

SPEAKER: There are nowadays ports that are called power ports that actually can be used for apheresis and also photopheresis. And we're starting to use them at our institution quite successfully.

As far as other practical aspects, we have to talk about the schedule. So traditionally, ECP has been used at a schedule of two treatments that are usually done back to back every two weeks. And this is knowledge borrowed from the CTCL, the Cutaneous T-Cell Lymphoma setting. And actually, this is the only FDA-approved use for ECP in the United States. So this is the schedule with which the FDA approved ECP for CTCL. And actually, the original publications of ECP for GvHD followed this schedule.

We at MD Anderson started doing more intensive treatment with two to three treatments a week for approximately two months and tapering the number of treatments over the subsequent few months to one a week or two back to back every two weeks, which is pretty much the same because we end up with one treatment a week, either way. And then to one treatment every two weeks, one treatment every month, and then we taper it off. This type of schedule is what most people are doing nowadays, both for acute and chronic graft versus host disease.

It is important to note that, unlike other drugs, the dose of ECP has not really been defined. So in other words, we do not really know whether there is dose dependence as far as the efficacy of ECP in GvHD. And this is something that really needs to be studied because it hasn't been looked at yet. But the usual schedule that has persisted over the year is the more intensive schedule for GvHD as opposed to the two treatments every two weeks for CTCL.

Now, throughout the treatment, we also favor to look at calcium, of course, like with any apheresis procedure and supplement it when needed. And very importantly, a CBC because with intensive schedules, you can have anemia that may require or not transfusions. But it's important to follow up on that, and also, of course, follow up response to therapy.

In chronic graft versus host disease, the median number of treatments needed to have a response is approximately 20 treatments. So again, you can't be impatient with the treatment of chronic graft versus host disease. So there are patients-- of course, there's 50% of patients that are going to have a later response than 20 treatments. So this is important to take into account.