

European real-world use of belumosudil for the treatment of cGvHD

A summary of three real-world studies

Study 1 Italian experience of belumosudil in cGvHD: A multicenter retrospective analysis¹

N = 80

Median prior LoT:

3

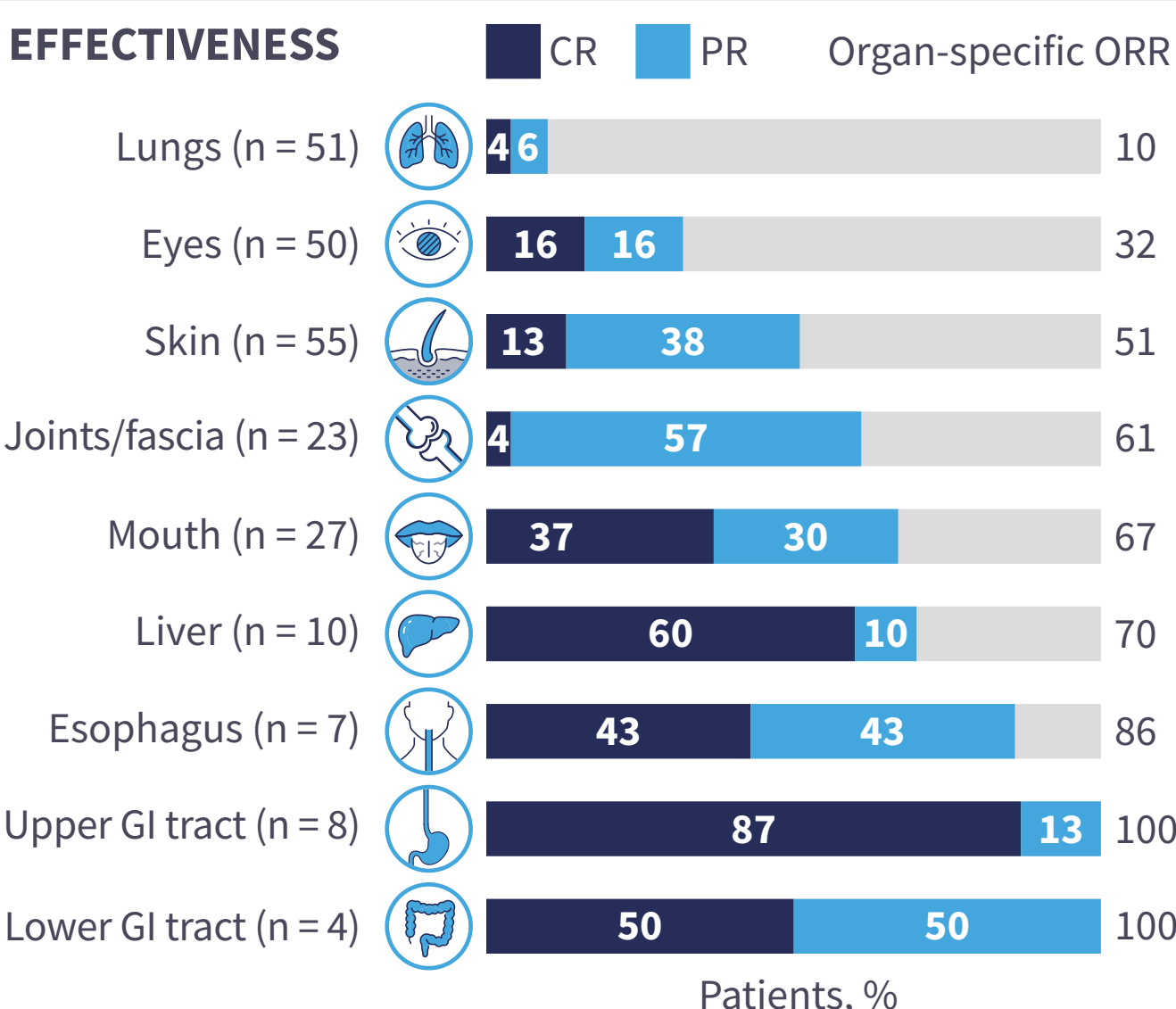
Previous exposure to ruxolitinib

84%

Severe cGvHD

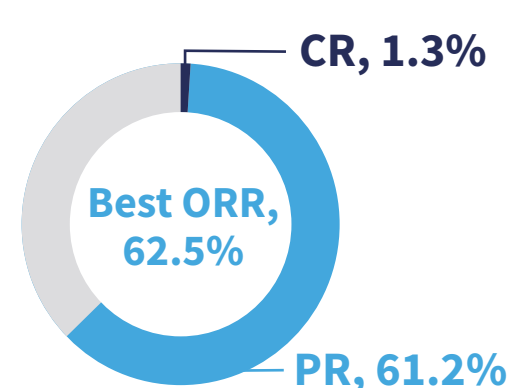
86%

EFFECTIVENESS



Median FU

9.1 months



FFS

6 months, 89.1%

12 months, 67.5%

SAFETY

- Belumosudil was generally well tolerated, with 28 non-infectious AEs reported, of which 36% were Grade ≥ 3 .
- Drug discontinuation due to any cause occurred in 26% of cases, with 11% due to AEs.

