

Organ-specific supportive care recommendations for cGvHD

Supportive care for skin cGvHD



Prevention

Photoprotection (both UVA and UVB blockade)

Avoid sun exposure

Apply sunscreen (\geq SPF 20 with broad spectrum UVA and UVB coverage)

Treatment

Undamaged skin

Emollients and antipruritic agents to provide symptomatic relief

Topical corticosteroids

PUVA, UVAI, UVB, or narrowband UVB light therapy

Ulcerated and eroded skin

Debridement and dressing of wounds

Swelling control

Sclerotic manifestations causing contractures or joint stiffness

Massage of fascia/deep muscle to improve range of movement

Physical therapy, occupational therapy, or physical medicine and rehabilitation referral

Isotonic, isokinetic, isometric, and strengthening exercises

Other

Depigmentation: trial of creams for depigmentation containing hydroquinone, topical tretinoin, or corticosteroids

Hair loss: once or twice daily dermivate scalp lotion

Dry skin: regular moisturizers

Itching: bath in tepid (not hot) water, topical corticosteroids, oral antihistamine, doxepin, or gabapentin

Supportive care for oral cGvHD



Mucosal disease: mild to moderate

High-strength topical corticosteroid application in a localized area

Generalized application of upper mid-strength topical corticosteroids

Topical application of analgesics

Mucosal disease: moderate to severe

Upper mid-strength topical corticosteroid application in a localized area

Tacrolimus 0.1% cream topically applied

High-strength steroids applied intralesionally for refractory wounds

Cyclosporine rinse topically applied

Oral phototherapy




Salivary gland disease

Fluoride therapy at home

Saliva substitutes and sipping water often

Sugar-free gum or sweets to stimulate salivation

Cevimeline, pilocarpine (sialogogues)

<div>Supportive care for ocular cGvHD</div> <div></div>	Oral and topical treatments
	Preservative-free artificial tears
	Viscous tears during the day/viscous ointment at bedtime
	Topical steroid eye drops and cyclosporine
	Oral cevimeline and pilocarpine
	Doxycycline as an anti-inflammatory
	Surgery
	Punctal occlusion (temporarily can be achieved with silicone plugs)
	Thermal cautery to achieve permanent occlusion
	Superficial debridement of filamentary keratitis
	Partial tarsorrhaphy
	Environmental adaptations and eyewear
	Warm compressors/humid environment/lid care
	Moisture chamber goggles
Bandage contact lenses	
Limited availability treatments	
Autologous serum eye drops	
Scleral lens prosthesis	
<div>Supportive care for vulvar and vaginal cGvHD</div> <div></div>	Vulvar irritation
	Avoid mechanical and chemical irritants
	Cleansing with warm water, allow air circulation, and front to back wiping
	Simple emollients used sparingly
	Water-based lubricants
	Low estrogen causing vulvovaginal symptoms
	Topical estrogen with/without dilator therapy
	Topical therapy for vulvovaginal GvHD
Ultra-high- and high-strength corticosteroids	
<ul style="list-style-type: none">• Clobetasol gel 0.05% (vagina)• Betamethasone dipropionate augmented gel (vagina) or ointment (vulva)• Tacrolimus ointment 0.1% (vulva)	
Surgery	
Surgery for treatment of strictures	
<div>Supportive care for pulmonary cGvHD</div> <div></div>	Pulmonary function test and high-resolution expiratory phase chest CT to assess for chronic GvHD of the lung
	In high-risk populations, routine monitoring of pulmonary function test is advised
	Systemic therapy with corticosteroid and chronic GvHD agents
	Macrolides, inhaled steroids, and leukotriene inhibitors are helpful as an adjunctive therapy (i.e., FAM therapy)
	Consider intravenous Igs, particularly for those with low IgG levels
	Vaccination against <i>pneumococcus</i> and seasonal influenza
	Referral to pulmonology and consider pulmonary rehabilitation if necessary

Abbreviations: cGvHD, chronic graft-versus-host disease; CT, computed tomography; FAM, fluticasone, azithromycin, and montelukast; Ig, immunoglobulin; PUVA, psoralen + ultraviolet light; UV, ultraviolet.

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