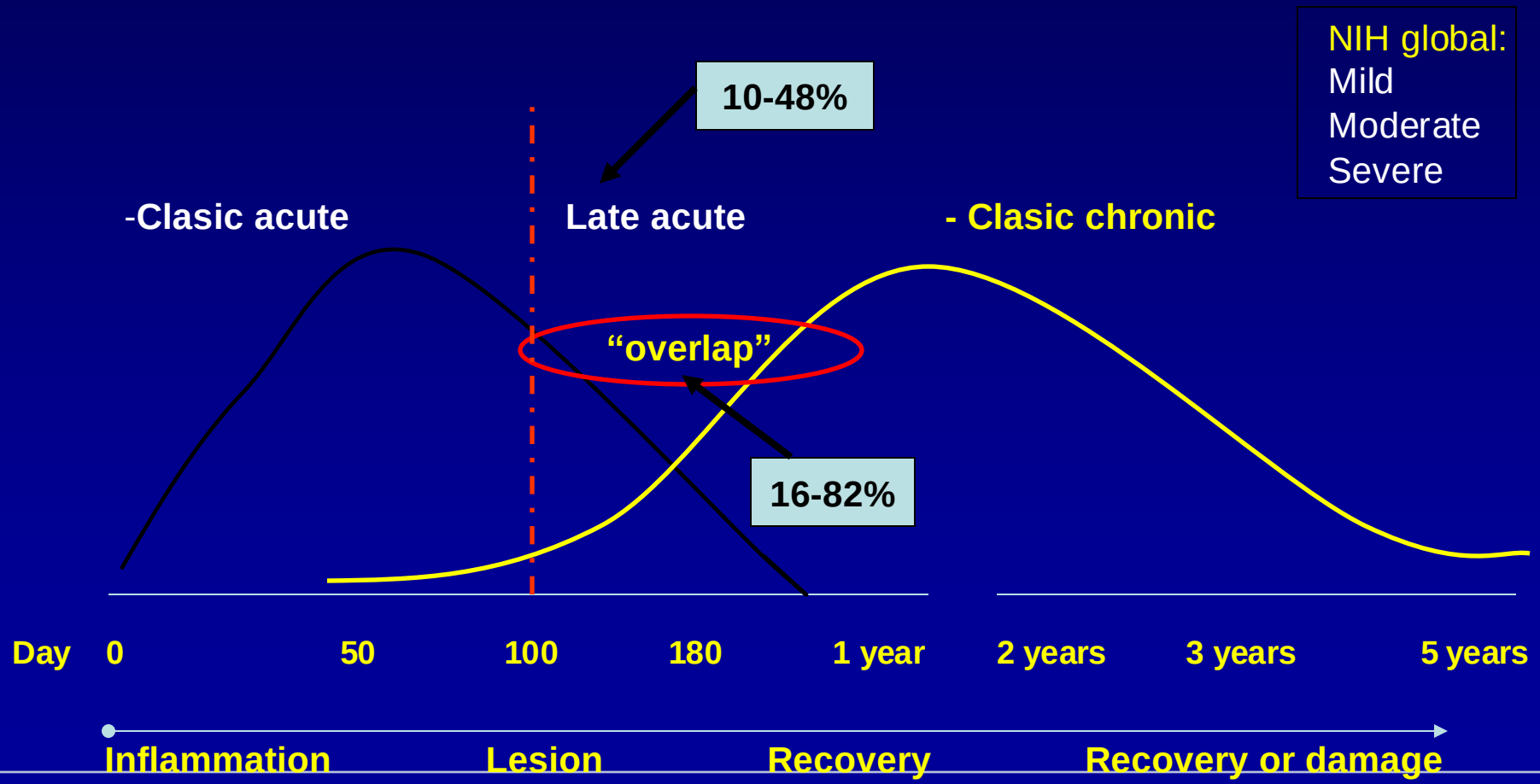
1. **Diagnosis and staging**
   Filipovich A. et al, BBMT 11:945, 2005
2. **Histopathology**
   Shulman H. et al, BBMT 12:31, 2006
3. **Biomarkers**
   Schultz K. et al, BBMT 12:126, 2006
4. **Response criteria**
   Pavletic S. et al, BBMT 12: 252, 2006
5. **Ancillary and supportive care**
   Couriel D. et al, BBMT 12: 375, 2006
6. **Clinical trials design**
   Martin P. et al, BBMT 12: 491, 2006

