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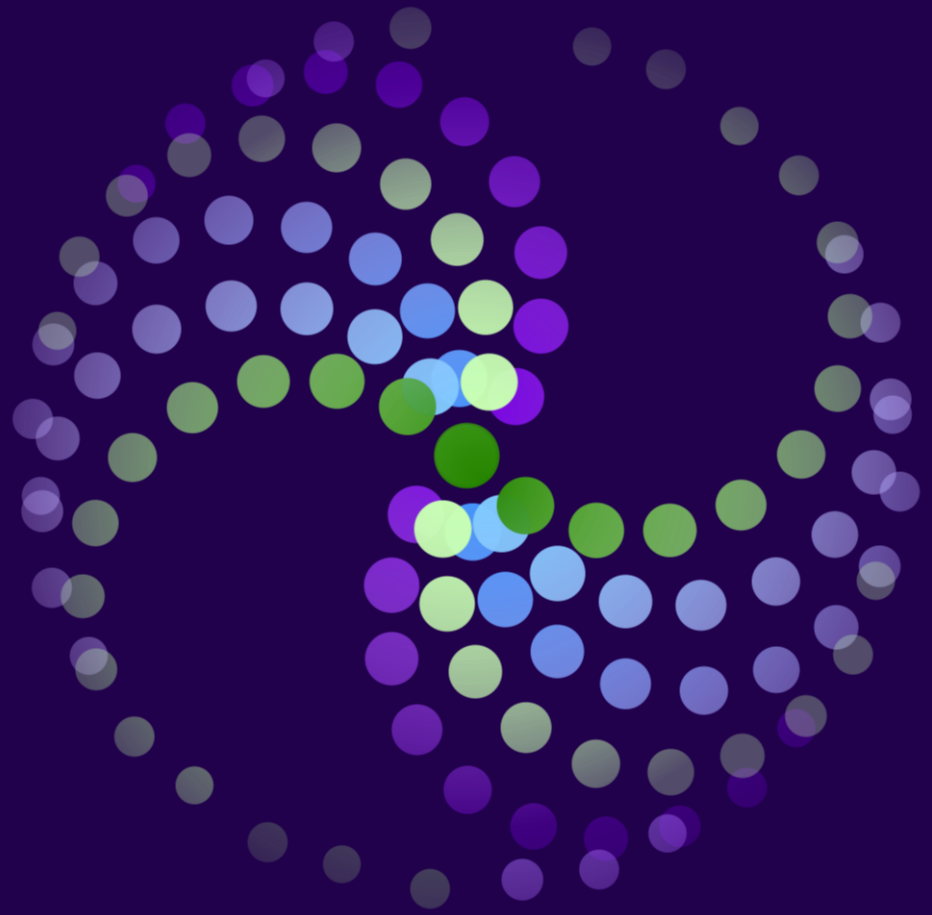

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Dermatology GVHD

Dr Kirsty Sharplin & Dr Rubeta Matin

Speaker Disclosures

Dr Kirsty Sharplin

Transplant Physician and Medical Director
Therapeutic Apheresis Service & Stem Cell Institute, Oxford

Career achievements

- Over 10 years of experience in haematology
- Specialising in Haematopoietic Stem Cell Transplantation, CAR-T cell therapy, and the clinical application of advanced cellular therapies
- Doctor of Medicine candidate at the University of Oxford
- Extensive experience leading complex transplant programs and investigator-initiated trials

Disclosures

- JAZZ travel bursary
- Sanofi – travel bursary and for this meeting
- Gilead Ad board

Dr Rubeta Matin

Consultant Dermatologist
Oxford University Hospitals NHS Foundation Trust

Career achievements

- Over 20 years of experience in dermatology
- Honorary Senior Lecturer at University of Oxford since 2015: Published >200 peer-reviewed publications
- Leads Oxford Transplant and Immunosuppressed Dermatology Service
- Serves on the Executive Board of the British Society for Skin Care in Immunosuppressed and the UK Dermatology Clinical Trials Network
- Chair of Artificial Intelligence Working Group (British Association of Dermatologists)

Disclosures

- Sanofi fees for this meeting

Session Overview

1. Presentation (signs/symptoms)
2. Skin GVHD Management
3. Best practice: Oxford GVHD MDT Model
4. Patient case study with GvHD including skin GvHD
5. ROCKStar 3-year data

GVHD, graft-versus-host disease; MDT, multidisciplinary team

Overview of Dermatology GVHD

Dr Kirsty Sharplin
Transplant Physician and Medical Director
Therapeutic Apheresis Service & Stem Cell Institute, Oxford
Dr Rubeta Matin
Consultant Dermatologist
Oxford University Hospitals

Skin GVHD Presentations & Conditions

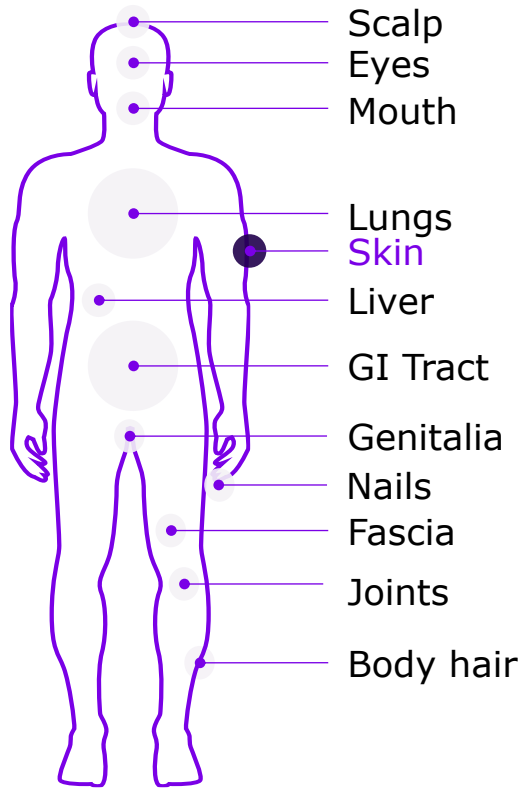
Photosensitivity[1,2]

- Wide range of phenotypes[1,2]
- Evolution from one form to another[1]
  - 40% Lichen planus-like evolves to sclerodermoid[3]
- Co-existing types[1]
- Can be the predominant / most symptomatic site of GVHD[1,2]

Clinical Findings[1,2]	Description
Xerosis / ichthyosis	Dry skin
Keratosis pilaris-like	Follicular prominence, perifollicular erythema, 'hedgehog'
Lichen planus-like (lichenoid)	Purple / hyperpigmented papules / plaques
Poikiloderma	Telangiectasia + dyspigmentation + epidermal atrophy
Dyspigmentation	Post-inflammatory hyperpigmentation or vitiligo-like hypopigmentation
Acral erythema	Erythema, oedema, Pain +/- hyperkeratosis
Morphoea / Sclerodermoid	Superficial or deep sclerotic patches / plaques

GVHD, graft-versus-host disease.
1. Oxford University Hospitals. Guidelines for diagnosis and management of cutaneous graft-versus-host disease. Available at: https://nssg.oxford-haematology.org.uk/bmt/gvhd/B-2-7c-diagnosis-and-management-cutaneous-gvhd.pdf 2. Hymes SR, et al. J Am Acad Dermatol. 2012;66(4):515.e1-18. 3. Based on data from Oxford University Hospital.

Characteristics of cGVHD: Skin



Skin: Diagnostic

- **Poikiloderma** (i.e., atrophy, pigmentary changes, telangiectasia)[1,2]
- **Lichen planus-like eruption** (i.e., erythematous flat-topped papules/plaques with/without a shiny appearance)[1]
- **Deep sclerotic features** (i.e., smooth, waxy, thickened/tight skin due to deep and diffuse sclerosis over a large area limiting joint mobility)[2]
- **Morphea-like features** (i.e., localised patchy areas of moveable smooth/shiny skin with leather-like consistency that often has dyspigmentation)[1]

Skin: Distinctive

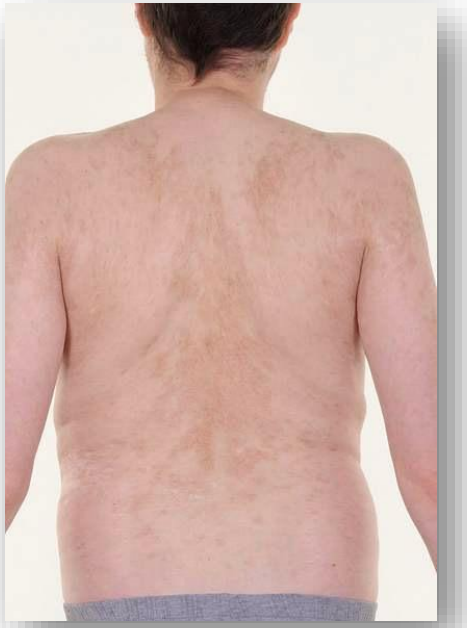
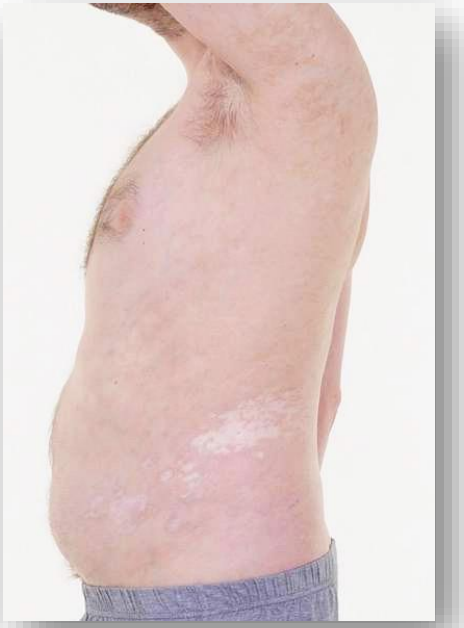
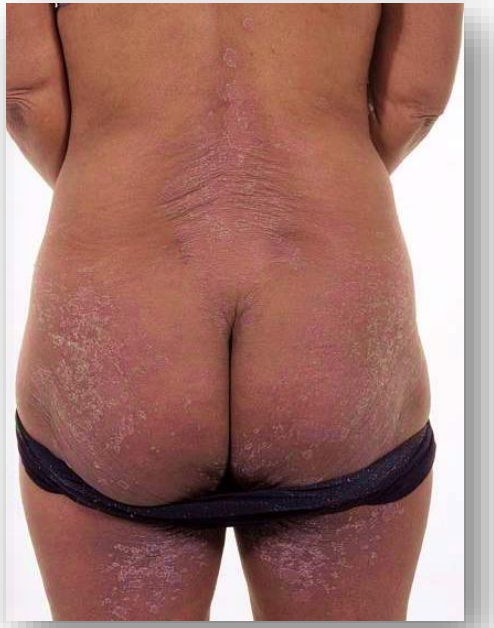
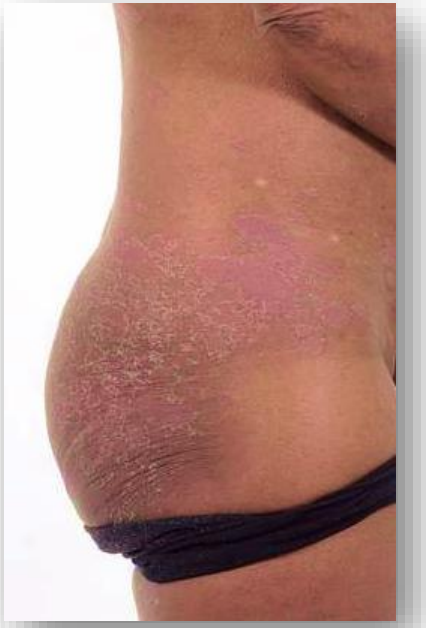
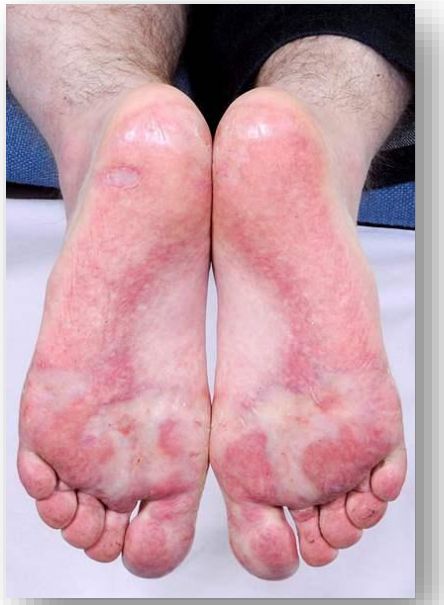
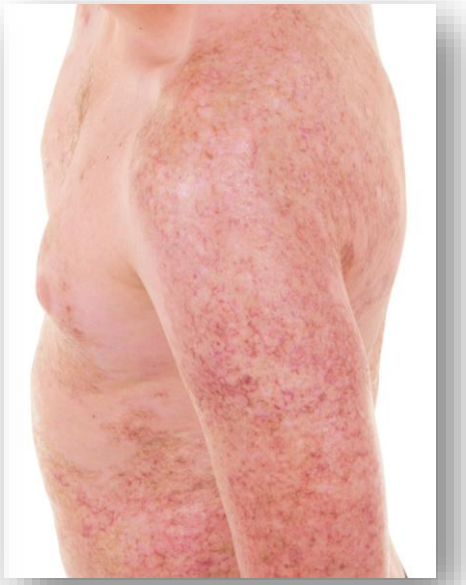
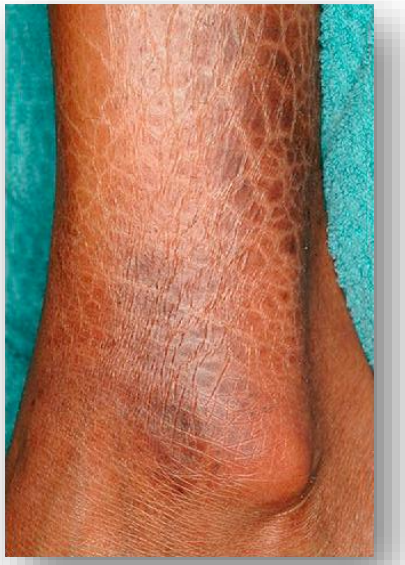
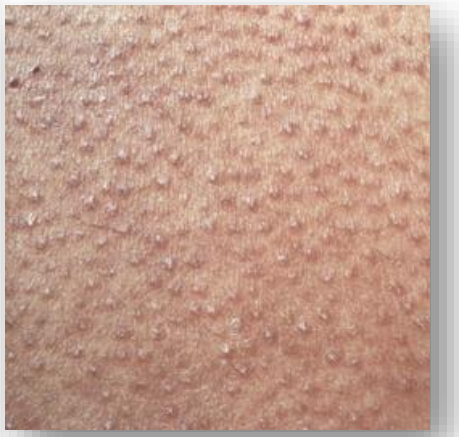
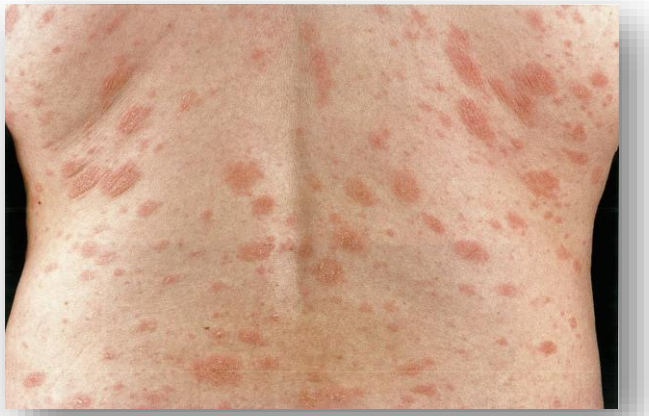
- Depigmentation (vitiligo)[3]
- Papulosquamous lesions[1,3]

