GVHD
Acute and Chronic Skin Manifestations

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HOW THE EXPERTS TREAT HEMATOLOGIC MALIGNANCIES
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Disclosures

- Kyowa Kirin - Speaker Board
- Helsinn - Speaker Board
- Incyte – Advisory Board
Objectives

- Define acute and chronic Graft versus Host Disease (GVHD)
- Demonstrate skin manifestations of GVHD
- Learn management considerations for skin presentations
What is Graft vs Host Disease?

• Donor immune system (graft) recognizes recipient cells as foreign (host)
• Mediated by T cells
• Half of all patients that have allogeneic transplant get some form of GVHD
• Can affect many areas of the body
  – Skin
  – Gut
  – Liver
  – Eyes
  – Lungs
Two Types of the Same Process

- Acute - during the first 100 days or so
- Chronic - Anytime after 100 days
- Can have acute on chronic
- Can wax and wane
What Does it Look Like

- Skin - rash, itching, tightening of skin. Can become taught and attached to underlying tissue
- Easy to overlook. Mimics many other skin conditions
- Wide range of presentations
Diagnostic signs of cGvHD Poikiloderma
Diagnostic Signs of cGVHD - Lichen Sclerosus
Rippling-Diagnostic

Subcutaneous sclerosis/fasciitis
Diagnostic Signs of cGVHD - Early fasciitis
Diagnostic – restriction of mouth opening from sclerosis
Why Can’t We Prevent this From Happening?

- Transplantation works by having action of the graft on any remaining leukemia/lymphoma in the body
- In order to be effective, some action must be present
- If we suppress the new immune system too much, we lose the benefit
- Patients with mild GVHD tend to have the best survival outcomes
Acute

- Generally presents as a maculopapular rash
- Can see erythroderma
- Difficult to differentiate between engraftment syndrome, drug reaction and GVHD
- Usually seen in the first 100 days
- Inflammatory process
Chronic Phase

- Has multiple presentations
- Fibrotic and sclerotic changes
- Pruritus, pigment changes, shiny skin, rash, ulcerations, dimpling, tightening of skin
- Can affect all layers of the skin
- Difficult to manage
Approaches to Management

• Immunosuppression
• Medications
• Photophoresis
• Local Therapy
• Acupuncture
• Meditation
• ????
Immunosuppression

- Goal-suppress the detrimental effects of the new immune system that causes symptoms
- Balance management of symptoms with risks of immunosuppression
  - Infection
  - Changes in skin, muscle, and bone
Medications

• Steroids
• Tacro/siro
• CellCept
• Monoclonal Antibodies-Basiliximab, Infliximab, Rituximab, Tocilizumab
• Jakafi
• Ibrutinib
• Pentostatin
Photophoresis

- Excellent for sclerodermatous GVHD
- Varies with frequency depending on disease
- Requires long-term central line access
- Can lead to anemia
Local Treatment

• Topical treatments
• Can be ideal choice for those with limited disease
• Avoids side effects of systemic medications
• Symptomatic and disease focused treatment
Quality of Life

- Everyone can see the skin we live in
- Symptoms can be pervasive and obtrusive
- Dealing with chronic illness after major hematologic malignancy
- Waxes and wanes
- Mitigation techniques are critical
Summary

- Skin GVHD is a serious and often overlooked sequelae to HSCT
- Management can be simple or very complex
- Burden on the patient should not be underestimated
- Early recognition and treatment are key