

**Title** Extracorporeal photopheresis for patients with steroid-refractory graft-versus-host disease

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**Reference** CT2014/02  
[http://www.sergas.es/docs/Avalia-t/electroporacion/CT201402Fotoafereis\\_Def.pdf](http://www.sergas.es/docs/Avalia-t/electroporacion/CT201402Fotoafereis_Def.pdf)

## Aim

To assess the effectiveness and safety of photopheresis as treatment for GVHD refractory to steroids.

## Conclusions and results

Extracorporeal photopheresis displays a good safety profile. Patients with GVHD, both acute and chronic, who present with cutaneous manifestations and are treated with photopheresis show a clinical benefit at the level of response to treatment.

Two clinical practice guidelines were retrieved from the bibliographic search, addressing the diagnosis and treatment of the acute and chronic forms of GVHD respectively. In addition, the search also located two systematic reviews, one Italian and the other Canadian, with recommendations by experts. In the case of a-GVHD, the results on effectiveness, based on observational studies, showed that photopheresis registered elevated response rates (68%-82%) in cutaneous manifestations in both adult and paediatric patients, with survival rates of 47% at 4 years in adult and 70% at 5 years in paediatric patients. In the case of c-GVHD, randomized clinical trials showed that the response rates in cutaneous symptoms were 31%-59% in adults and 55%-83% in paediatric patients, with a 5-year survival rate of 77%-96%. In acute and chronic GVHD alike, the adverse effects were mild and quite infrequent, and the technique was well tolerated.

## Methods

A review was made of the scientific literature until 13 November 2013, with a subsequent update until 15 January 2014, using the following databases: Specific database in systematic reviews, such as HTA (Health Technology Assessment), DARE (Database of Abstracts of Reviews of Effectiveness), NHS EED (NHS Economic Evaluation Database) and the Cochrane Library Plus, and general databases, such as Medline, Embase and ISI Web of Knowledge (WOK). The data were then summarised in evidence tables.

## Written by

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