Study 2 French experience of belumosudil in cGvHD: A multicenter retrospective analysis²

N = 143*

Median prior LoT:

3

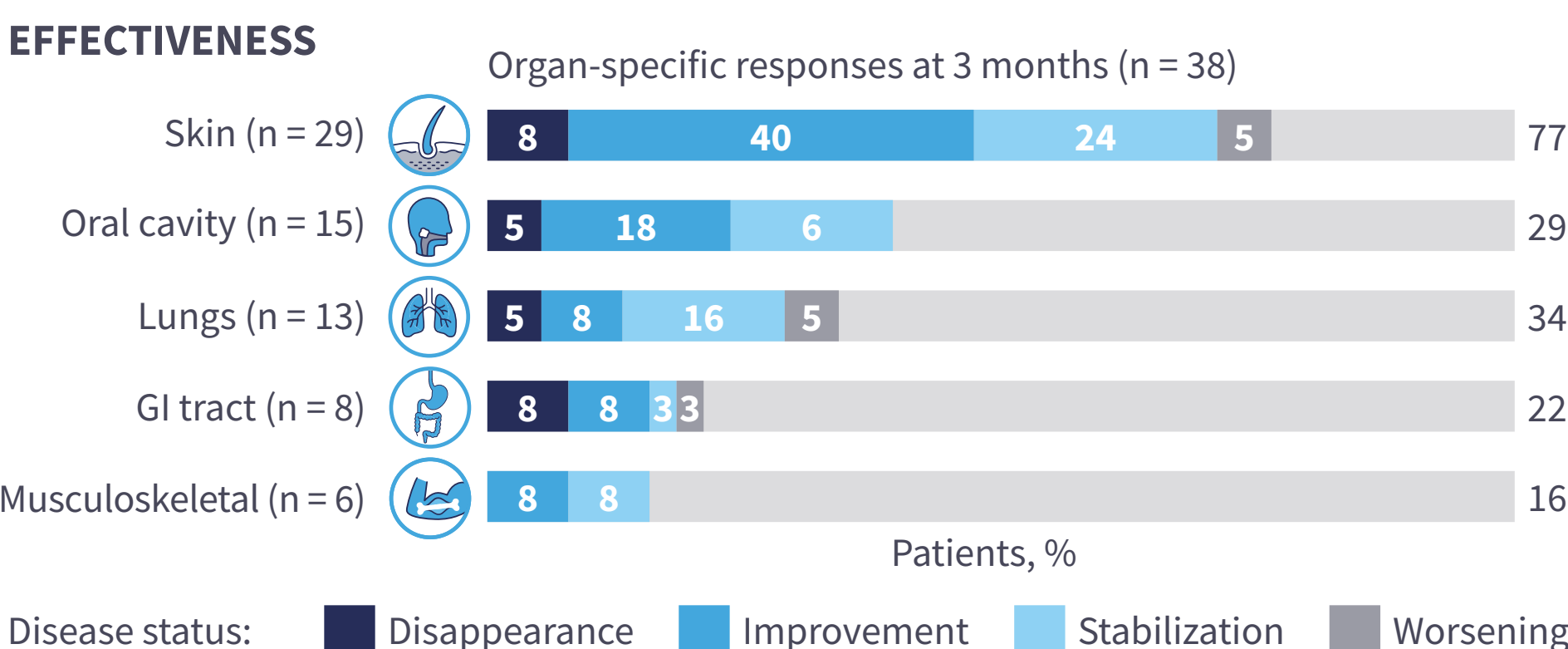
Previous exposure to corticosteroids/ruxolitinib

94%

Severe cGvHD

76%

EFFECTIVENESS



SAFETY

- No new AEs were reported beyond those previously reported for belumosudil.

Study 3 German–Austrian experience of belumosudil in cGvHD: A multicenter retrospective analysis³

N = 144

Median prior LoT:

4

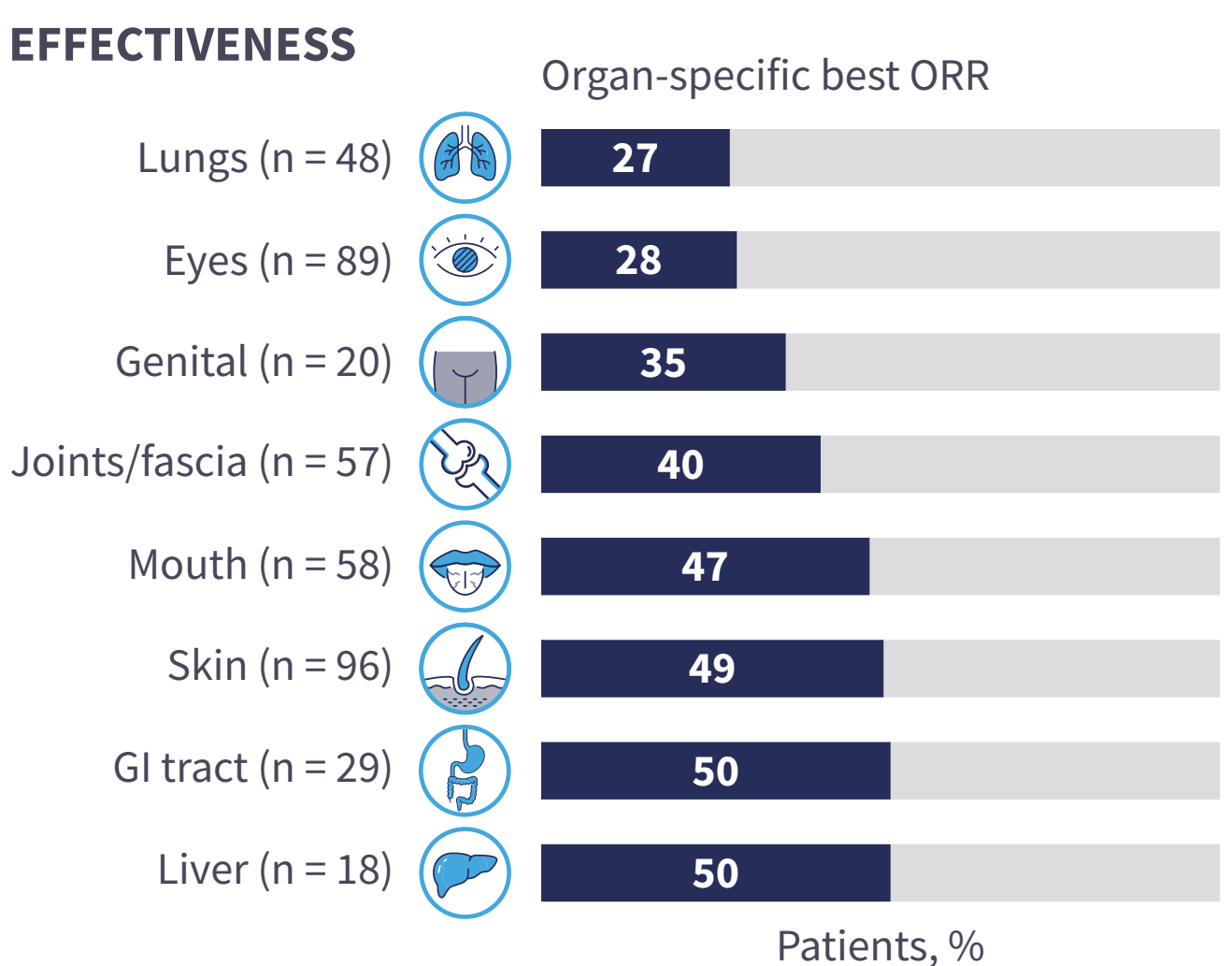
Previous exposure to ruxolitinib

94%

Severe cGvHD

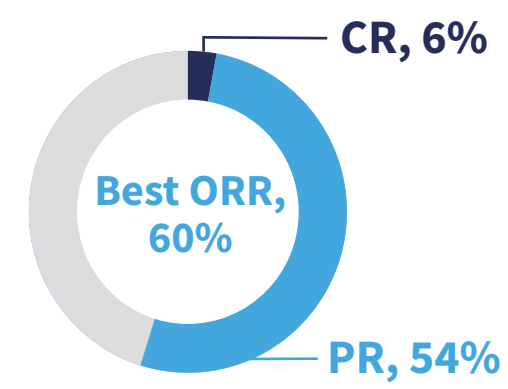
72%

EFFECTIVENESS



Median FU

7 months



FFS

6 months, 81.9%

12 months, 68.0%

SAFETY

- Belumosudil was well tolerated. CTCAE Grade 3–4 TEAEs were mostly infectious complications, which occurred in 34 patients; non-infectious events occurred in 8 patients.

European real-world data of belumosudil in patients with cGvHD show favorable responses and safety findings, with effectiveness observed across multiple organ systems and a safety profile consistent with previous clinical trial and real-world reports.

*51/143 patients had confirmed belumosudil administration, evidenced by the receipt of ≥ 1 FU or treatment discontinuation form. AE, adverse event; cGvHD, chronic graft-versus-host disease; CR, complete response; CTCAE, Common Terminology Criteria for Adverse Events; FFS, failure-free survival; FU, follow-up; GI, gastrointestinal; LoT, lines of therapy; ORR, overall response rate; PR, partial response; TEAE, treatment-emergent adverse event.

1. Bonifazi F, et al. Poster #B004. 2026 EBMT Annual Meeting; March 22–25, 2026; Madrid, ES; 2. Michonneau D, et al. Poster #B049. 2026 EBMT Annual Meeting; March 22–25, 2026; Madrid, ES; 3. Holtick U, et al. Oral Abstract #OS16-05. 2026 EBMT Annual Meeting; March 22–25, 2026; Madrid, ES.