

Long-term outcomes with ruxolitinib + ECP treatment for SR-aGvHD

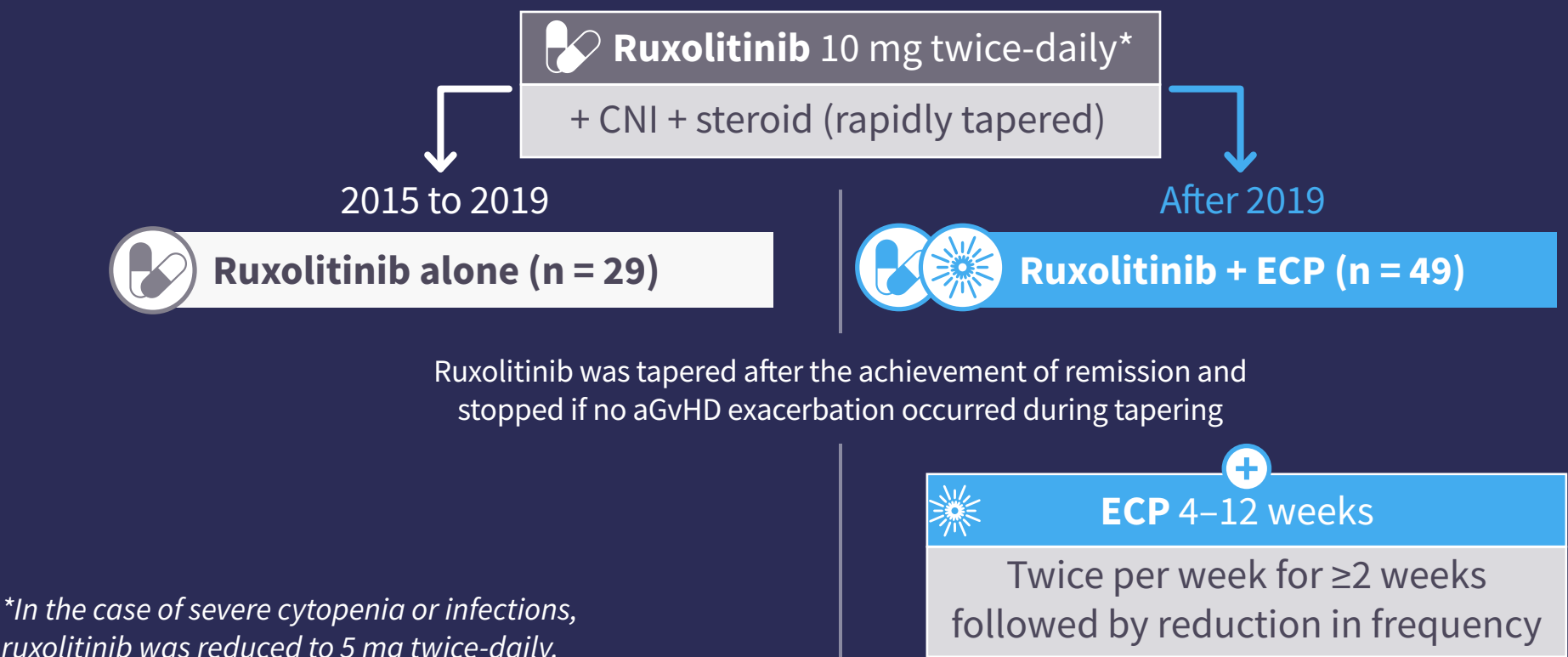
A German retrospective study evaluating ruxolitinib + ECP vs ruxolitinib alone in patients with SR-aGvHD following allo-HSCT.

