

**SPEAKER:** Let's talk about lack of response to ECP and complications of ECP. So normally, the time to respond to ECP in chronic graft versus host disease is approximately 20 treatments. So that's about three months of therapy. So I usually use this number to define when to become concerned about lack of response.

So if in three months, we see absolute of-- three months of an intensive schedule, and by this I mean two treatments a week for the first two months and then taper to one treatment a week on the third month. If we have not seen a response in the first three months of therapy, well that is concerning because the chances that this patient will respond to photopheresis decreases considerably.

Some cases of liver GVHD have more frequent late responders, but three months to me is the timing where you start thinking about decisions in terms of discontinuing ECP, or if there has been some degree of response, the need for additional therapy. This is as far as discontinuation of ECP. In any case, I think that we have to set the expectation with the patient that this is a treatment that will last several months. So it's not two to three months and we're done, because in responders, you will have to taper the treatment over several months, and many of these patients may flare as we taper photopheresis so we have to go to a more intensive schedule before stopping. So most patients are going to be on it for no less than four to six months.