Leukaemia Foundation Factsheet

Graft versus host disease

What is graft versus host disease (GvHD)?

- GvHD is a common complication that can occur after a blood stem cell transplant using donor cells (allogeneic transplant). More information on allogeneic transplant is available <u>here.</u>
- The donor cells form the person's new immune system after allogeneic transplant. There are differences between the new immune system and the cells in the body.
- GvHD occurs when the donated cells (the graft) see the person's organs and tissues (the host) as unfamiliar cells that need to be destroyed.
- GvHD symptoms can range from a mild rash to serious and life-threatening damage to the skin and internal organs.
- Most cases of GvHD are mild or moderate and resolve over time with minor treatment.

Who develops GvHD

- It is difficult to predict who will get GvHD, half to a third of all people who have an allogeneic transplant develop some symptoms.
- People are more likely to develop GvHD if their donor was not a perfect match or not related, the donor was older, or if the donor has been pregnant.

Types of GvHD

GvHD can range from mild to severe and can affect quality of life. It can develop early (acute) or late (chronic) post-transplant, it can be one type or both types at the same time.

 Acute GVHD: typically happens within the first 100 days post-transplant

 Chronic GVHD: happens more than 100 days post-transplant

When is GvHD likely to occur?

The treatment team will regularly assess for GvHD as part of your post-transplant follow up care.

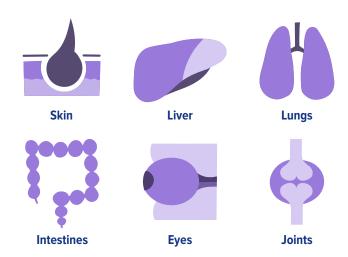
The most common times to experience GvHD are:

- When the donor immune cells grow and appear in your blood, usually a few weeks after the transplant
- When medication that suppresses the immune system is reduced, usually a few months after the transplant. The immune cells become more active and notice a difference in the body's cells.
- When receiving immune cells from the donor, this may be required if your disease comes back after a donor transplant.



What parts of the body are affected by GvHD

- It can affect almost any part of the body.
- Acute GvHD most commonly affects the skin, liver, and gut.
- Chronic GvHD mainly affects the skin, gut, and liver. It can also affect other organs, such as eyes, lungs, joints, and genitals.
- It is important that any signs and symptoms of GvHD are reported to the treatment team as soon as possible.



What can help prevent GvHD

Taking medications as ordered by the treatment team before and after your transplant to suppress the immune system.

Treatment for GvHD

- Treatment for GvHD depends on several factors including, what type of GvHD you have, the parts of the body involved, severity of symptoms and preventative treatment used.
- The treatment aims to manage your symptoms and treat the GvHD.
- The treatment team may prescribe treatments, such as steroids, to further suppress the new immune system to reduce GvHD symptoms
- There is a balance between treating GvHD and the importance of the graft-versustumour effect.
- Early detection of GvHD helps with treatment.

More information can be found **here.**

General tips for managing GvHD

- Good skin care, protect your skin from the sun, wear protective clothing and use sunscreen, moisturise your skin, wear loose fitting clothing, avoid scratching the skin.
- Hand washing, wearing a face mask (in public) and avoiding sick people to prevent infection.
- Taking good care of your mouth and teeth and seeing a dentist regularly.
- Eating a well-balanced diet, avoiding spicy foods that can cause mouth pain or loose stools.
- Stretching and gentle exercise.

Clinical trials and research

There are Clinical trials that carefully monitor research studies that test new drugs and therapies on how to prevent and treat GvHD. The treatment team can help determine which clinical trials may be an option.

For information on clinical trials see <u>Clinical Trial</u>

<u>Refer</u> and <u>Australian Clinical Trials.</u>

For further information on GvHD visit www.leukaemia.org.au/gvhd

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