Skin: Other

- Sweat impairment and intolerence to temperature change due to loss of sweat glands[1]
- Keratosis pilaris[1]
- Ichthyosis[1]
- Hypopigmentation[1]
- Hyperpigmentation[1,4]

cGVHD, chronic graft-versus-host disease; GI, gastrointestinal

1. Hymes SR, et al. Biol Blood Marrow Transplant. 2006:12(11):1101-13; 2. Pavletic SZ et al. Bone Marrow Transplant. 2006;38(10):645-651. 3. Jang S et al. Ann Dermatol. 2016;28(1):90-93. 4. Gray AN, et al. JAAD Case Rep. 2023;36:82-88.

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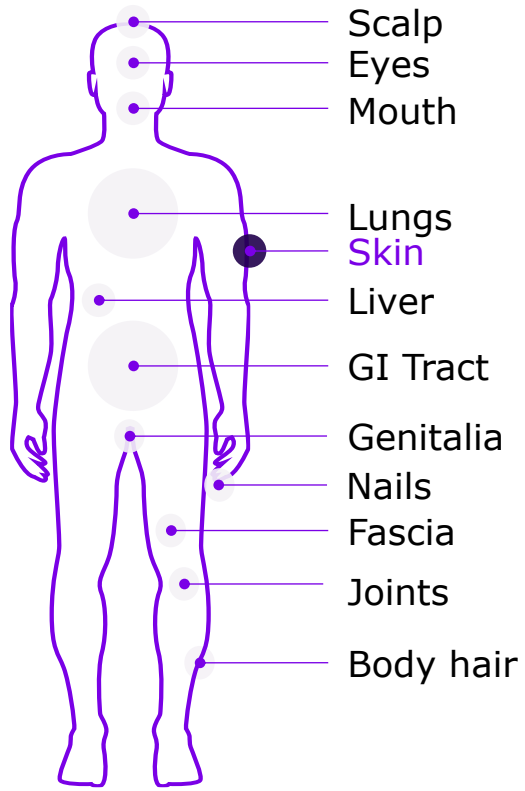
Images from clinical practice provided by the speaker.

Scoring of cGVHD: Skin

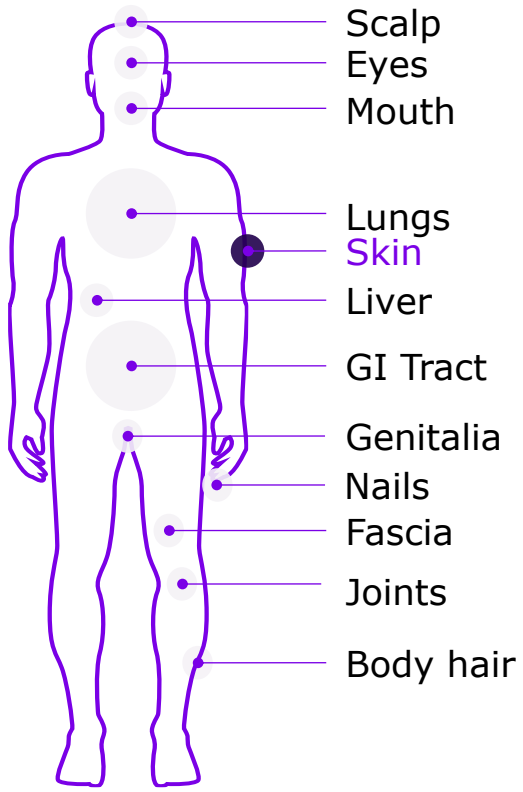


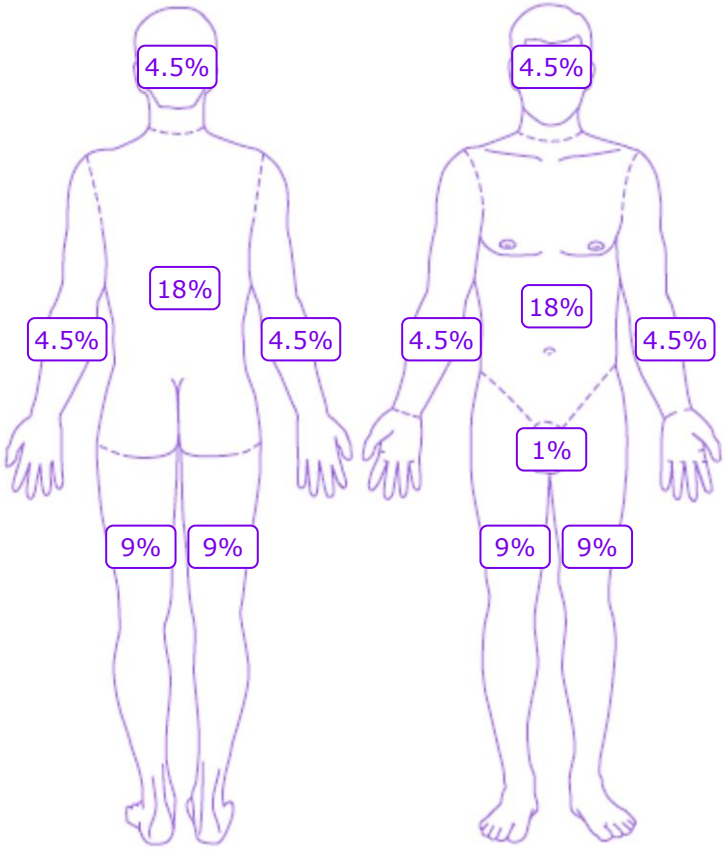
Score 0	Score 1	Score 2	Score 3
Performance score: KPS ECOG LPS			
☐ Asymptomatic and fully active(ECOG 0; KPS or LPS 100%)	☐ Symptomatic, fully ambulatory, restricted only in physically strenuous activity (ECOG 1, KPS or LPS 80-90%)	☐ Symptomatic, ambulatory, of self-care, >50% of waking hours ou of bed(ECOG 2, KPS or LPS 60- 70%)	☐ Symptomatic, limited self-care, >50% of waking hours in bed(ECOG 3-4, KPS or LPS <60%)
Skin†: Score % BSA GVHD features to be scored by BSA:			
☐ No BSA involved	☐ 1-18% BSA	☐ 19-50% BSA	☐ >50% BSA
Check all that apply: ☐ Maculopapular rash/erythema ☐ Lichen planus-like features ☐ Sclerotic features ☐ Papulosquamous lesions or ichthyosis ☐ Keratosis pilaris-like GVHD			
Skin features			
☐ No sclerotic features		☐ Superficial sclerotic features "not hidebound" (able to pinch)	Check all that apply: ☐ Deep sclerotic features ☐ "Hidebound" (unable to pinch) ☐ Impaired mobility ☐ Ulceration

BSA, body surface area; cGVHD, chronic graft-versus-host disease; ECOG, Eastern Cooperative Oncology Group; KPS, Karnofsky Performance Status; LPS, Lansky Performance Status.
†Skin scoring should use both percentage of BSA involved by disease signs and the cutaneous features scales. When a discrepancy exists between the percentage of total body surface (BSA) score and the skin feature score, OR if superficial sclerotic features are present (Score 2), but there is impaired mobility or ulceration (Score 3), the higher level should be used for the final skin scoring.

Jagasia MH et al. Biol Blood Marrow Transplant. 2015;21(3):389-401.e1.

Scoring of cGVHD: Percentage BSA





Patient's palm

Adapted from Diagram of the Rule of 9s for Adults Jmarchn. Wikimedia Commons' User. CC By-SA 3.0

BSA, body surface area; cGVHD, chronic graft-versus-host disease; GI, gastrointestinal

NIH StatPearls. Rule of Nines. Available at: https://www.ncbi.nlm.nih.gov/books/NBK513287

Skin GVHD Management: Emollients / Moisturisers

Symptomatic Relief

Very dry / scaly

- 50:50 white soft paraffin: liquid paraffin[1]
- Emollin Spray[1] (if blistering)
- Epaderm[1]/Hydromol cream or ointment[2]

Dry or very red skin

- Cetraben Cream[1]
- Doublebase Gel (greasy)[2]
- Diprobase Cream[1]
  - Thinner so preferred by some[2]
- Aveeno[2]

Soap Substitute

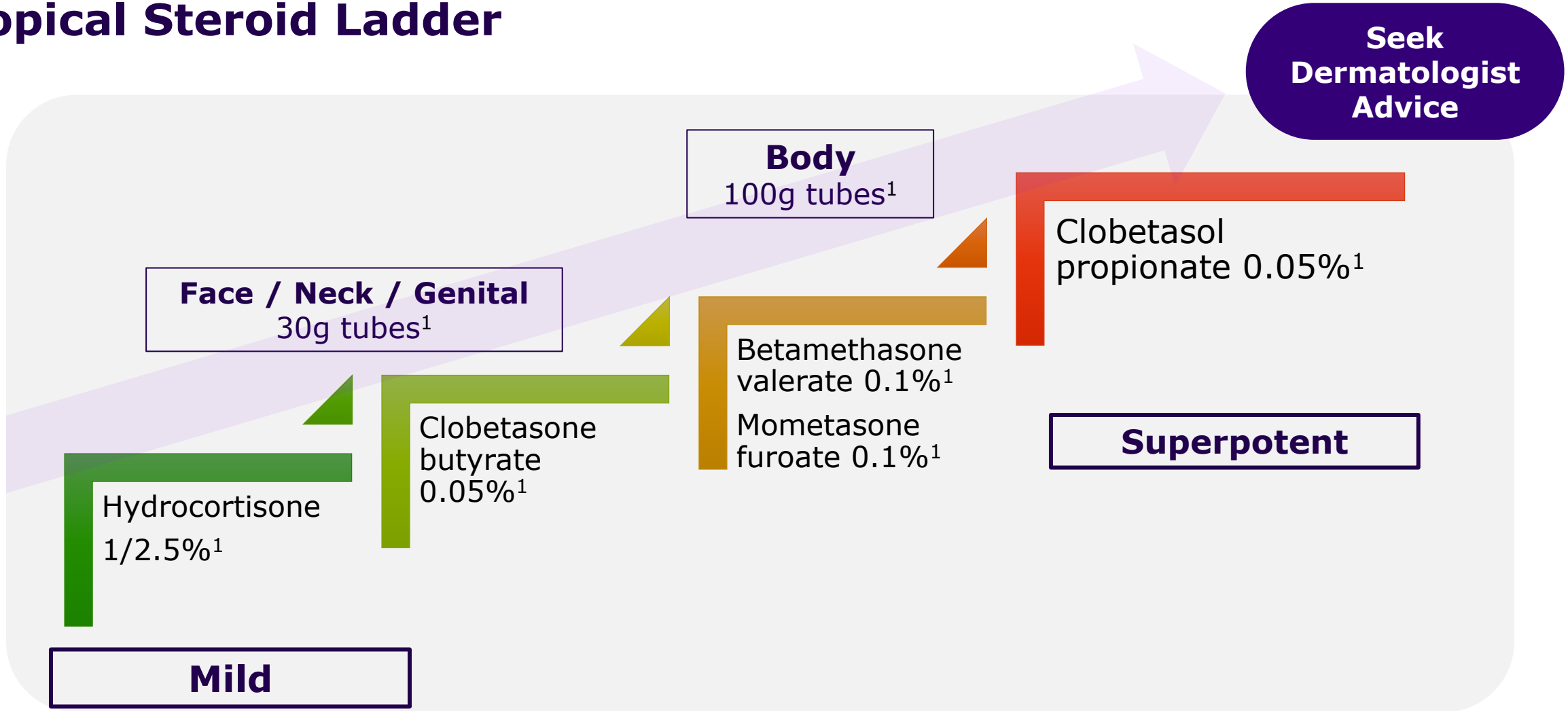
- Dermol[1] 500 lotion[2]
- Oilatum[1] Plus

Normal Skin

- E45 good[2]
- Aqueous cream as a soap substitute[2]

1. Oxford University Hospitals. Guidelines for diagnosis and management of cutaneous graft-versus-host disease. Available at: https://nssg.oxford-haematology.org.uk/bmt/gvhd/B-2-7c-diagnosis-and-management-cutaneous-gvhd.pdf 2.Content based on speaker's opinion.