asbmt.org

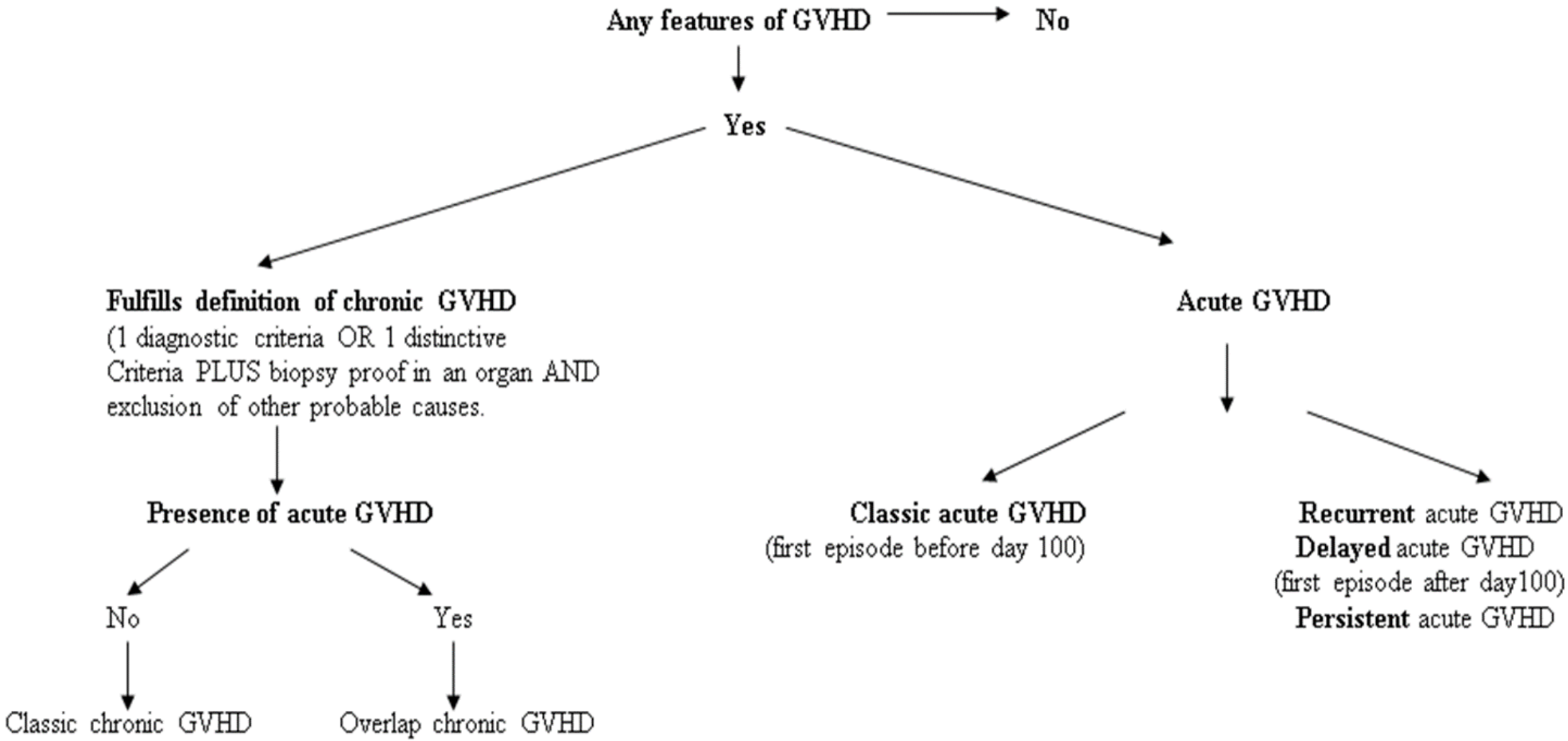
GvHD after NIH consensus conference 2005

Acute GVHD: skin, GI, liver

Chronic GVHD: Skin, eyes, mouth, GI, liver, joints/fascia, lungs, genitourinary



Using the NIH Consensus Criteria



Assessment of Chronic GvHD

Establish diagnosis	1. Exclude acute GvHD 2. Diagnostic or distinctive signs 3. Rule out other disease
Organ score	8 organs Based on symptoms, signs, function
Global score	Overall severity Prognosis Need for systemic/topical therapy

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Overlap Graft-versus-Host Disease (oGvHD)

- "Overlap syndrome" - a particular subtype of GvHD

- Characterized by a high degree of uncertainties concerning both diagnosis and treatment due to the simultaneous presence of acute and chronic GvHD features.

- Skin, liver and GI manifestations cannot be unequivocally attributable either to acute or chronic GvHD → a huge variability of the diagnosis of oGvHD, that is probably misunderstood either with late acute or early chronic GvHD.

Overlap Graft-versus-Host Disease (oGvHD)

- aGvHD together with cGvHD was associated with a worse prognosis relative to classic cGvHD: 5-year OS and GvHD specific survival (GSS) were significantly lower for oGvHD relative to classical cGvHD, 68% vs 81% ($p=0.004$) and 78% vs 94% ($p<0.001$)

- simultaneous presence of acute GvHD in a single organ (skin, liver, intestine) plus cGvHD signs was associated with reduced survival when compared with classic cGvHD

- presence of aGvHD of the lower GI or of the liver (isolated hyperbilirubinemia) in the context of cGvHD, identified a group of patients with greater risk of non-relapse mortality

Haematologica 2012;97:451-458.

Overlap Graft-versus-Host Disease (oGvHD)

- There is no consensus regarding the therapy and clinical response of overlap GvHD.
- The real word incidence of this disease is not well known.
- The real word data regarding outcome and clinical response to available treatments for oGvHD are not well known.
- Biomarkers that may help distinguishing oGvHD from other types of GvHD are needed.
- More detailed clinical and biological characterization would contribute to standardize both its diagnosis and treatment.