Population: N = 78

Primary endpoint: ORR, including CR and PR, of aGvHD at Day 28

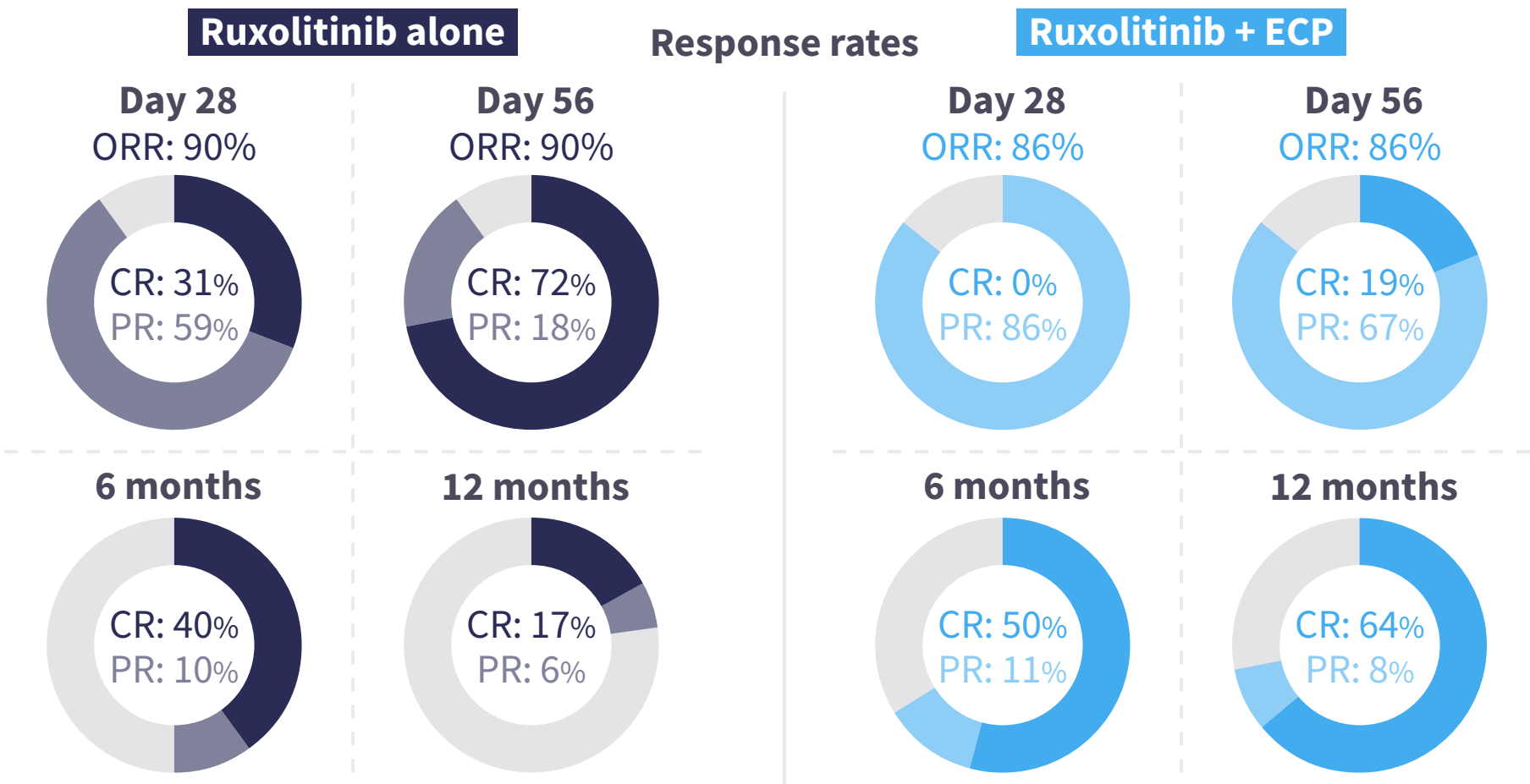
Eligibility: Received ruxolitinib treatment for SR-aGvHD (defined as progression after 3 days or no improvement in GvHD after 7 days of primary treatment with prednisone [or equivalent] >2 mg/kg per day or inability to taper steroid dose to <0.5 mg/kg) after allo-HSCT

STUDY DESIGN

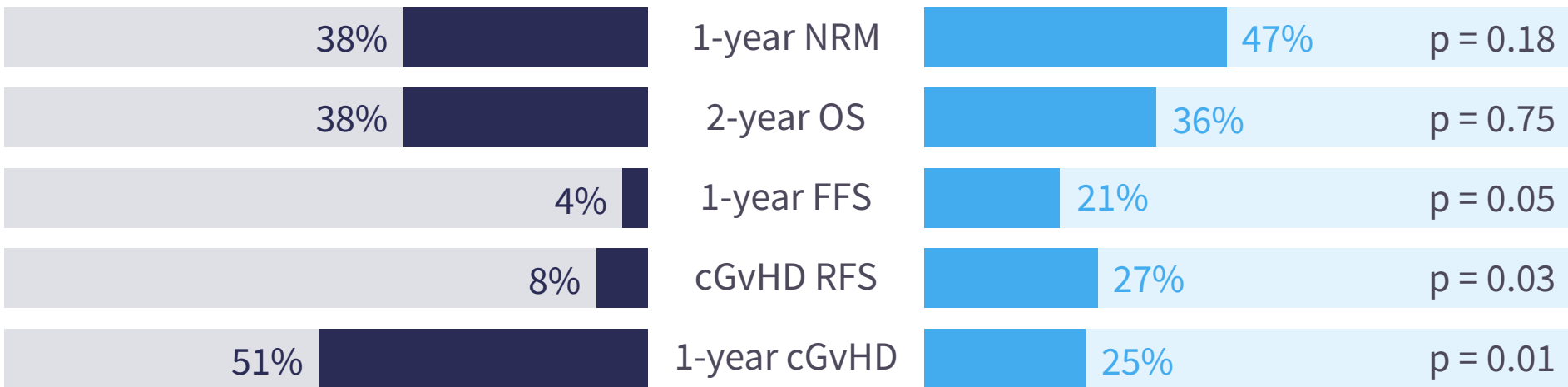


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Response rates



Secondary endpoints



Immune reconstitution

In patients who received ≥3 months ruxolitinib (n = 9) or ruxolitinib + ECP (n = 18), B-cell reconstitution was seen earlier in those treated with ruxolitinib alone, at



Response rates at 6 and 12 months were higher with ruxolitinib + ECP vs ruxolitinib alone, suggesting the addition of ECP gives improved long-term control of aGvHD. While there was no difference in 1-year NRM and 2-year OS between groups, ruxolitinib + ECP showed a significant cGvHD relapse-free survival benefit vs ruxolitinib alone. These data show the potential long-term benefit of combining ruxolitinib + ECP in patients with SR-aGvHD.

aGvHD, acute graft-versus-host disease; allo-HSCT, allogeneic hematopoietic stem cell transplantation; cGvHD, chronic graft-versus-host disease; CNI, calcineurin inhibitor; CR, complete response; ECP, extracorporeal photopheresis; FFS, failure-free survival; GvHD, graft-versus-host disease; NRM, non-relapse mortality; ORR, overall response rate; OS, overall survival; PR, partial response; RFS, relapse-free survival; SR, steroid-refractory.

Lastovytska I, et al. *Haematologica*. 2025;110(7):1536-1544. DOI: 10.3324/haematol.2024.286824