Mycosis fungoides, a CTCL subtype, may progress in ⅓ of patients

within the skin, or even beyond skin to other parts of the body[1,2]

Higher skin stage and systemic involvement are associated with worse prognosis, and most patients require systemic treatment[1,3]

Progression in MF and Sézary syndrome: Be attentive to these signs and symptoms

Visible changes in the skin

- Increase in body surface area with skin lesions[3]
- Appearance of a new type of lesion, or mixture of lesion types[4]
- Changes in the type of lesions (patches, plaques, tumors)[3]
- Changes in the pigmentation of lesions[3]
- Reappearance of lesions after remission[4]
  - Patients with early MF (patch only) who are in remission may relapse with patches, plaques, or tumors—or a mixture of lesion types[4]
- New or worsening erythroderma[3]
  - May be an indicator of advanced disease

Changes in skin symptoms

- Onset or worsening pruritus[5]
  - More common in late-stage MF and SS[5]
  - Not all patients experience pruritus[5]
  - May be an indicator of progression, relapse, or superinfection[5]
- Onset or worsening burning pain, or sharp "pins and needles" sensation in the skin[6]

Signs of extracutaneous disease

- Enlarged regional lymph nodes or organomegaly[3]
  - May be indicative of lymph node or visceral involvement, but should be evaluated in the context of overall clinical presentation[3]
- Presence, or increased levels, of Sézary cells in the peripheral blood[3]
  - Blood tumor burden may be detectable in early MF (patch/plaque), or tumor stage[7]

Detecting MF progression ideally involves a coordinated, multidisciplinary approach; ongoing input from oncologists, dermatologists, and pathologists with CTCL-specific expertise is recommended for optimal patient management[3,4,8]

CTCL=cutaneous T-cell lymphoma; MF=mycosis fungoides; SS=Sézary syndrome

Kyowa Kirin

Be vigilant for signs of progression in your patients with MF and SS

References: 1. Agar NS, Wedgeworth E, Crichton S, et al. Survival outcomes and prognostic factors in mycosis fungoides/Sézary syndrome: validation of the revised International Society for Cutaneous Lymphomas/European Organisation for Research and Treatment of Cancer staging proposal. *J Clin Oncol.* 2010;28(31):4730-4739. **2.** Amorim GM, Niemeyer-Corbellini JP, Quintella DC, et al. Clinical and epidemiological profile of patients with early stage mycosis fungoides. *An Bras Dermatol*. 2018;93(5):546-542. **3.** NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Primary Cutaneous Lymphomas. V2.2021. **4.** Cerroni L. Mycosis fungoides—clinical and histopathologic features, differential diagnosis, and treatment. *Semin Cutan Med Surg*. 2018;37(1):2-10. **5.** Serrano L, Martinez-Escala ME, Zhou XA, Guitart J. Pruritus in cutaneous T-cell lymphoma and its management. *Dermatol Clin*. 2018;36(3):245-258. **6.** Field H, Gao L, Motwani P, Wong HK. Pruritus reduction with systemic anti-lymphoma treatments in patients with cutaneous T cell lymphoma: A narrative review. *Dermatol Ther (Heidelb)*. 2016;6(4):579-595. **7.** Scarisbrick JJ, Hodak E, Bagot M, et al. Blood classification and blood response criteria in mycosis fungoides and Sézary syndrome using flow cytometry: recommendations from the EORTC cutaneous lymphoma task force. *Eur J Cancer*. 2018;93:47-56. **8.** Larocca C, Kupper T. Mycosis fungoides and Sézary syndrome: an update. *Hematol Oncol Clin North Am*. 2019;33:103-120.

PM-US-POT-0372 May 2021

KYOWA KIRIN