

Abatacept in Steroid-Refractory cGVHD: A Phase II Study

WHAT?

- Investigated abatacept's efficacy in treating steroid-refractory chronic graft-versus-host disease (cGVHD)
- Evaluated abatacept's impact on reducing corticosteroid use

- cGVHD is a significant complication after allogeneic blood or marrow transplant (BMT)
- Limited treatment options with incomplete response rates
- Need for innovative therapies to improve patient outcomes

WHY?

WHEN?

- Phase II trial conducted with 39 patients
- Abatacept administered intravenously over a period of 6 doses
- Follow-up conducted over several months after treatment completion

- Included 39 patients with steroid-refractory cGVHD
- Recipients of allogeneic (cells from a donor) BMT
- Subjects already taking immunosuppressive agents

WHO?

RESULTS

- 58% overall response rate with abatacept treatment
- Notable improvement in lung, liver, GI tract, and mouth manifestations
- Durable reduction in corticosteroid dose post-treatment

Read the abatacept study results in Blood: (DOI: [10.1182/blood.2022019107](https://doi.org/10.1182/blood.2022019107))

IMPACT

- Promising alternative for cGVHD treatment with potential for improved outcomes
- Highlights abatacept's dual mechanism of B and T cell interaction modulation
- Encourages further research and combination strategies
- Offers hope for patients who may not respond to current therapies

FROM THE EXPERTS

"Abatacept resulted in improvement in chronic graft versus host disease in 58% of patients, with a concomitant reduction in steroid use. This offers a novel therapeutic approach to treating patients with chronic graft versus host disease, in particular in settings where the currently approved drugs are not tolerated or lack efficacy."



Jacalyn Rosenblatt, MD

*Myrna and Roger Landay Chair in Hematology and Hematological Malignancies,
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"We are excited about the provocative results of this study and the potential for abatacept to serve as a potentially effective agent for patients with Graft versus Host Disease."

David Avigan MD

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