Topical Steroid Ladder



Ointment vs cream
Apply generously to affected areas once or twice daily

1. Oxford University Hospitals. Guidelines for diagnosis and management of cutaneous graft-versus-host disease. Available at: https://nssg.oxford-haematology.org.uk/bmt/gvhd/B-2-7c-diagnosis-and-management-cutaneous-gvhd.pdf 2. Dignan FL et al. Br J Haematol.2012;158(1):62-78.

Tips for Topical Treatments

- Always recommend soap substitutes and moisturisers
- Emollient of choice
- Prescribe large quantities – 500g or 1000g
- Specify formulation: lotion vs. cream vs. ointment vs. spray
- Leave 20 minute gap between applying emollient and steroid
- Prescribe topical steroid based on body site
- Apply steroids once daily – generously!
- Explain / show patients what they should to do and with which bottle!

Multidisciplinary Team & Supportive Care

Skin[1]

- Referral to a dermatologist with experience in transplant dermatology should be considered in patients with moderate or severe cutaneous GvHD
- All patients with cGvHD on prolonged immunosuppression should have an annual skin check by a dermatologist in view of the increased risk of cutaneous malignancy
- All growing/non-healing skin lesions should be referred within 2 weeks to a dermatologist

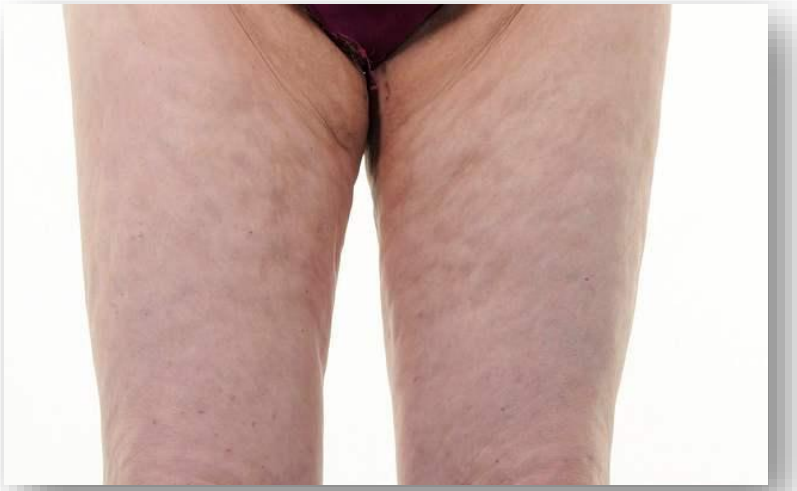
Ancillary therapy and supportive care recommendations[1,2]

- Wound care for ulcers
- Sun protection
- Secondary malignancy skin cancer screenings
- Oedema management
- Physiotherapy is recommended in patients with sclerodermoid disease

cGvHD, chronic graft-versus-host disease; GvHD, graft-versus-host disease

1. Dignan FL et al. Br J Haematol.2012;158(1):62-78; 2. Holtzman NG et al. Br J Haematol. 2022;196(4):830-848.

Sclerodermoid Skin Disease

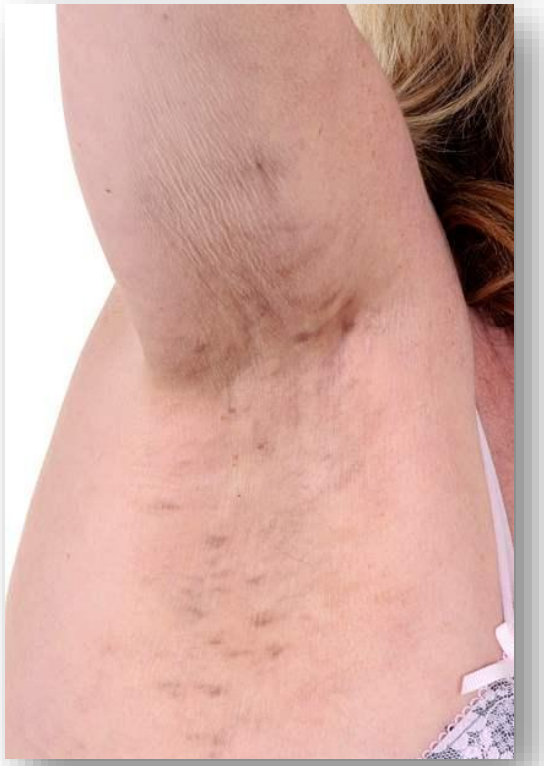


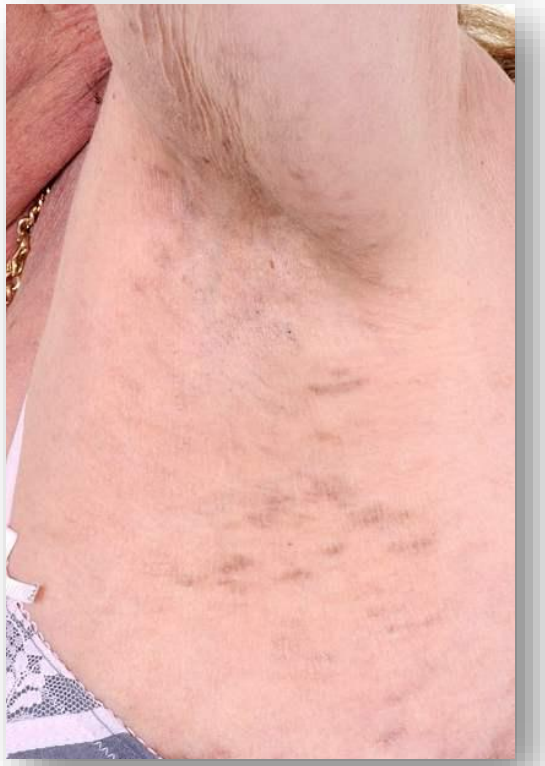
Superficial (morphoea-like)

- Skin feels normal but may be grey / discoloured +/- scaly

Deep (scleroderma-like)

- Skin feels very thick





- Rippling
- Change in texture of skin
- Whole body oedema

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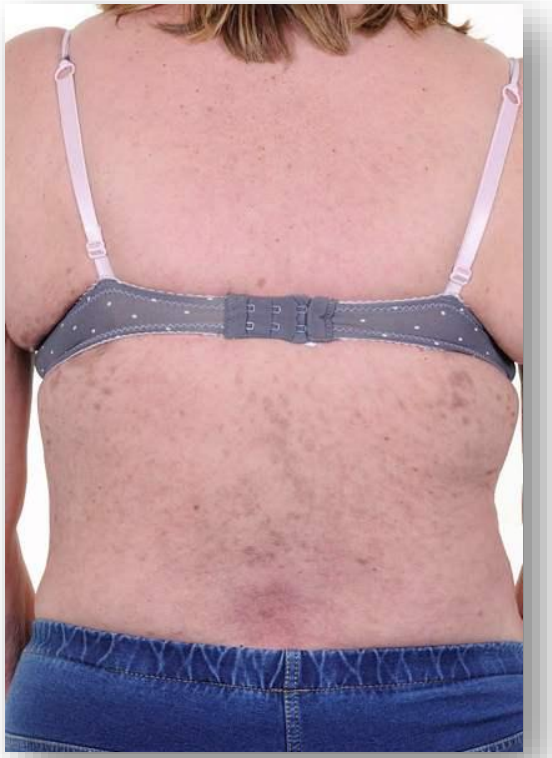
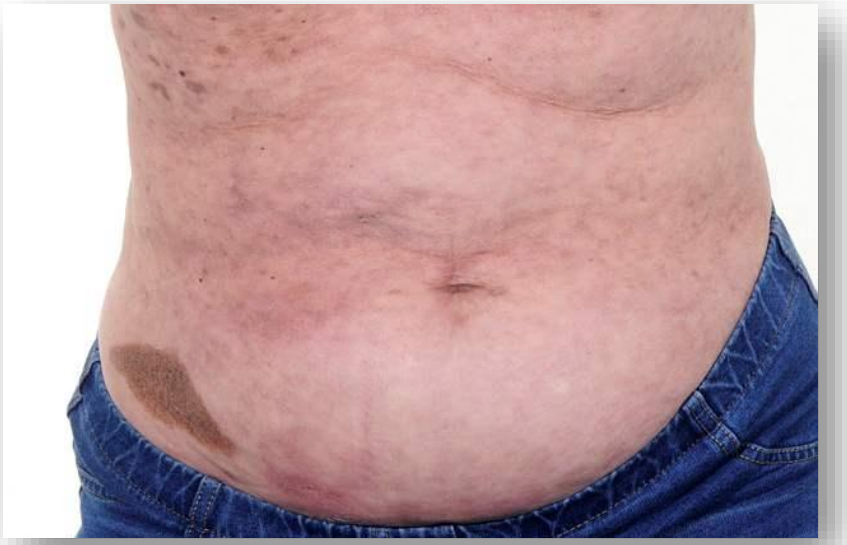
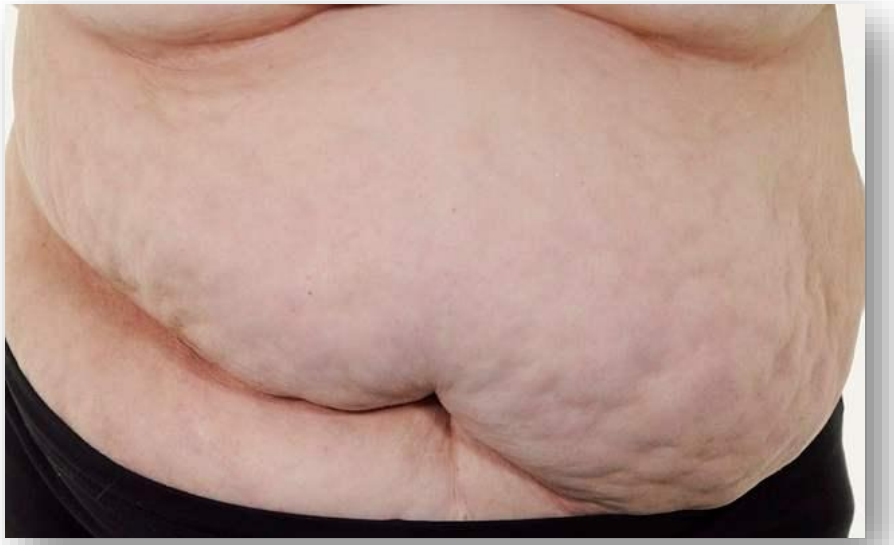
Images from clinical practice provided by the speaker.

Sclerodermoid Skin Disease







Images from clinical practice provided by the speaker.

Sclerotic cGVHD Involving Fascia

Sclerotic cGVHD is characterised by inflammation and progressive fibrosis of the dermis and subcutaneous tissues[1,2]

- Incidence:
  - 20% have sclerosis after 3 years of cGVHD[a,1]
  - Prevalence is >50% among patients with severe disease[b,2]
- Risk factors include:
  - Mobilised blood cell graft
  - Total body irradiation (reduced-intensity regimens)[1]
- Worse survival is associated with:
  - Greater BSA involvement[2]

Clinical Practice Connection

Sclerotic cGVHD may cause:

- Joint contractures[2,3]
- Skin breakdown[2]
- Neuropathy[3,5]
- Myopathy[3]
- Vascular insufficiency/poor wound healing[2,4,5]

Joint contractures secondary to scleroderma or fasciitis are considered a sufficient diagnostic criteria for cGVHD[3]

Sclerotic cutaneous cGVHD is often associated with varying degrees of disability and increased morbidity[1]

[a]In a cohort of consecutive patients (n=977), the cumulative incidence of sclerosis was 20% (95% confidence interval, 17.5%–22.5%) at 3 years after initial systemic treatment for cGVHD.[1]
[b]In adult and paediatric patients with a history of cGVHD (n=217) 53% had sclerotic-type cGVHD.b
BSA, body surface area; cGVHD, chronic graft-versus-host disease

1. Inamoto, Y, et al. Blood. 2013;121 (25):5098–5103. 2. Martires, KJ. Blood. 2011;118(16):4250–4257. 3. Holtzman NG et al. Br J Haematol. 2022;196(4):830-848. 4. Hymes SR, et al. Biol Blood Marrow Transplant. 2006:12(11):1101-13. 5. Hymes SR, et al. J Am Acad Dermatol. 2012;66(4):515.e1-18.

