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REZUROCK<sup>®</sup> ▼  
(belumosudil) tablets

# DISEASE PROGRESSION

**Explore when considering REZUROCK** in the treatment of cGVHD for patients aged 12 years and older who have received at least two prior lines of systemic therapy.

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to the Sanofi drug safety department on Tel: 0800 0902 314. Alternatively, send via email to [UK-drugsafety@sanofi.com](mailto:UK-drugsafety@sanofi.com).

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# Disease progression leads to **irreversible damage**<sup>1,2</sup>

Preventing disease progression and irreversible damage are critical goals of treating patients with cGVHD as they lead to poor QOL and a substantial disease burden<sup>1-5</sup>

UP TO  
**86%**

**EXPERIENCE  
PROGRESSION**

Progression or lack of improvement may happen in up to 86% of patients<sup>6</sup>

UP TO  
**2x**

**SYMPTOM  
BURDEN**

Patients with severe cGVHD face nearly double the symptom burden than those with mild cGVHD<sup>7,a</sup>

**58%**

**NON-RELAPSE  
MORTALITY RATE**

cGVHD is the leading cause of non-relapse mortality, with a non-relapse or disease progression mortality rate as high as 58%<sup>8,b,9</sup>

cGVHD, chronic graft-versus-host disease; QOL, quality of life.

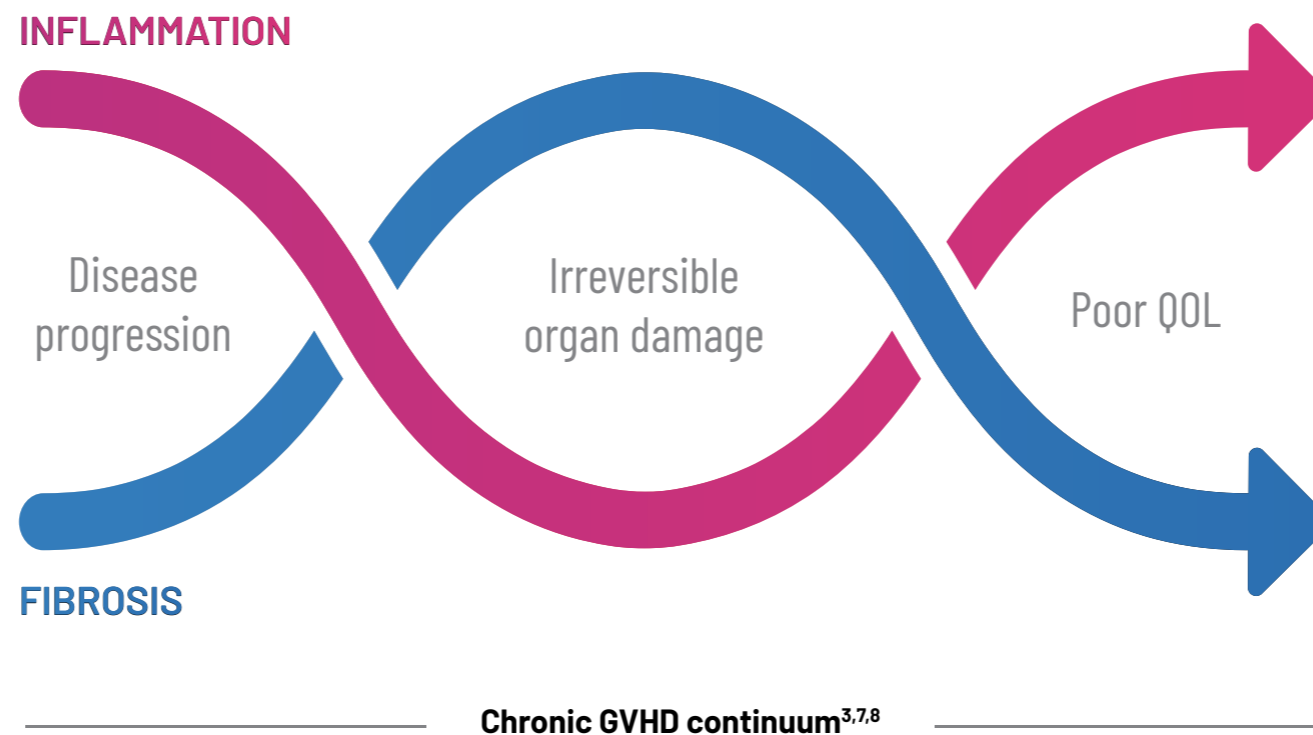
<sup>a</sup>Data on cGVHD disease severity and its impact on patients were collected from haematologists and oncologists across 5 European countries (France, Germany, Italy, Spain and the United Kingdom) using the EQ-5D-5La assessment tool, where patients rated their QOL on a 7-point scale ranging from very good to very poor and reported their symptoms. Responses were graded as per NIH criteria. <sup>b</sup>This observational study included 243 patients with cGVHD.

