

cGVHD QUALITY OF LIFE

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 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.

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Patients with cGVHD suffer from physical, functional, psychosocial and economic deficits^{1-3a}



Physical impact

Multiple physical ailments⁴⁻⁶ Deterioration in physical QOL⁷

Read more



Psychological impact

Significant psychological distress⁸ Worsening QOL⁸

Read more



Financial impact

Inability to return to work⁹
Consequences that impact QOL¹⁰

Read more



When the GvHD was at its worst with my lungs I could barely walk maybe 50 metres before I was having to rest and in discomfort.



People don't come around so often now; they don't know how to deal with it...



I am lucky I am not older and don't have my own family to support. I couldn't have done it.





Patient quotes from a UK study run with the collaboration of Anthony Nolan¹⁰

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



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in discomfort.

Physical impact



The inflammation and fibrosis associated with cGVHD can lead to **multiple physical ailments** impacting numerous organs⁴⁻⁶

Even patients with mild cGVHD symptoms in the lungs, GI tract and joints/fascia have clinically meaningful **deterioration in physical QOL**⁷

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^aBased on a multicenter, prospective, observational cohort study evaluating 298 patients with cGVHD. Compared with age- and sex-matched US population normative data, patients with cGVHD had significantly lower scores, as measured by the SF-36b and the FACT-BMT. The SF-36 is a set of QOL measures.

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Psychological impact



Approximately 32% and 30% of patients with moderate or severe cGVHD respectively, have clinically significant psychological distress, including depression or anxiety⁸

Psychological distress is associated with **worsening QOL**, physical function and cGVHD symptom burden⁸

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Financial impact

Only 37.5% of patients with cGVHD are able to **return to work**. This is associated with **decreased QOL**, activity level and physical and mental functioning^{9,10}

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Haematologica. 2018;103(9):1535-1541. doi:10.3324/haematol.2018.192930. 2. Khera N, Hamilton BK, Pidala JA, et al. Employment, insurance, and financial experiences of patients with chronic graft-versus-host disease in North America. Biol Blood Marrow Transplant. 2019;25(3):599-605. doi:10.1016/j.bbmt.2018.09.040. 3. Pidala J, Kurland B, Chai X, et al. Patient-reported quality of life is associated with severity of chronic graft-versus-host disease as measured by NIH criteria: report on baseline data from the cGVHD. Consortium. Blood. 2011;117(17):4651-4657. doi:10.1182/blood-2010-11-319509. 4. Fiuza-Luces C, Simpson RJ, Ramírez M, Lucia A, Berger NA. Physical function and quality of life in patients with cGVHD: a summary of preclinical and clinical studies and a call for exercise intervention trials in patients. Bone Marrow Transplant. 2016;51(1):13-26. doi:10.1038/bmt.2015.195. 5. Martires KJ, Baird K, Steinberg SM, et al. Sclerotic-type cGVHD of the skin: clinical risk factors, laboratory markers, and burden of disease. Blood. 2011;118(15):4250-4257. doi:10.1182/blood-2011-04-350249. 6. Henden AS, Hill GR. Cytokines in graft-versus-host disease. J Immunol. 2015;194(10):4604-4612. doi:10.4049/jimmunol.1500117. 7. Kurosawa S, Oshima K, Yamaguchi T, et al. Quality of life after allogeneic hematopoietic cell transplantation according to affected organ and severity of chronic graft-versus-host disease. Biol Blood Marrow Transplant. 2017;23(10):1749-1758. doi:10.1016/j.bbmt.2017.06.011. 8. Waldman L, Traeger L, Fishman S, et al. Psychological distress in patients with moderate to severe chronic graft-versus-host disease (cGVHD). J Clin Oncol. 2018;35(15)(suppl):e22137. doi:10.1200/JCO.2018.36.15_suppl.e22137. 9. Hamilton BK, Rybicki L, Arai S, et al. Association of socioeconomic status with chronic graft-versus-host disease outcomes. Biol Blood Marrow Transplant. 2018;24(2

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REFERENCES

Physical and mental challenges

Results from UK specific studies with the collaboration of Anthony Nolan^{1,2}

Study designs and baseline characteristics

Physical symptoms reported by patients included¹





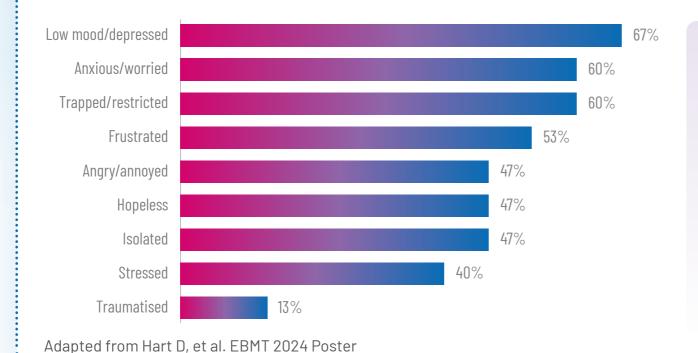


Symptoms with the highest incidence in cGVHD patients (eye, skin, lung, and infection symptoms) had the highest impact on daily life

100% Skin

93% Fatigue

81% Eye



- 69% reported that cGVHD impacted their mental health
- 78% felt they were a burden to others
- Only 35% of patients were offered and accepted mental health support
- 74% of patients and carers feel that people with cGVHD need more emotional support

Physical and mental challenges



Study designs and baseline characteristics

2 UK-based population studies were performed with the aim to evaluate and understand the impact of cGVHD on HRQOL in patients undergoing multiple LOT, encompassing the physical, emotional, social, and financial/educational burden of this condition.

