

Real-world treatment patterns of ECP in SR-GvHD: A Delphi study

STUDY DESIGN

N = 11
International GvHD experts who prescribe:

ECP
Leukapheresis

Rux
Oral

Delphi process:

3 rounds of online questionnaires assessing 62 statements

Key aim:

To describe ECP treatment patterns in SR-GvHD in clinical practice

Topics evaluated:

- ✓ ECP selection reasons
- ✓ ECP monotherapy
- ✓ Treatment duration
- ✓ Reducing steroid treatment
- ✓ Stopping steroid treatment
- ✓ ECP treatment schedule
- ✓ Combining ECP with other GvHD therapies

EXPERT CONSENSUS

Consensus: ✓ Reached ~ Partial ✗ None

SR-aGvHD

SR-cGvHD

% agreement

Reasons for selection of ECP over Rux

100% Contraindication to and safety profile of Rux

100% Rux failure

100% Safety and efficacy of ECP (especially in **skin manifestations**)

100% Contraindication to Rux

91% Rux failure

100% Efficacy of ECP (especially in **skin manifestations** and for **steroid-sparing effect**)

100% Safety profile of ECP

Reasons for selection of Rux over ECP

100% Rux efficacy (especially in GI manifestations)

91% Regulatory reasons

91% Venous access not necessary

100% Rux efficacy (especially in GI manifestations)

91% Regulatory reasons

82% Patient preferences

Combining ECP with other GvHD therapies

100% No obstacles to combination with other guideline-recommended therapies

91% No obstacles to combination with other guideline-recommended therapies

Steroid reduction

100% Reduction of $\geq 50\%$ in **50%** of patients treated with ECP

100% Reduction of $\geq 50\%$ in **80%** of patients treated with ECP + Rux

91% Average of **~29 days** to implement 50% reduction

100% Reduction of $\geq 50\%$ in **60%** of patients treated with ECP

100% Reduction of $\geq 50\%$ in **80%** of patients treated with ECP + Rux

91% Average of **~56 days** to implement 50% reduction

Stopping steroids

100% Average **2-3 months** required to stop in patients treated with ECP

100% Can be stopped in **50%** of patients treated with ECP

100% Average **5.5 months** required to stop in patients treated with ECP

100% Can be stopped in **~40%** of patients treated with ECP

ECP treatment schedule

91% Average ECP duration of **~4-6 months**

91% Treatment frequency of **2-3 procedures/week**, on **consecutive days**, over a **4-week period**

91% Average ECP duration of **10-12 months**

73% Treatment frequency of **1-2 procedures/week**, at least **monthly**, over a **~20-week period**

This Delphi study offers insight into real-world ECP treatment patterns, based on clinical experience from international GvHD experts; however, this small expert sample may not fully reflect wider clinical practice.

aGvHD, acute GvHD; cGvHD, chronic GvHD; ECP, extracorporeal photopheresis; GI, gastrointestinal; GvHD, graft-versus-host disease; Rux, ruxolitinib; SR, steroid-refractory.

Penack O, et al. *Bone Marrow Transplant*. 2025;60(10):1398-1401.