Patient-Reported Treatment Response in Chronic Graft-versus-Host Disease

A study from the University of Pittsburgh and the Chronic GVHD Consortium

Study Details:

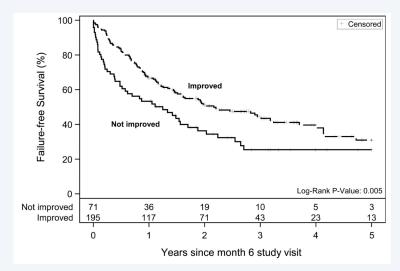
This secondary analysis sought to discern the relationship between patient-reported outcomes (PROs) in chronic graft-versus-host disease (GVHD) and assessments by clinicians and the National Institutes of Health (NIH).

Drawing from two multi-center Chronic GVHD Consortium observational studies, the investigation incorporated data from 382 patients who had available PROs.

Results at a Glance:

- 71% of patients indicated improvements in their chronic GVHD after 6 months, while 29% reported no change.
- PROs showed limited correlation with clinician reports (kappa=0.37) and NIH criteria (kappa=0.18).
- Influences on PROs encompassed baseline lung conditions; 6-month NIH outcomes relating to eyes, mouth and lungs; and specific quality of life parameters.
- Improved initial health perceptions and enhanced scores from start to 6 months correlated with reported patient improvements.
 A decline in Lee Symptom Scale scores and improved eye metrics within the 6-month timeframe also tied to positive patient reports.
- Enhanced failure-free survival rates were observed in patients reporting improvements, primarily attributed to the initiation of new chronic GVHD treatments.
- The 6-month overall survival rates between the improved and non-improved groups displayed negligible differences.

Figure: 5-Year Failure-Free Survival by PROs at 6 Months



Clinical Impact:

The research emphasizes the need for the consistent measurement of PROs in assessing the symptom burden of chronic GVHD and the success of HCT. Limited associations between established clinical measures and patient perspectives accentuate the critical role of incorporating patient feedback into standard evaluation metrics. By acknowledging and integrating this patient–centric data, the medical community can refine GVHD treatment strategies, ensuring a more holistic assessment of disease burden and the overall efficacy of HCT procedures.

Read the publication in *Haematologica* (DOI: 10.3324/haematol.2023.282734).

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