

# 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>

MF and SS are rare lymphomas that arise in the skin but may involve other disease compartments<sup>1-3</sup>  
Higher skin stage and multicompartamental involvement are associated with poor prognosis<sup>1,3</sup>

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

### Changes in skin lesions or symptoms

- Increase in body surface area with skin lesions<sup>3</sup>
- Appearance of a new type of lesion<sup>4</sup>
- Changes in the type of lesion (patches, plaques, tumors)<sup>3</sup>
- Changes in the pigmentation of lesions<sup>3</sup>
- Reappearance of lesions after remission<sup>4</sup>
  - Patients who are in remission may relapse with a mixture of lesion types
- Onset or worsening erythroderma<sup>3</sup>
- New or worsening pruritus<sup>5</sup>
  - More common in late-stage MF and SS
  - Not all patients experience pruritus
  - May be an indicator of progression, relapse, or superinfection
- New or worsening burning pain, or sharp “pins and needles” sensation in the skin<sup>6</sup>

### New or increased blood tumor burden

- Appearance or increase in detectable levels of Sézary cells in peripheral blood, as determined by flow cytometry<sup>3</sup>
  - Blood tumor burden may be detectable in all stages of MF; low level blood involvement (B1) may be present in early stage (IA-IIIB) MF<sup>7</sup>
  - High blood burden (B2) in SS or advanced MF (stage IV) is associated with shortened survival<sup>1</sup>
- Increase in absolute Sézary cell counts in the peripheral blood, as determined by flow cytometry<sup>3</sup>
  - Quantification is recommended for any suspected extracutaneous disease<sup>3</sup>
- T-cell clones in peripheral blood, and presence of identical circulating T-cell receptor clones in the skin and blood, detectable by molecular analysis<sup>3</sup>
  - Absolute Sézary cell counts and molecular analyses should be interpreted in the context of overall clinical presentation<sup>3,4,8</sup>

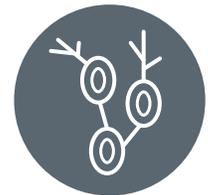
### Signs of extracutaneous disease

- 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>

Identifying MF or SS progression involves converging evidence from multiple types of tests. NCCN guidelines recommend a multi-disciplinary approach for diagnosing and managing MF and SS<sup>3,8</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®) 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.