

EXTRACORPOREAL PHOTOPHERESIS FOR CHRONIC GvHD TREATMENT IN PATIENTS UNDERGOING ALLOGENEIC STEM CELL TRANSPLANTATION – CASE REPORT

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Introduction

Up to 70% of patients undergoing allogeneic HSCT will suffer graft versus host disease (GvHD) to some extent. According to data of prospective studies ECP is able to provide overall response rates in cGvHD in 71% of patients with cutaneous manifestations, in 62% of patients with cGvHD of the gut, 58% of patients with hepatic manifestation, 63% of patient with cGvHD of the mouth.

Material and methods

We have performed ECP in 7 patients treated with allogeneic HSCT. Using the standard 1500ml of processed blood. As anticoagulation method we used unfractionated heparin. Peripheral venous access was used in 71% of the patients. The protocol included 2 procedures in 2 consecutive days as 1 cycle. We have started with 1 cycle every 2 weeks for the first 3 months, then 1 monthly until 1 year.

Results

The overall response rate in our patients with cutaneous cGvHD was 73%, and with hepatic cGvHD around 60%. In a patient with SAA treated with MUD allogeneic HSCT, who suffered from cutaneous and hepatic cGvHD refractory to 3 lines of immunosuppression therapy, we started ECP with the standard protocol for 1 year. We achieved a complete response measured by normalization of the liver enzymes, bilirubin levels and alkaline phosphatase. The skin lesions were in almost full regression, and there was no need of additional immunosuppressive therapy.

Conclusion

ECP is a safe and effective immunomodulatory therapeutic approach in patients treated with allogeneic HSCT suffering from chronic GvHD.