Oxford GVHD MDT Model

"A mix of health care professionals who come together to plan and co-ordinate people's care"

Oxford MDT:

- Post-transplant care in weekly clinic
- 5 transplant physicians
- Nurse Practitioner
- Trials Nurse
- Post allograft nursing team (x2)
- Dermatologist
- Oral specialist (2-monthly)

Key Nominated Individuals:

- Ophthalmology and gynaecology especially difficult - Nurse practitioner is upskilling

Challenges in our Patient cohort:

- Finding individuals with expertise in GVHD
- Motivation
- Availability

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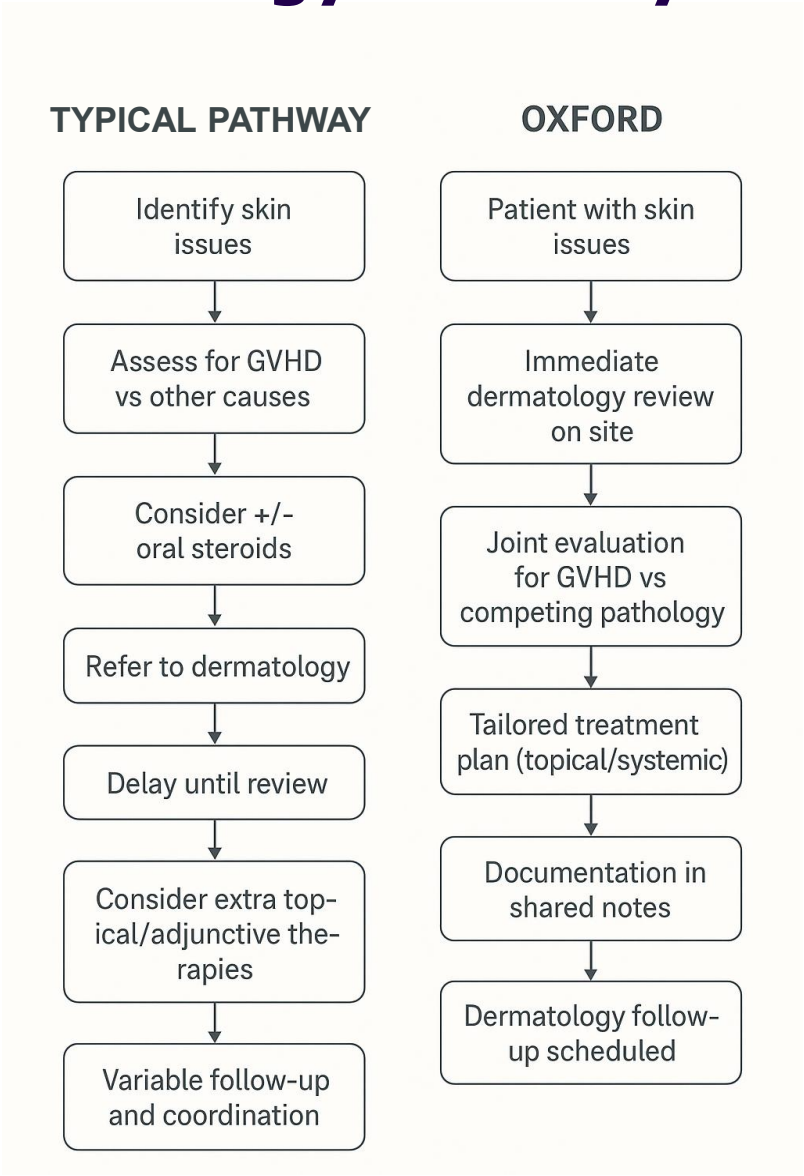
GVHD, graft-versus-host disease; MDT, multidisciplinary team
Oxford GvHD MDT model provided by speakers.

Oxford Dermatology Pathway



Key advantages to the Oxford Model:[1,2]

- Management plans
- Education of transplant team
- Early identification
- Education in topical treatments
- More timely treatment escalation

GVHD, graft-versus-host disease

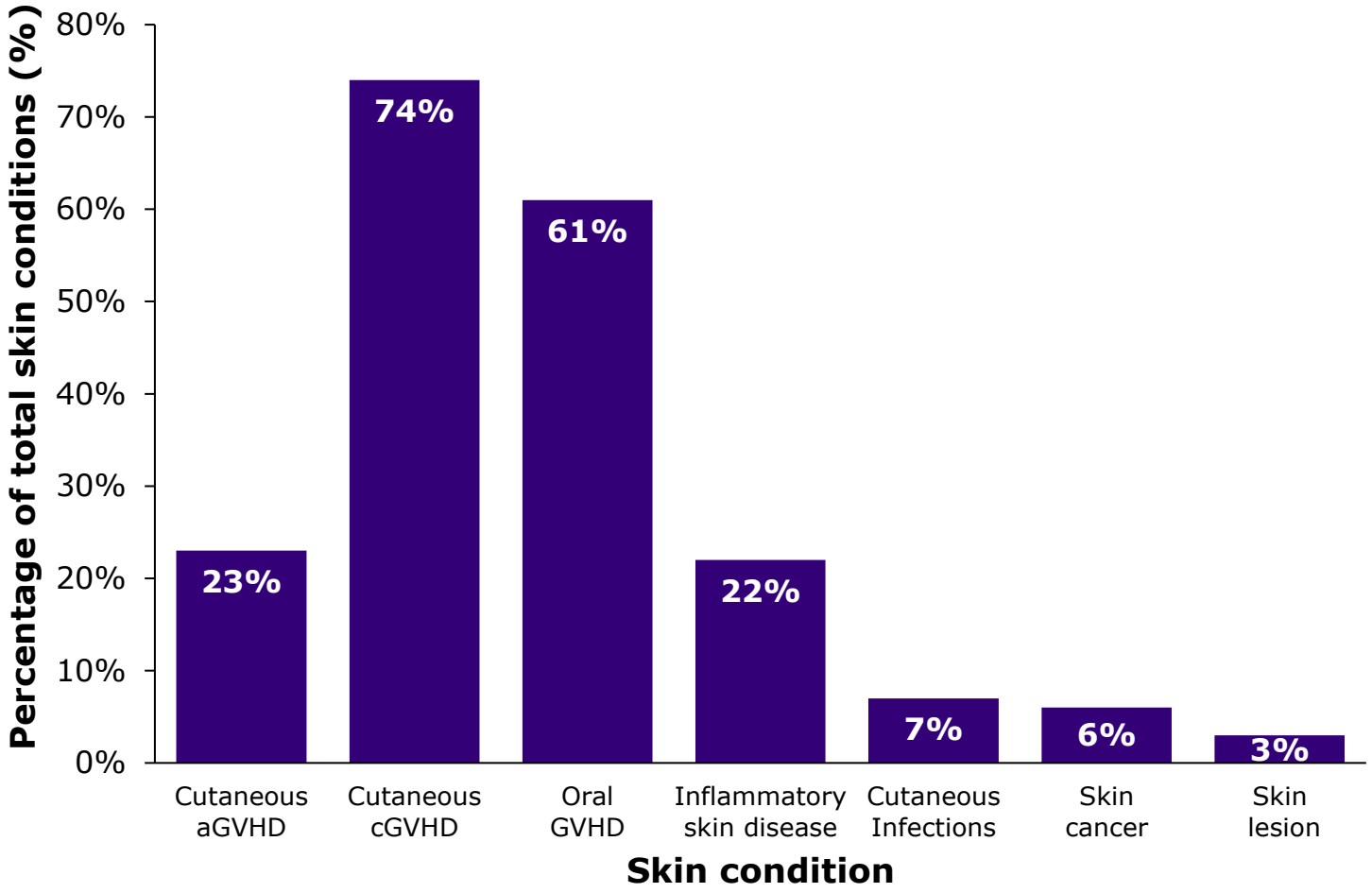
1. Matin RN. Br J Dermatol. 2017;177(6):1758-1759. 2. Content based on spear's clinical experience.

Oxford Patients: Up to 40% of post-transplant patients present with a skin problem

Weekly Dermatology service for the Bone Marrow Transplant (BMT) clinic

- Data collected: March – December 2014

- 77 patients reviewed:
  - 48 Male, 29 Female
  - Median age: 51 years
  - Two-thirds of individuals requiring a follow-up consultation needed >3 additional consultations



BMT, Bone Marrow Transplant; GVHD, graft-versus-host disease
Matin RN. Br J Dermatol. 2017;177(6):1758-1759.

This material details the professional experiences of the healthcare professionals. Individual results may vary, and the case study highlighted may not reflect results seen in all patients. The case study presented is based on a real patient, and any adverse events or product quality complaints associated with Sanofi products have been reported.

Patient Case Study: Dermatology GVHD

Dr Kirsty Sharplin
Transplant Physician and Medical Director
Therapeutic Apheresis Service & Stem Cell Institute, Oxford

Dr Rubeta Matin
Consultant Dermatologist
Oxford University Hospitals

Skin GvHD Case Study

Clinical Profile

Baseline Characteristics	
Age	63 years
Biological sex	Female
Weight	72 kg

Transplant	
Type/malignancy	High-risk myelodysplastic syndrome
Date of transplant	01/09/202
aGVHD diagnosis	Yes
cGVHD diagnosis date	9/11/2022

Patient History

First signs and symptoms

- Post donor lymphocyte infusion for relapse – acute stage I GVHD
- Emollients/clobetasol with no systemic IS required
- Sent to hospice after developing respiratory failure/Multiple Organ Dysfunction Syndrome

Occupation and interests

- Reading/journalism
- Going for walks with husband

aGVHD, acute GVHD; cGVHD, chronic GVHD; GVHD, graft-versus-host disease; IS, immunosuppressant; MODS, Multiple Organ Dysfunction Syndrome
Case study provided by the speaker

History of Present Illness

Multi-organ involvement

Mouth: ulcers, pain,

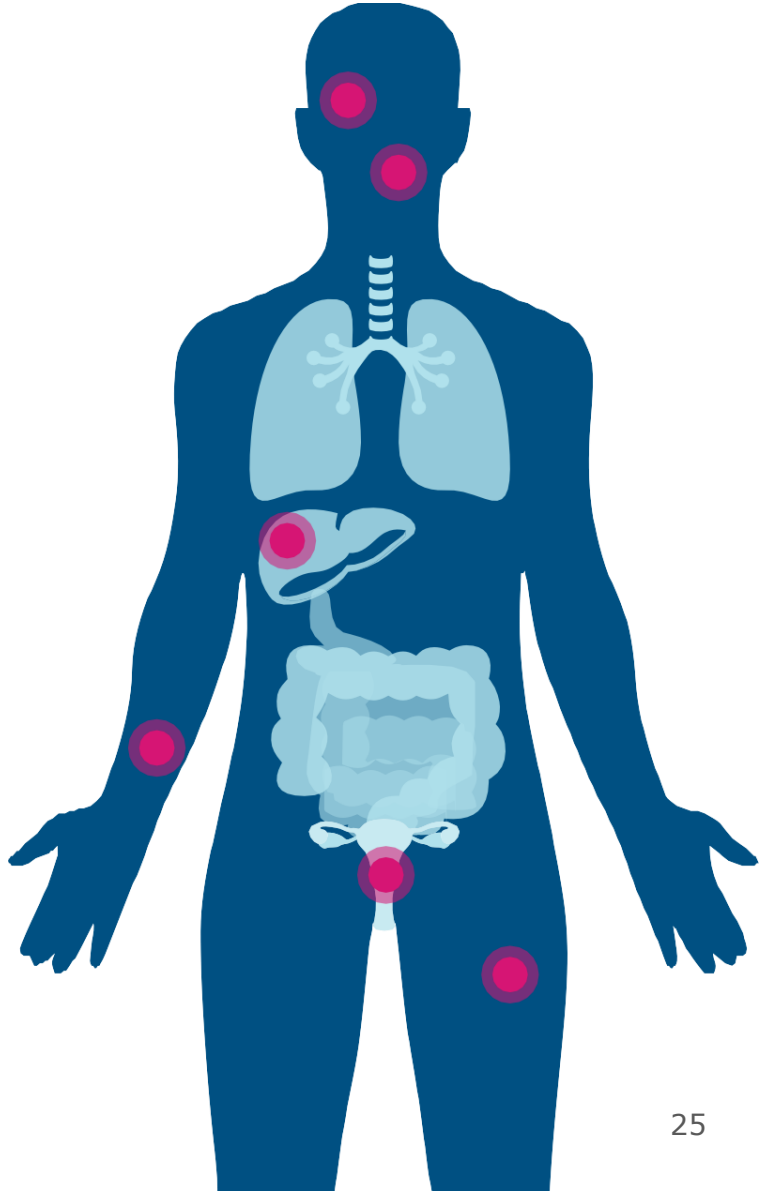
Skin: dry and itchy

- Sclerodermatous changes
- Restricted ROM hips/knees/ankles

Lung: NIH 1

Quality of life impact of cGVHD

- Unable to exercise had a significant impact
- Significant impact of steroid effects:
  - Tremor, cataracts, proximal myopathy, osteopenia, sleep disturbance, recurrent viral infections
  - Frightened due to infection risk
- Despite this, the patient showed remarkable resilience



cGVHD, chronic graft-versus-host disease; NIH, National Institutes of Health; ROM, range of motion
Case study provided by the speaker.

