

# ETANERCEPT ON STEROID-REFRACTORY ACUTE GRAFT-VERSUS-HOST DISEASE

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## OBJECTIVES

Allogeneic hematopoietic stem cell transplantation (HSCT) is the first-line treatment for many hematologic diseases. The graft-versus-host disease (GVHD) is the major complication of HSCT.

Steroids are the mainstay treatment of GVHD for decreasing the systemic pro-inflammatory response. In about a half of patients, steroid treatment fails and they have to be treated with other immunosuppressive drugs. Among them, therapy with anti-TNF drugs like etanercept is becoming an option for digestive manifestations of GVHD.

To describe etanercept use and effectiveness on steroid-refractory acute graft-versus-host disease, after hematopoietic cell transplantation

## METHODS

Patients treated with Etanercept, as off-label use for steroid-refractory acute graft-versus-host disease, were selected and each patient's medical history was reviewed to assess the clinical response.

## RESULTS AND DISCUSSION

The study included 5 patients: 4 presented with digestive manifestations and one 1 presented pulmonary and liver manifestations. 4 patients showed a clinical response: 3 of them a partial response and 1 a total response.

In 4 cases, etanercept 25mg was administered twice a week with variable duration of treatment, achieving no response in 1 case (3 weeks), partial response in two 2 cases (4 weeks and 8 weeks) and a complete response in 1 case (8 week period). Only one 1 case was treated with etanercept 50mg administered twice a week for 5 weeks with a partial treatment response.

## CONCLUSIONS

Previously published data estimates the response rates at about 60-62%, which is consistent with our results. This updates the scarce bibliographic information about etanercept use in steroid-refractory acute graft-versus-host disease. Due to clinical design limitations and the small patient population, future clinical studies should be conducted to assess the efficacy and safety of etanercept in these patients.

