

SPEAKER 1: So in order to choose the right patient for ECP, really you need to know the benefits and risks of the procedure. Now if the contraindications for ECP primarily revolve around the use of psoralen as a photosensitizing agent to the white blood cells. So in terms of avoidance of the use of psoralen, this would be contraindicated in women who are pregnant, people with a phocea, or absence of the lens of one of their eyes, because of the risk of retinal damage to light afterwards, anybody who has a history of an allergic reaction to psoralen.

And finally, care really must be taken in patients that already have a photosensitive disease such as porphyria or lupus. And now more recently, thromboembolic events have been reported in patients with graft versus host disease, so not necessarily scleroderma, but we assess for history of blood clots, and also assess for any signs of developing a blood clot in patients that are treated with ECP.

There are a couple other circumstances that limit ECP's use in patients with scleroderma. One primary one is that for patients that don't have an indwelling catheter, central lines which might be used for either rituximab or cyclophosphamide infusions, the venous access for ECP requires a 16 gauge needle.

And so typically, we get access through the AC fossa, and in patients with scleroderma with this expanding sclerotic skin], venous access can be very difficult. So really, the ideal situation is somebody who already has a peripherally inserted central line that then can be duly used, for example, for rituximab, but also be used for ECP.