Timeline

History of Present Illness

Previous lines of therapy, dosing and duration of treatment for cGVHD

September 2021
- Transplant

November 2022
- Chronic GVHD diagnosis
- Start prednisolone 70mg/day

March 2023
- Started ECP twice fortnightly

April 2024
- Started REZUROCK[2]
- Prednisolone at 4-5mg/day

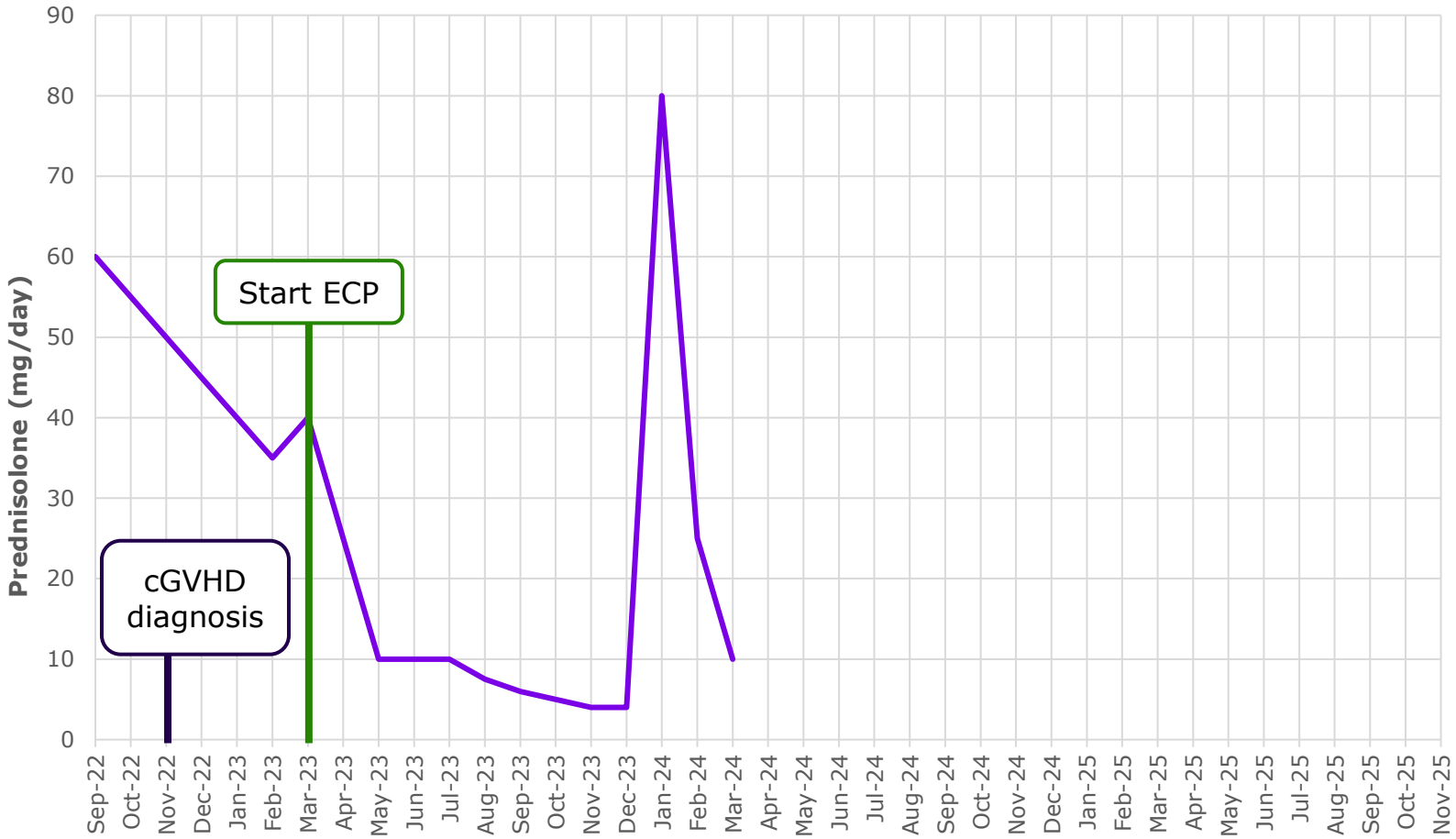
- Sent to hospice after developing respiratory failure / MODS
- DLI for Relapse
- Acute stage I GVHD
- Treated with:
  - Clobetasol
  - Emollients

January 2024
- Significant GVHD flare
- Prednisolone increased to 80mg/day

cGVHD, chronic graft-versus-host disease; ECP, extracorporeal photopheresis; GVHD, graft-versus-host disease; MODS, Multiple Organ Dysfunction Syndrome; NIH, National Institutes of Health; ROM, range of motion

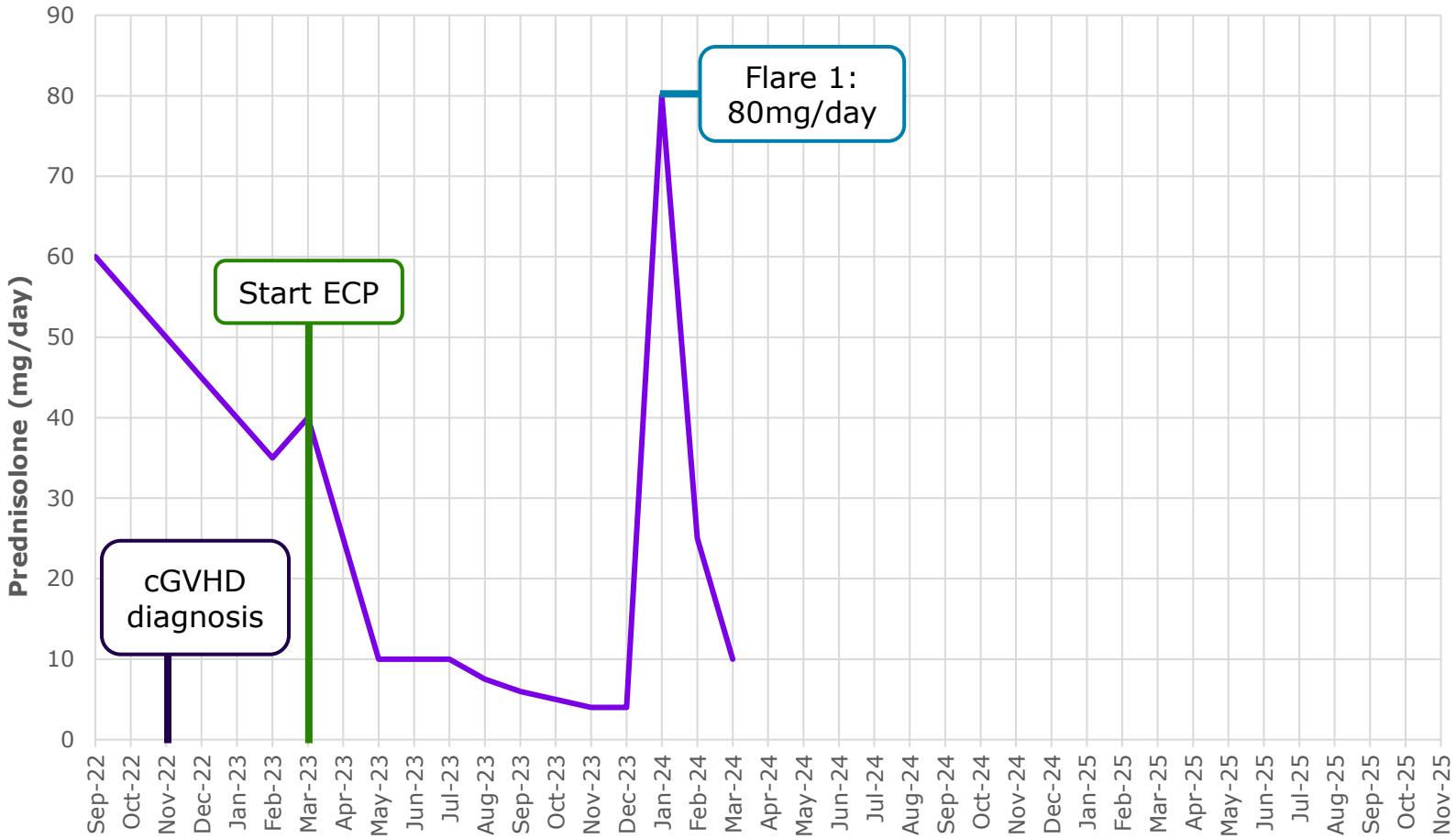
1. Case study provided by the speaker. 2. REZUROCK (belumosudil) Summary of Product Characteristics (UK). 2025. Available at: https://www.medicines.org.uk/emc/product/14659/smpc#about-medicine. Accessed January 2026

cGVHD Treatment Timeline



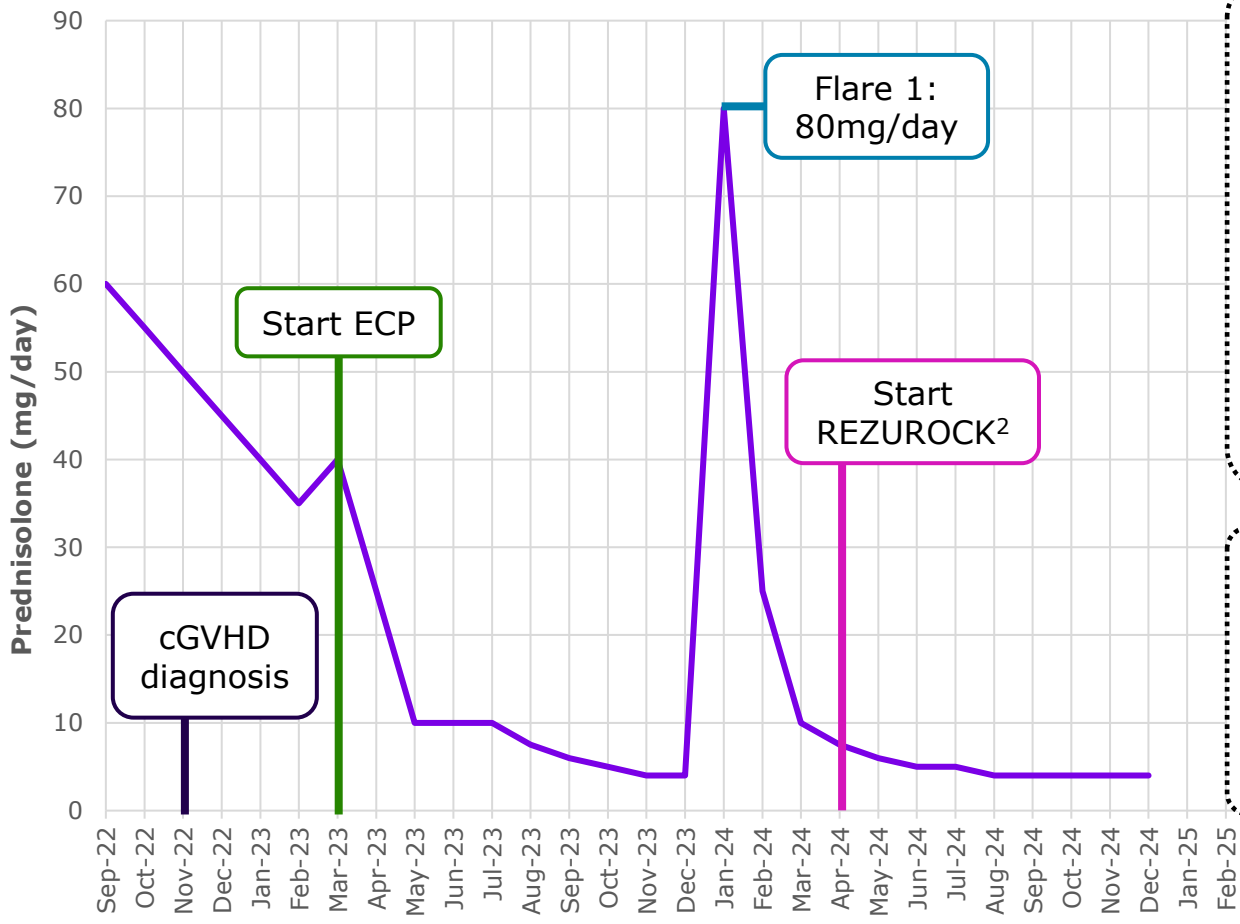
cGVHD, chronic graft-versus-host disease; ECP, extracorporeal photopheresis
Case study provided by the speaker.

cGVHD Treatment Timeline



cGVHD, chronic graft-versus-host disease; ECP, extracorporeal photopheresis
Case study provided by the speaker.

cGVHD Treatment Timeline[1]



Why was REZUROCK chosen at this point?

- Recurrent flares and steroid dependence
- Patient desire to come off steroids
- Concern over progressive restriction in ROM of lower limbs
- Current best available treatment not really controlling things

Patient's response when changing medications:

"I was really excited as hoped this would allow me to get off the steroids"[a]

.

