Oncology Learning Network

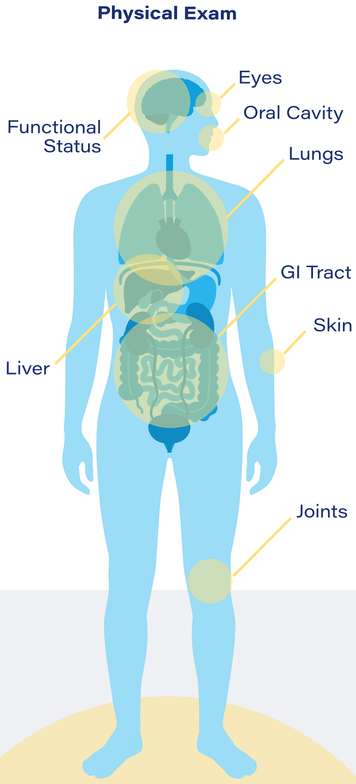
The Importance of Accurate Symptom Assessment in Treating Chronic Graft-Versus-Host Disease (cGVHD) Patients

The National Institutes of Health (NIH) Consensus Criteria improves diagnostic accuracy and severity scoring[1]

In patients who have received allogeneic transplantation, cGVHD remains a persistent complication, developing in 30% to 50% of recipients.[2]

- cGVHD is associated with significant rates of morbidity and mortality
- Symptoms have a profound impact on patients' quality of life, affecting physical, social, and psychological well being

Accurate diagnosis and grading of cGVHD severity is essential for proper disease management. It may shorten exposure to high-dose steroids, better align escalation with patient-reported burden, and support rational, class-balanced sequencing across approved treatment options.[3,4]



Diagnosing and scoring the severity of cGVHD is challenging[2]

- Limited understanding of the pathophysiology
- Coexistence of acute GVHD manifestations
- Historical absence of properly validated measurement tools and scoring systems
- Lack of biomarkers for the diagnosis and assessment of disease activity
- Signs and symptoms of cGVHD vary between individuals—and even in the same individual—over time, making assessment of severity challenging

A checklist for clinical assessment should include[2]:

- Organ function scores, clinician global score, modified Lee Symptom Scale (LSS) score, current steroid dose with toxicities, objective tests (eg, liver function tests), and a clear target for patient's next visit, with a steroid response status explicitly assigned to trigger timely transitions
- Most organs have a single scale to capture severity; however, the skin and lungs have multiple assessment components that contribute to symptom severity score

Key Takeaways[1-5]

Recognizing warning indications earlier, before irreversible organ damage

Misclassification can delay life-saving interventions; overclassification may lead to unnecessary escalation of care

Accurate classification supports optimal resource allocation

Clinician Tools At-a-Glance[1-5]

Review NIH criteria during patient intake

Use standardized symptom checklists

Document severity assessment in patient records

Reassess classification if symptoms change

References

1. Lee SJ, et al. Severity grading and clinical outcomes in chronic GVHD. *Blood*. 2002;100(2):406-14.
2. Lee SJ. Classification systems for chronic graft-versus-host disease. *Blood*. 2017;129(1):30-37.
3. Kovalenko I, Saleem T, Shah M, et al. Novel pharmacological treatment options of steroid-refractory graft-versus-host disease. *Adv Hematol*. 2023;2023:9949961. doi:10.1155/2023/9949961
4. NCCN clinical practice guidelines in oncology (NCCN Guidelines®) for hematopoietic cell transplantation graft-versus-host disease. Version 1.2025.
5. Jagasia MH, et al. National Institutes of Health consensus development project: clinical trial design and endpoints in chronic GVHD. *Biol Blood Marrow Transplant*. 2015;21(3):389-401.