Investigating the Impact of cGVHD on Patient and Carer HRQOL: A Quantitative Study

17 Patients and 10 carers of patients with a diagnosis of cGVHD who had received ≥2 LOTs and had ongoing symptoms were invited to complete a survey that covered areas pertinent to the physical, psychological, and social/economic impact of cGVHD.

A Qualitative Study to Explore the Impact of Chronic Graft-Versus-Host Disease on Patient and Carer Health-Related Quality of Life

8 patients and 2 carers of patients with moderate or severe cGVHD, experiencing ongoing symptoms and having received ≥2 LOT, participated in a virtual, in-depth interview.

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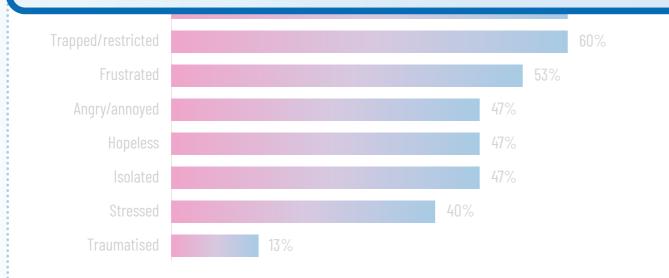
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The Impact on Patient and Carer HRQOL

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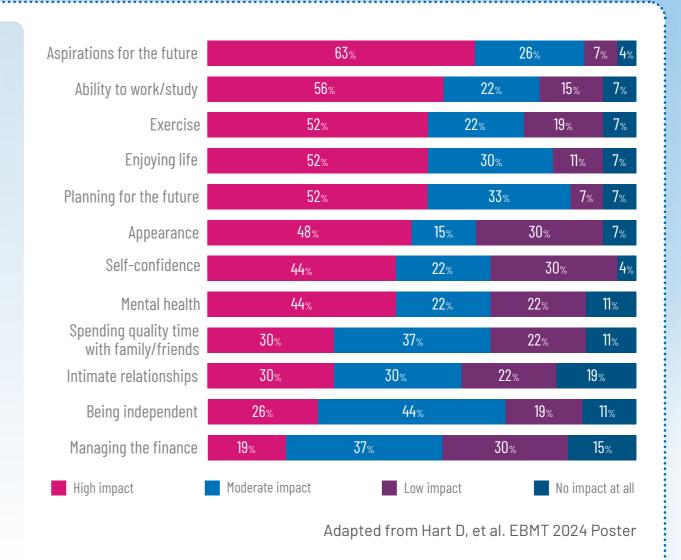
Patients QOL¹

- 89% reported a moderate to high impact on aspirations for the future
- More than 50% reported a high impact on ability to work, exercise, enjoy life, and plan for the future



Carer QOL¹

- 90% reported cGVHD impacted their ability to plan for the future or work/study
- 60% said their finances were affected
- All carers reported feeling anxious or worried when caring for someone with cGVHD and expressed the need for more emotional support



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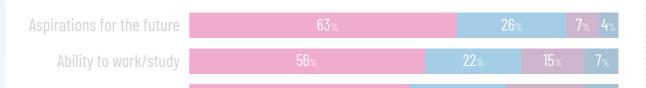
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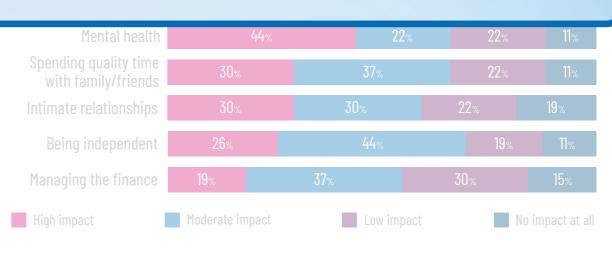
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Treatment burden of cGVHD

Results from UK specific studies with the collaboration of Anthony Nolan^{1,2}

Study designs and baseline characteristics

The treatment burden was considered significant with 61% of patients who had undergone ≥3 LOTs and took 5.3 different cGVHD treatments¹

 81% of participants indicated they had used other systemic treatments¹

Treatments for cGVHD lead to side effects/complications, resulting in further treatments with side effects¹

 74% reported using antibiotics and 67% antivirals¹

Increased infection risk due to immunosuppressive therapy caused patients and carers to experience isolation and elevated health anxiety²

Side effects reported from cGVHD treatment²



Immunosupression



Osteoporosis



Weight and muscle loss



Blood pressure and cell counts



Skin thinning



Swelling



Cyclosporineinduced nephrotoxicity



Pain



Insomnia



Complications from venous ECP access

Additional treatments required to manage side effects

- Digestion medication
- Appetite stimulants
- Sleep aids
- Antihistamines

- Medication for cholesterol
- Medication for incontinence
- Breathing/asthma control
- Nausea/vomiting medication
- HRT, hormone gels/patches
- · Antiviral medication
- Anti-depressants and anti-anxiety
- Antibiotics

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