[a]They were able to reduce the prednisolonedose dose later but not stop OCS use.

cGVHD, chronic graft-versus-host disease; ECP, extracorporeal photopheresis; OCS, oral corticosteroids; ROM, range of motion

1. Case study provided by the speaker. 2. REZUROCK (belumosudil) Summary of Product Characteristics (UK). 2025. Available at: https://www.medicines.org.uk/emc/product/14659/smpc#about-medicine. Accessed January 2026

REZUROCK Was Evaluated in the Pivotal ROCKstar Study for Patients With cGVHD[1]

Study design

ROCKstar was a pivotal phase 2, open-label, non-controlled, randomised, multicentre study that evaluated the efficacy and safety of REZUROCK in patients with cGVHD after receiving 2–5 prior lines of systemic therapy[1]

Treatment

Treatment consisted of REZUROCK 200 mg and was administered continuously until clinically significant progression of cGVHD or unacceptable toxicity[1]

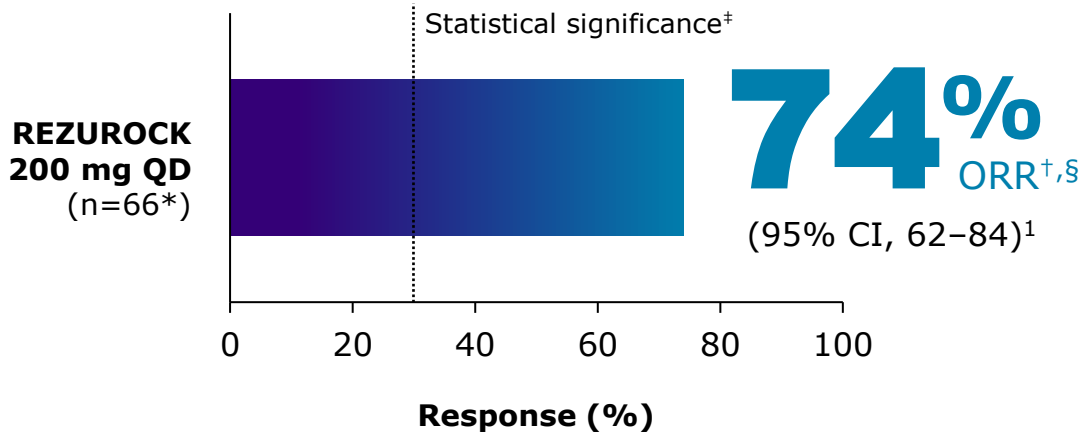
Primary endpoint:[1]

Best ORR at any time, defined as the proportion of subjects who achieved CR or PR according to the 2014 NIH cGVHD Consensus Criteria

Key secondary endpoints[1,*]

- Safety
- DOR
- TTR
- LSS score
- Change in CS/CNI score
- FFS
- OS

Primary endpoint:
Best ORR at any time (N=66)[1,†]



After 3 years of treatment, the best ORR¶ of 74% (95% CI, 63–83) was maintained in the REZUROCK 200 mg QD arm[2]

*Prespecified endpoints; not powered to show statistical significance;[1] †Based on mITT population (n=66);[1] ‡Statistical significance was achieved if the lower bound of the 95% CI of ORR exceeded 30%.[1] Clopper Pearson interval (exact) method used for calculation of 95% CIs, and *P*-values are adjusted through Hochberg method of multiplicity correction corresponding to the null hypothesis of ORR ≤30%;[1] §CR, n=4 (6%);[1] PR, n=45 (68%);[1] ¶Based on mITT population (n=77).[2]
cGVHD, chronic graft-versus-host disease; CI, confidence interval; CNI, calcineurin inhibitor; CR, complete response; DOR, duration of response; FFS, failure-free survival; LSS, Lee Symptom Scale; mITT, modified intention-to-treat; NIH, National Institutes of Health; ORR, overall response rate; OS, overall survival; PR, partial response; QD, once daily; TTR, time to response.

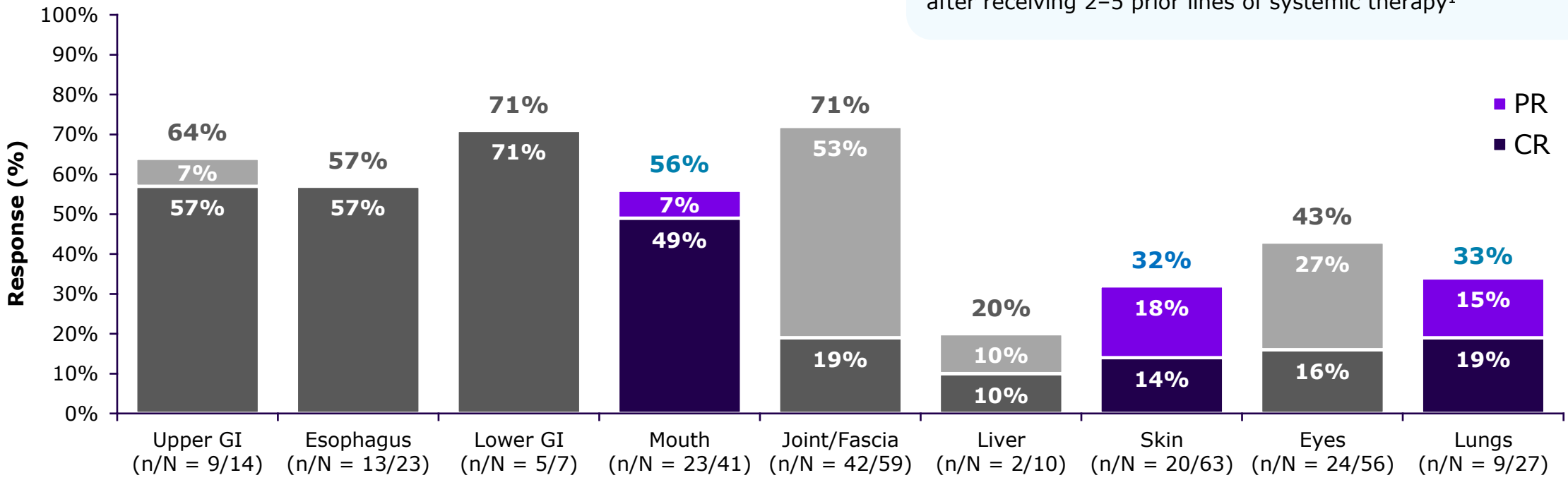
1. Cutler C, et al. Blood. 2021;138(22):2278–2289; 2. Sanofi. Data on File. MAT-XU-2401093 (v2.0). April 2024.

ROCKstar: Organ Response at 3 Years[1,2]

Primary endpoint: The best ORR for REZUROCK 200 mg QD was 74 % (95% CI, 62–84)[1,*,†]

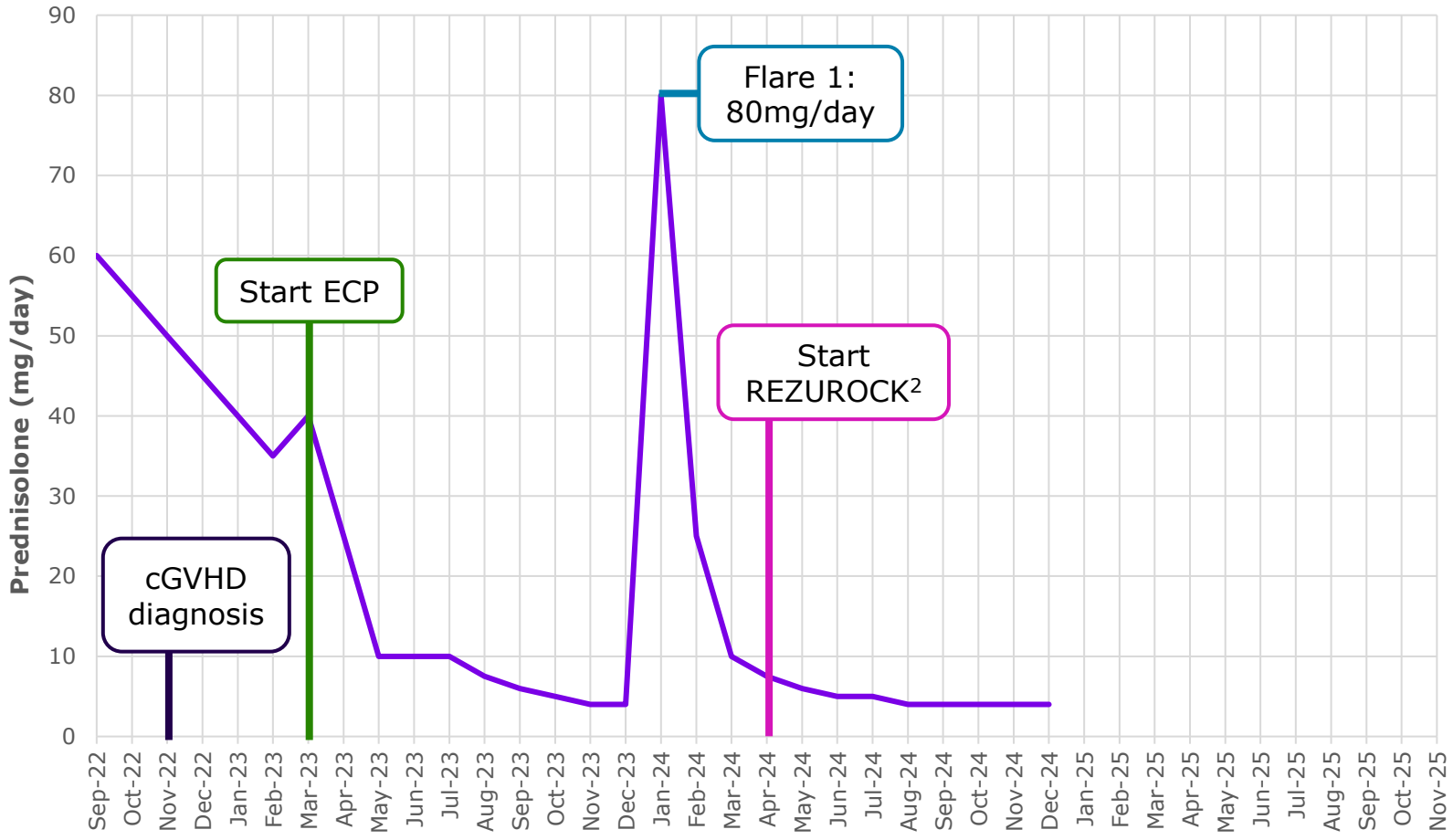
Secondary endpoint: Response rate by organ system at 3 years with REZUROCK 200 mg QD (n=77)[2,†]

Study design: ROCKstar was a pivotal phase 2, open-label, non-controlled, randomised, multicentre study that evaluated the efficacy and safety of REZUROCK in patients with cGVHD after receiving 2–5 prior lines of systemic therapy[1]



Percentages may not add up to the total due to rounding.
*The primary endpoint was the best ORR at any time, defined as the proportion of subjects who achieved CR or PR according to the NIH cGVHD Consensus Criteria, and was based on the mITT population (n=66).[1] Statistical significance was achieved if the lower bound of the 95% CI of ORR exceeded 30%;[1] †CR defined as the resolution of all manifestations in each organ or site.[3] PR defined as improvement in ≥1 organs or sites without progression in any other organ or site.[3]
cGVHD, chronic graft-versus-host disease; CI, confidence interval; CR, complete response; GI, gastrointestinal; mITT, modified intention-to-treat; NIH, National Institutes of Health; ORR, overall response rate; PR, partial response; QD, once daily.
1. Cutler C, et al. Blood. 2021;138(22):2278–2289; 2. Sanofi. Data on File. MAT-XU-2401093 (v2.0). April 2024; 3. Lee SJ, et al. Biol Blood Marrow Transplant 2015;21(6):984-999.

cGVHD Treatment Timeline[1]

