



# Post-Transplant Care: Treatment Options for Patients Who Struggle With Graft-Versus-Host Disease

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**Beth Probert:**

Am I correct in assuming then that, when you do a transplant with someone, you account that that's probably going to happen, the graft-versus-host disease and you have treatments and things lined up in anticipation of that happening?

**Dr. Daver:**

Yeah, absolutely. When we do the stem cell transplant itself, we actually do prophylaxis for graft-versus-host disease. Almost all patients will be on steroids, some form of immune prophylaxis. It may be tacrolimus. It may be sirolimus. There are some newer drugs. And in spite of that, if we see graft-versus-host disease, we have some very good medications.

In fact, some recent drugs approved such as ruxolitinib (Jakafi), ibrutinib (Imbruvica), etcetera, which can work. But in spite of all of that, I would say a majority of patients do face a struggle with graft-versus-host disease. And they do have some degree. Now, again, it may not be severe. It may be in the form of graft-versus-host disease of the mouth, which causes your ability to eat to be decreased, or it may be the skin, which may be itchy or uncomfortable, or it could be ocular, which causes eye irritation and burning and requires eye drops. So, they may not be severe, but they hugely do cause discomfort of that quality of life.

But yes, we do try our best to avoid it. And in some patients, we are able to get away with none. And in some patients, they will have mild to moderate, which has to be treated. Luckily, with the newer generation of immune prophylaxis monitoring treatment, we have very few severe graft-versus-host disease, which is a good thing.

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