



Steroid-Sparing Strategies in Chronic Graft-Versus-Host Disease (cGVHD): Can Early Combination Therapy Improve Frontline Outcomes?

Phase 2 Axatilimab + Ruxolitinib Trial (NCT06388564)¹

Systemic corticosteroid therapy is the first-line treatment for patients who develop moderate or severe steroid-refractory chronic GVHD (SR-cGVHD)²

Due to their potent anti-inflammatory and immunosuppressive effects, corticosteroids have been the initial choice of therapy for patients who develop GVHD.³

For patients who develop cGVHD, however, corticosteroid therapy has significant adverse effects that lead to worsening quality of life and increased non-relapse mortality.²

Given the long list of comorbidities, there continues to be significant interest in investigating alternative therapies that can more effectively target the underlying immune dysregulation and inflammatory response.²

Combination therapy using ruxolitinib and axatilimab is being explored as a promising way to address this gap in patients with newly diagnosed cGVHD.¹⁻³

A Phase 2, Open-Label, Randomized, Multicenter Study to Evaluate the Safety and Efficacy of Axatilimab in Combination With Ruxolitinib in Participants With Newly Diagnosed Chronic Graft-Versus-Host Disease¹

GLOBAL STUDY

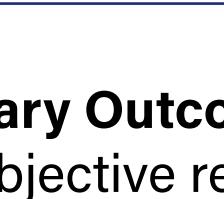
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Locations
across US,
Canada, & EU

Select Participation Criteria¹

- ≥ 12 years of age
- New onset moderate or severe cGVHD, as defined by 2014 the National Institutes of Health Consensus Development Project

- History of 1 allogeneic stem cell transplant
- No previous systemic steroid or other targeted therapy for cGVHD
- No history of: acute or chronic pancreatitis, thromboembolic events in the 6 months prior to study entry, active symptomatic myositis, severe renal impairment, impaired liver function, and active significant cardiac disease

N = 120
Newly
diagnosed
patients
with cGVHD



Axatilimab + ruxolitinib
Ruxolitinib
Corticosteroids

Study
Start Date:
10-11-2024

Estimated Study
Completion Date:
12-01-2029

Primary Outcome Measure:
The objective response rate at 6 months in the absence of new systemic therapy for cGVHD¹