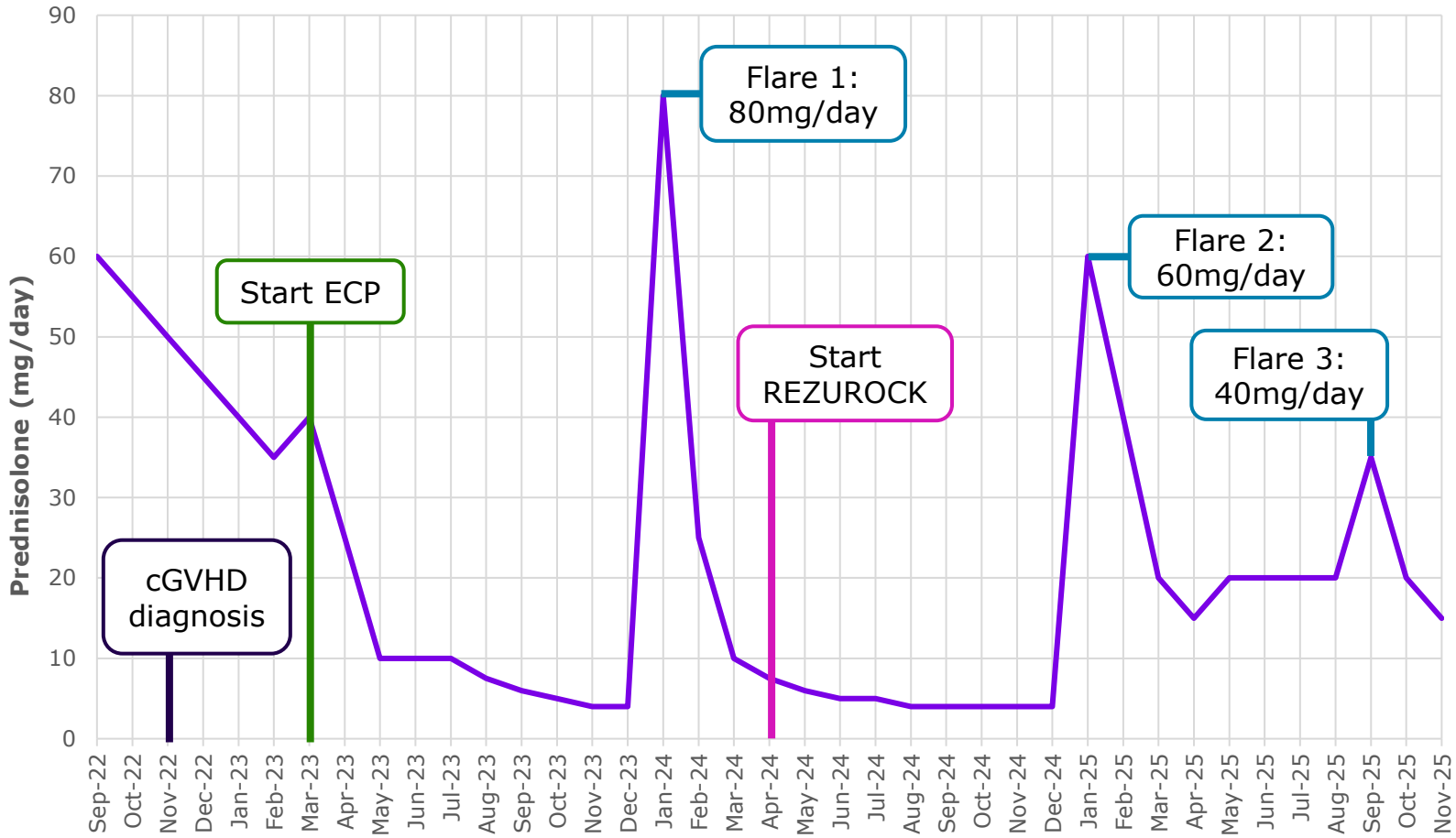


[a]They were able to reduce the prednisolonedose dose later but not stop OCS use.

cGVHD, chronic graft-versus-host disease; ECP, extracorporeal photopheresis; OCS, oral corticosteroids; ROM, range of motion

1. Case study provided by the speaker. 2. REZUROCK (belumosudil) Summary of Product Characteristics (UK). 2025. Available at: https://www.medicines.org.uk/emc/product/14659/smpc#about-medicine. Accessed January 2026

Chronic GVHD Treatment Timeline



Outcomes on REZUROCK when added to ECP:

Oral:

- One ulcer remains, otherwise complete response

Skin:

- Resolution in dryness & itch
- Sclerodermatous changes

Duration on REZUROCK:

- 1 year 10 months

cGVHD, chronic graft-versus-host disease; ECP, extracorporeal photopheresis; ROM, range of motion

1. Case study provided by the speaker. 2. REZUROCK (belumosudil) Summary of Product Characteristics (UK). 2025. Available at: https://www.medicines.org.uk/emc/product/14659/smpc#about-medicine. Accessed January 2026

ROCKstar: Change in use of Systemic Corticosteroids

This data is descriptive.

1-year data[a]

CS reductions and discontinuations were observed in the 200 mg once-daily arm[1]

64% (n/N=42/66) of patients reduced their **CS DOSE**

20% (n/N=13/66) of patients **DISCONTINUED CS THERAPY** during treatment with REZUROCK

3-year data[b]

Higher rates of CS reductions and discontinuations were observed in the 200 mg once-daily arm over 3 years[2]

65% (n/N=50/76) of patients reduced their **CS DOSE**

27% (n/N=21/73) of patients **DISCONTINUED CS THERAPY** during treatment with REZUROCK

CS, corticosteroid; mITT, modifiedintent-to-trea
[a]Based on mITT population (n=66).[1]
[b]Based on mITT population (n=77).[2]
1. Cutler C, et al. Blood. 2021;138 (22):2278-2289. 2. Data on File. Sanofi. MAT-XU-2401093 (v2.0). April 2024.

ROCKstar: REZUROCK Was Generally Well-Tolerated in Patients with cGVHD

Secondary endpoint: Safety and tolerability of REZUROCK 200 mg QD*

Commonly reported AEs, n (%)	REZUROCK 200 mg QD (n=66)
All grades in ≥20% of patients	
Fatigue	30 (46)
Diarrhoea	23 (35)
Nausea	23 (35)
Cough	20 (30)
Upper respiratory tract infection	17 (26)
Dyspnoea	21 (32)
Headache	13 (20)
Peripheral oedema	17 (26)
Vomiting	18 (27)
Muscle spasms	13 (20)
Grade ≥3 in ≥5% of patients	
Pneumonia	6 (9)
Hypertension	4 (6)
Hyperglycaemia	3 (5)

Safety overview	REZUROCK 200 mg QD (n=66)
Median duration of treatment, mos	9.4
Any AE, n (%)	65 (99)
Grade ≥3 AEs, n (%)	37 (56)
SAEs, n (%)	27 (41)
Drug-related AEs, n (%)	
Any related AE	49 (74)
Related SAEs	5 (8)
Deaths,† n (%)	8 (12)

There was one reported case of Epstein–Barr virus and one reported case of CMV reactivation

AEs were overall consistent with those expected in patients with cGVHD receiving corticosteroids and other immunosuppressants

*Data up to 19 August 2020 included; †Six subjects died during long-term follow-up (>28 days after the last dose).
AE, adverse event; cGVHD, chronic graft-versus-host disease; CMV, cytomegalovirus; mos, months; QD, once daily; SAE, serious adverse event.
Cutler C, et al. Blood. 2021;138(22):2278–2289.

REZUROCK Was Generally Tolerated in Patients With cGVHD[1]

Safety was evaluated across 2 clinical studies (n=186)[1,3,*]

The **most common ARs** (≥5%) were asthenia (21.0%), nausea (12.4%), LFT abnormalities of elevation of AST (7.5%), elevation of ALT (7.0%) and elevation of GGT (4.8%), headache (8.6%), diarrhoea (7.0%), and musculoskeletal pain (5.9%)[1]

Serious ARs were pneumonia (1.1%), cellulitis, infectious colitis, staphylococcal bacteremia, diarrhoea, nausea, vomiting, microangiopathic hemolytic anaemia, multiple organ dysfunction syndrome, and cGVHD (0.5% each)[1]

The **most common ARs leading to discontinuation** were nausea (2.4%) and headache (2.4%). **ARs leading to dose interruption** occurred in 9.6% of patients and were mainly investigations (3.6%), including ALT increased, GGT increased, and blood CPK increased (1.2% each), and infections (2.4%)[1]

Cytopaenia

In the ROCKstar and KD025-208 clinical studies of REZUROCK, **grade ≥3 cytopaenias** were reported in **<4%** and **4%** of patients, respectively[2,3]

ROCKstar data up to 19 August 2020 included[3]

CMV infection

There were **no reports of CMV infection** in both the ROCKstar and the foundational, dose-finding KD025-208 studies, and only **one report of CMV reactivation** in total[2,3]

ROCKstar data up to 19 August 2020 included[3]

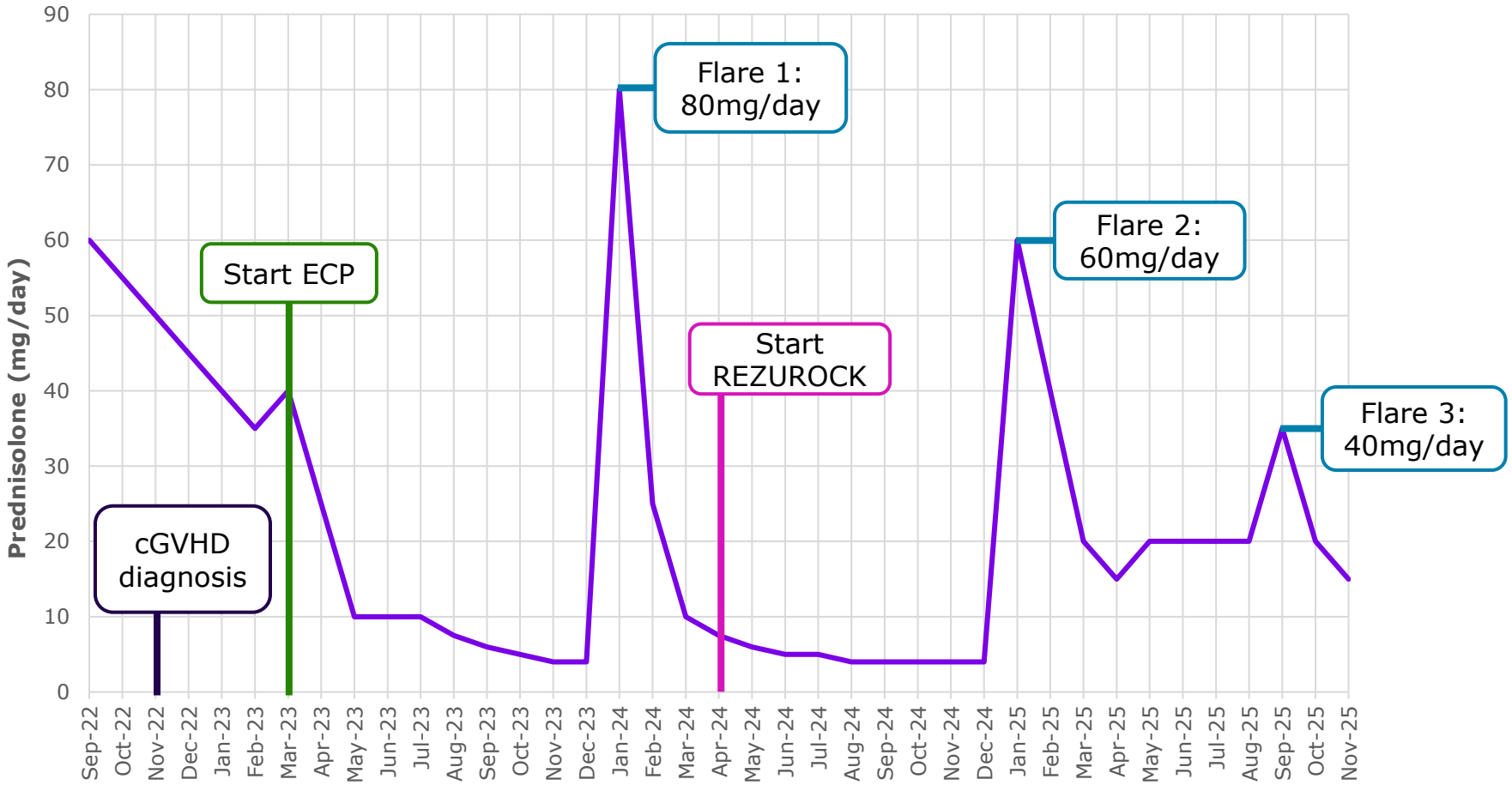
No new safety signals were observed with REZUROCK in the 3-year follow-up to the 2021 ROCKstar study[4]

*ROCKstar (N=131) was a phase 2, open-label, non-controlled, randomised, multicentre study that evaluated the efficacy and safety of REZUROCK in patients with cGVHD after receiving 2–5 prior lines of systemic therapy.[1,3] KD025-208 (N=54) was a phase 2a, open-label, multicentre, dose-escalation study that evaluated the efficacy and safety of REZUROCK in patients with cGVHD after receiving 1–3 prior lines of systemic therapy.[1,2]

ALT, alanine aminotransferase; AR, adverse reaction; AST, aspartate aminotransferase; cGVHD, chronic graft-versus-host disease; CMV, cytomegalovirus; CPK, creatine phosphokinase; GGT, gamma-glutamyl transferase.

1. REZUROCK (belumosudil) Summary of Product Characteristics (UK). 2025. Available at: https://www.medicines.org.uk/emc/product/14659/smpc#about-medicine. Accessed January 2026; 2. Jagasia M, et al. J Clin Oncol. 2021;39(17):1888–1898; 3. Cutler C, et al. Blood. 2021;138(22):2278–2289; 4. Lee SJ, et al. P346 – Poster presented at the 2024 Tandem Meetings | Transplantation & Cellular Therapy Meetings of ASTCT and CIBMTR; 21–24 February 2024; San Antonio, TX, USA.

