

# Mycosis fungoides, a CTCL subtype, may progress in $\frac{1}{3}$ of patients

within the skin, or even beyond skin to other parts of the body<sup>1,2</sup>

Higher skin stage and systemic involvement are associated with worse prognosis, and most patients require systemic treatment<sup>1,3</sup>

## 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<sup>3</sup>

Appearance of a new type of lesion, or mixture of lesion types<sup>4</sup>

Changes in the type of lesions (patches, plaques, tumors)<sup>3</sup>

Changes in the pigmentation of lesions<sup>3</sup>

Reappearance of lesions after remission<sup>4</sup>

- Patients with early MF (patch only) who are in remission may relapse with patches, plaques, or tumors—or a mixture of lesion types<sup>4</sup>

New or worsening erythroderma<sup>3</sup>

- May be an indicator of advanced disease

### Changes in skin symptoms

Onset or worsening pruritus<sup>5</sup>

- More common in late-stage MF and SS<sup>5</sup>
- Not all patients experience pruritus<sup>5</sup>
- May be an indicator of progression, relapse, or superinfection<sup>5</sup>

Onset or worsening burning pain, or sharp “pins and needles” sensation in the skin<sup>6</sup>

### Signs of extracutaneous disease

Enlarged regional lymph nodes or organomegaly<sup>3</sup>

- May be indicative of lymph node or visceral involvement, but should be evaluated in the context of overall clinical presentation<sup>3</sup>

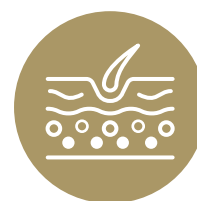
Presence, or increased levels, of Sézary cells in the peripheral blood<sup>3</sup>

- Blood tumor burden may be detectable in early MF (patch/plaque), or tumor stage<sup>7</sup>

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<sup>3,4,8</sup>

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

## 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<sup>®</sup>) 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.