# Inflammation and fibrosis: Fibrosis in cGVHD may happen earlier than expected

Inflammation and fibrosis can both occur within the first year post alloH SCT but sometimes develop many years after.<sup>1,2</sup>

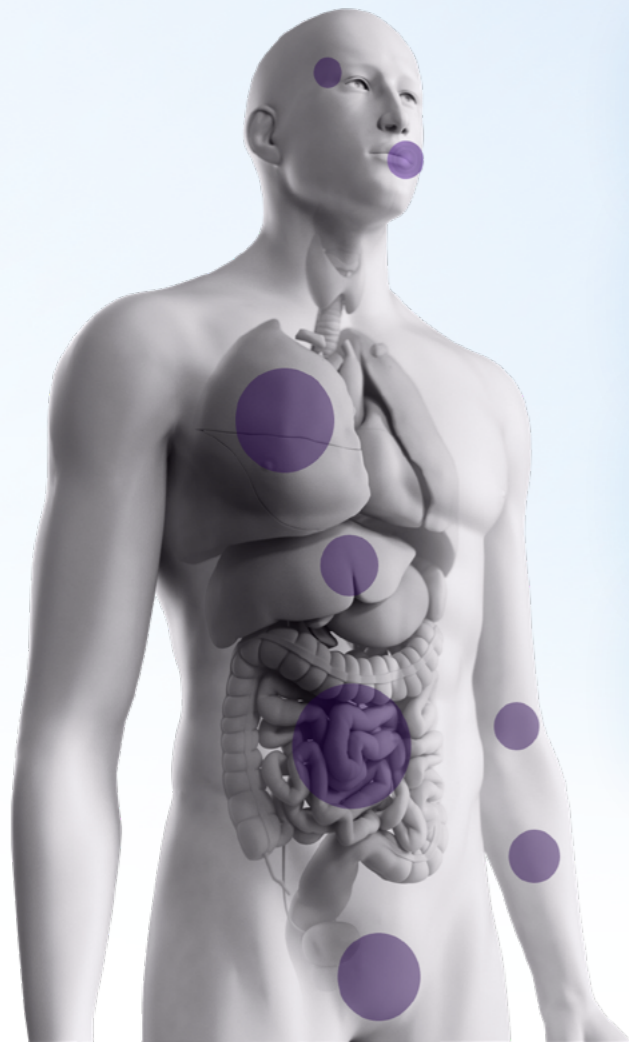
The exact relationship between inflammation and fibrosis in cGVHD is complex and not yet fully understood.<sup>3</sup>










**Fibrosis may be viewed as a natural consequence of inflammation, but in fact, fibrosis may already be occurring prior to any symptoms of cGVHD<sup>4-6</sup>**



# Despite the heterogeneity of cGVHD presentation, the defining features are inflammation and fibrosis<sup>1,2</sup>

## Multi-organ manifestations



 <b>Skin</b> 46%	 <b>GI Tract</b> 55% 
 <b>Mouth</b> 36%	 <b>Liver</b> 41%
 <b>Eyes</b> 68%	 <b>Lungs</b> 46%
 <b>Genitalia</b> 33 & 20%	 <b>Joints/Fascia</b> 23%

**In particular, fibrosis has a negative effect on QOL, especially when affecting the joints or extensive areas of the skin.<sup>19,20</sup>**

cGVHD, chronic graft-versus-host disease; BOS, bronchiolitis obliterans syndrome; GI, gastrointestinal; QOL, quality of life.

<sup>a,b,c</sup>These studies enrolled 22, 155 and 40 adult patients with cGVHD, respectively.



# cGVHD: A need for earlier intervention<sup>1</sup>

Fibrotic manifestations of cGVHD can develop early post alloHCT.<sup>2,3</sup> Patients with fibrosis may take longer to respond to therapy, especially when multiple organs are affected.<sup>1,4</sup>

Acting as early as possible to target both the fibrotic and inflammatory components of cGVHD could be crucial in appropriate patients<sup>1,5</sup>

**REZUROCK targets both the inflammatory and fibrotic processes of cGVHD<sup>6-8</sup>**

**FIBROSIS**

**INFLAMMATION**

REZUROCK is indicated for the treatment of patients aged 12 years old or older with cGVHD who have received at least two prior lines of systemic therapy.<sup>1</sup>