

Transcript Details

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Addressing Unmet Needs in Chronic GVHD Care with Preventative & Telemedicine Strategies

Announcer:

Welcome to *Project Oncology* on ReachMD. On this episode, we'll take a look at how we can address unmet needs in patients with chronic graft versus host disease, or GVHD for short, with Dr. Arpita Gandhi. Dr. Gandhi is an Assistant Professor in the Division of Hematology and Oncology who specializes in allogeneic stem cell transplantation at the Oregon Health and Science University. Let's hear from her now.

Dr. Gandhi:

Some of the most common unmet needs for patients with chronic graft versus host disease is access to care as well as the use of systemic corticosteroids as the first-line treatment.

Access to care. So let's talk about that for a second. Patients usually transition back to their primary oncologist, which is away from the transplant center, a lot of times starting from and after day plus 100 of their allogeneic stem cell transplantation. This may result in delay of diagnosis because either the patient is not being seen by the primary oncologist as frequently or perhaps the primary oncologist is not very familiar with the signs and symptoms of chronic graft versus host disease, at least during the early stages of the clinical manifestation.

The second unmet need is that even in 2023, we are still using systemic corticosteroids as the first line of treatment. Systemic corticosteroids come with a baggage of several, very impactful complications and side effects, including poor bone health, infections, depression, mood changes, as well as debility. And this adds to a layer of burden for patients as well as their caregivers in the posttransplant setting.

Some of the treatment challenges and barriers that may contribute to these unmet needs and impact patient quality of life is the fact that chronic graft versus host disease can really affect any part of your body. It's a heterogeneous disease with variable clinical manifestation. Really, how do we figure out which patient is going to have the severe form of chronic graft versus host disease?

In current times, there are clinical trials looking at biomarkers of chronic graft versus host disease to better understand the pathways and identify those patients early on to help to identify patients whom we can treat aggressively in the early stage of their chronic graft versus host disease manifestations. So I think that's one challenge.

There are a couple of strategies that we can use to better address these unmet needs and improve quality of life for patients with chronic graft versus host disease. Number one, I think prevention is the way to go. We need to constantly think about how we are going to improve our prevention strategies.

Number two, I think to close the loop on access to care, we have got to start using telemedicine and use it more to help patients who don't have access to care simply because they live hours away from the transplant center. I think this will help with early diagnosis of chronic graft versus host disease, after which we can ask the patient to come to the transplant center for a complete examination and a diagnosis of chronic graft versus host disease. This will result in an optimal treatment at the first go and less likelihood of end-organ damage and ultimately improved quality of life.

Announcer:

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