Chronic GVHD Treatment Timeline



cGVHD, chronic graft-versus-host disease; ECP, extracorporeal photopheresis; ROM, range of motion

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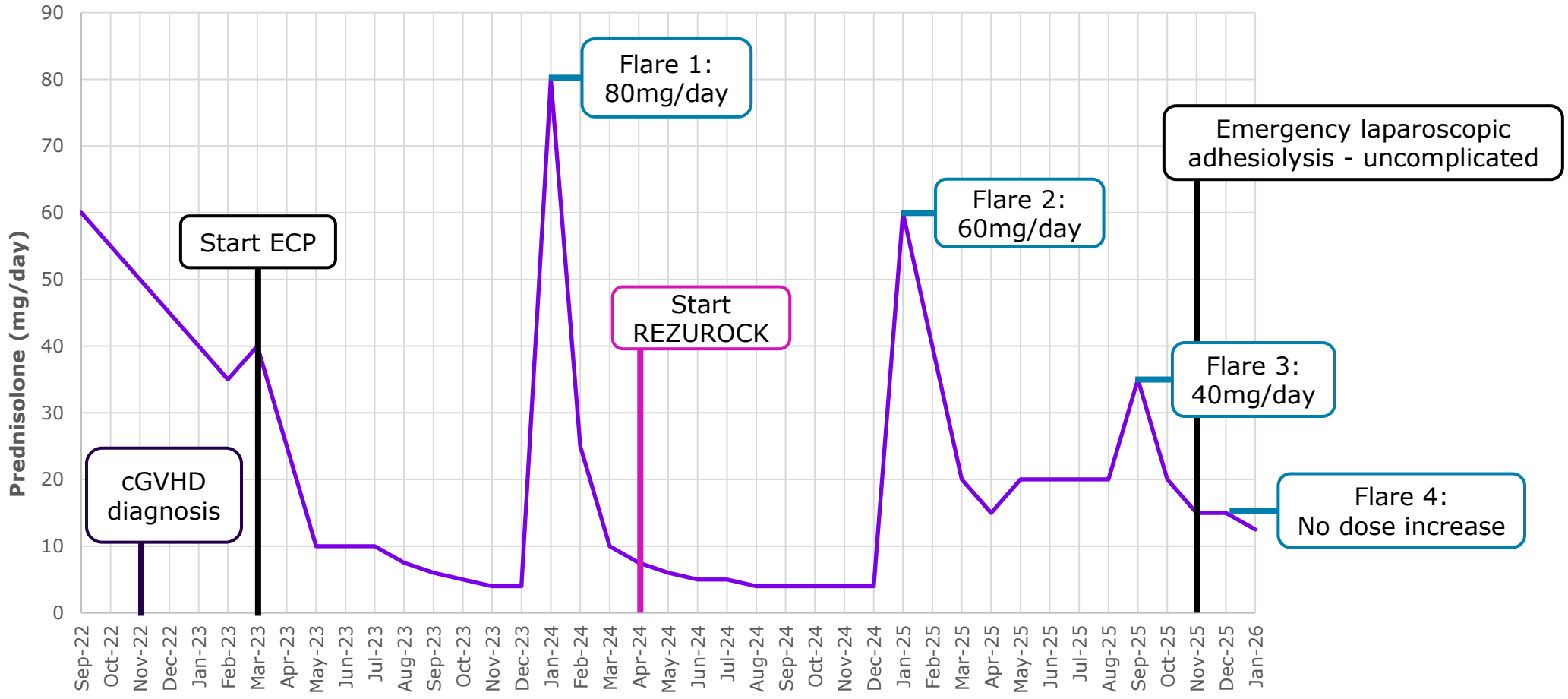
Chronic GVHD Treatment Timeline



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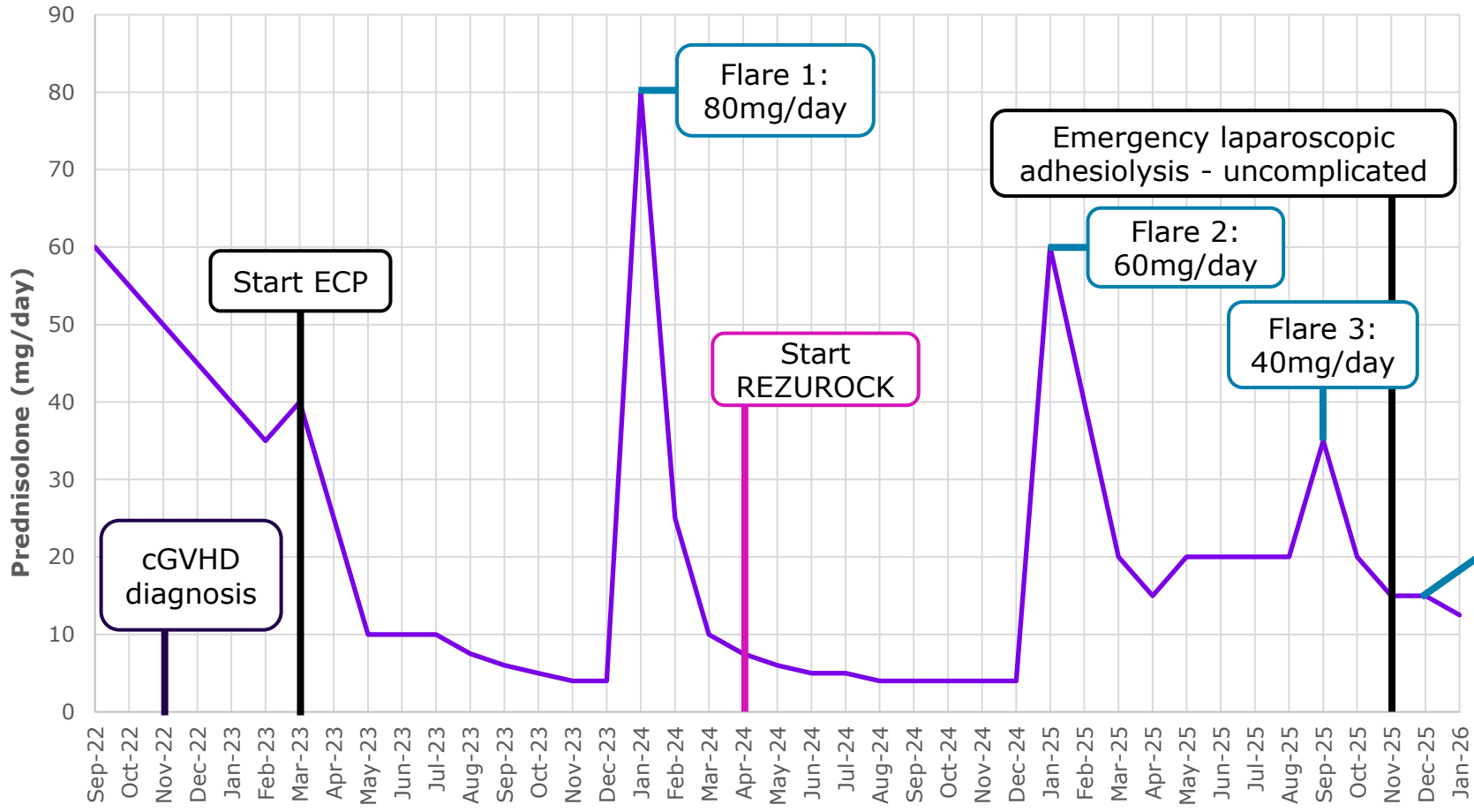
Chronic GVHD Treatment Timeline



January 2026

- Patient commended they had a successful gym session
  - Able to walk up an incline without pain
  - Patient was 'over the moon'

cGVHD, chronic graft-versus-host disease; ECP, extracorporeal photopheresis; ROM, range of motion

1. Case study provided by the speaker. 2. REZUROCK (belumosudil) Summary of Product Characteristics (UK). 2025. Available at: https://www.medicines.org.uk/emc/product/14659/smpc#about-medicine. Accessed January 2026

Session Summary

Diagnostic characteristics of skin GvHD can include:

- **Poikiloderma**[1,2]
- **Lichen planus-like eruption**[1]
- **Deep sclerotic features** [2]
- **Morphea-like features**[1]

Other characteristics: sweat impairment, keratosis pilaris, ichthyosis, hypo- and hyperpigmentation[1–3]

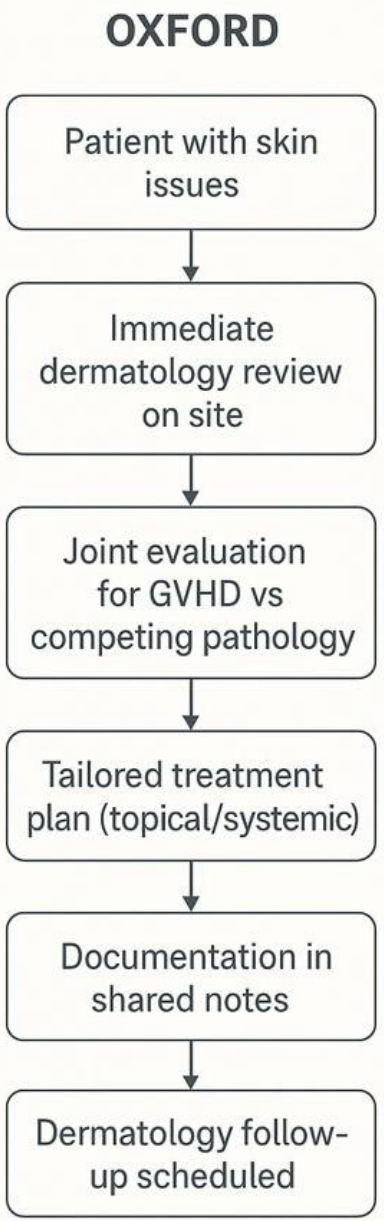
In Oxford:[4]

- **Up to 40%** of post-transplant patients **present with a skin problem**[4]
- **Weekly MDT** clinics: 5 transplant physicians, nurse practitioner, trials nurse, 2 x post-allo nurses, dermatologist & oral specialist (2 monthly)[5]

ROCKstar results for REZUROCK in patients with cGVHD at **3 years:**[6]

- Patients with skin cGvHD had seen a **32% ORR**
- **65%** (n/N=50/76) of patients **reduced their CS dose**
- **27%** (n/N=21/73) of patients **discontinued CS therapy** during treatment with REZUROCK

- REZUROCK was **generally well tolerated**



cGVHD, chronic GVHD; GVHD, graft-versus-host disease; CS, corticosteroid; GI, gastrointestinal; MDT, multidisciplinary team; ORR, overall response rate

1. Hymes SR, et al. Biol Blood Marrow Transplant. 2006:12(11):1101-13; 2. Pavletic SZ et al. Bone Marrow Transplant. 2006;38(10):645-651. 3. Gray AN, et al. JAAD Case Rep. 2023;36:82-88. 4. Matin RN. Br J Dermatol. 2017;177(6):1758-1759 5. Oxford GvHD MDT model provided by speakers. 6. Sanofi. Data on File. MAT-XU-2401093 (v2.0). April 2024; 7. REZUROCK (belumosudil) Summary of Product Characteristics (UK). 2025. Available at: https://www.medicines.org.uk/emc/product/14659/smpc#about-medicine. Accessed January 2026

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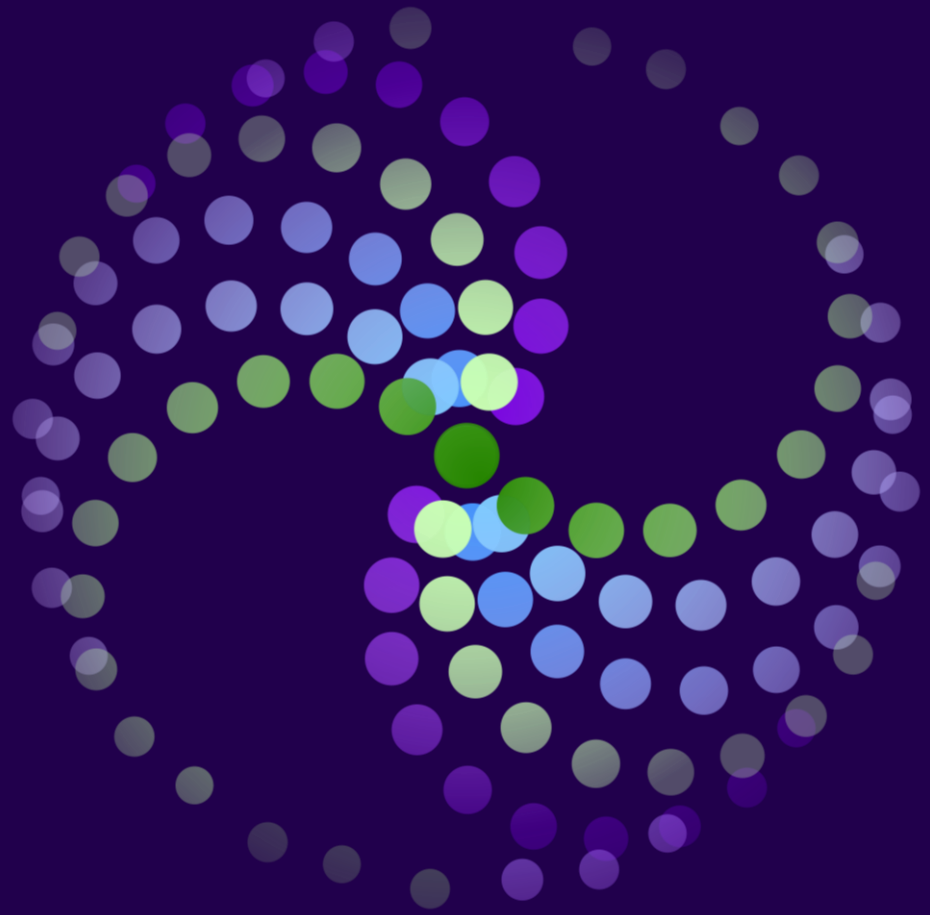
sanofi

REZUROCK®
(belumosudil) tablets



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