



Unfortunately there's no cure-there's not even a race for a cure

Confusion about the Prognosis and Classification of Cutaneous Lymphomas

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Classification refers to the names we give to diseases and how we group or think about them

Classification

- Classification is messy
 - Confusing-long names
 - Changing-every 3-5 years
 - Distinctions are not clinically meaningful
 - T vs B
- Indolent vs Aggressive

Classification of Cutaneous Lymphomas

CUTANEOUS T/NK LYMPHOMAS

Mycosis fungoides

Sezary Syndrome

ATLL

Primary cutaneous CD 30+

Anaplastic large cell

Lymphomatoid papulosis

Subcutaneous panniculitis-like T-cell

Extranodal NK/T-cell

Primary cutaneous peripheral T-cell

Epidermotropic CD8+ T-cell

Cutaneous γ/δ T-cell

CD4+ pleomorphic T-cell

CUTANEOUS B-CELL LYMPHOMAS

Primary cutaneous marginal zone

Primary cutaneous follicle center

Primary cutaneous diffuse large cell

Leg type

Intravascular

PRECURSOR HEMATOLOGIC NEOPLASM

CD4+/CD56+ hematodermic neoplasm

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Classification

My Recommendations:

- 1) Know the specific name for what you have to help decide if what you hear or read applies to you
- 2) Don't worry about the other 14 or 15 kinds of skin lymphomas

Q: “What’s my Prognosis?”

A: It depends

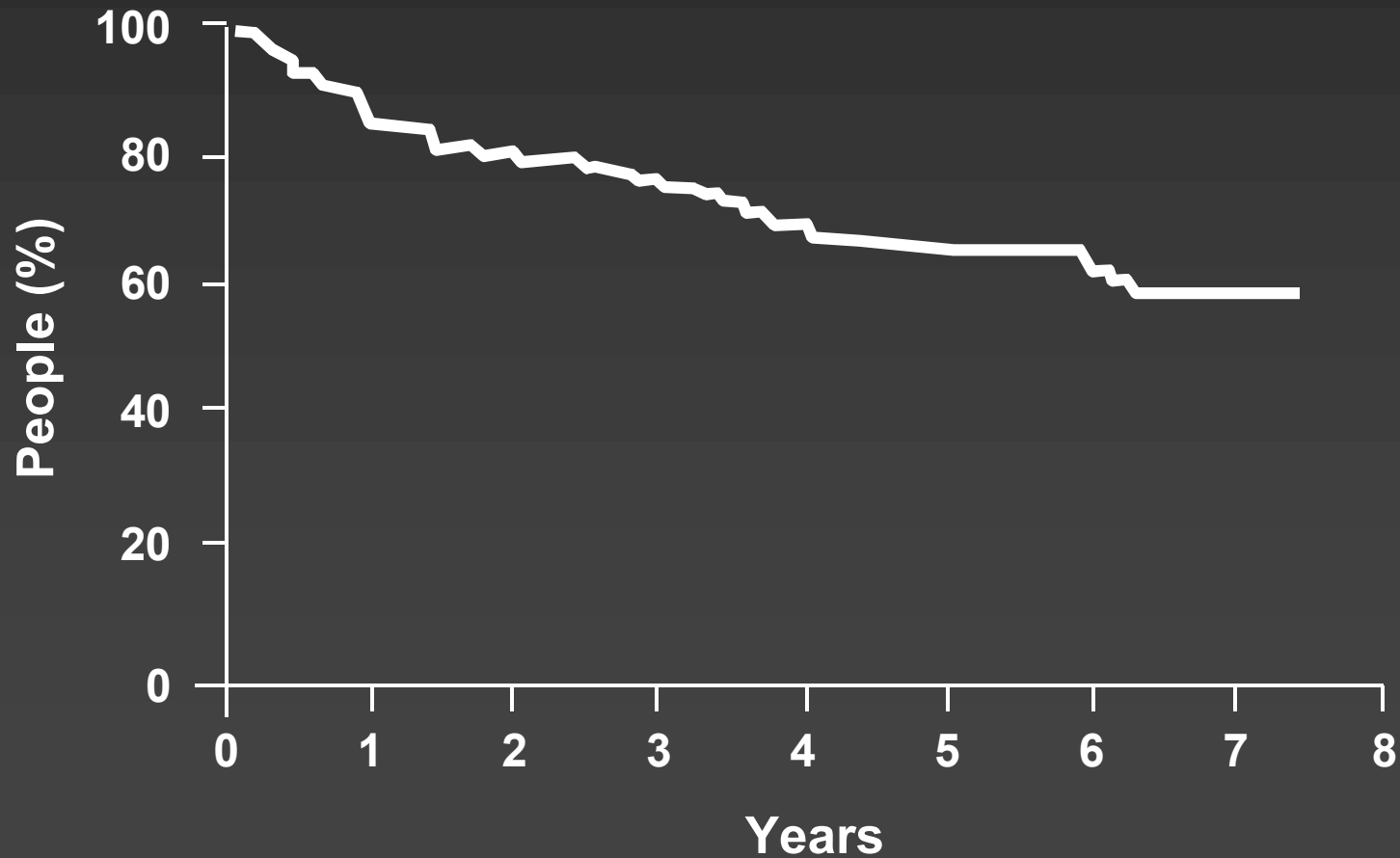
What is Meant by Prognosis

- How long will live?
- Will I die from this?
- Can I be cured?
- Will I get better?
- If I get all better-how long will it last?
- If it comes back-is there other treatment?
- If I am well-will I stay well?
- If I get sick, what will happen?

Prognosis Basics 1: Survival curves

% of people alive over time

- 1) Describes groups of people not individuals
- 2) Probability or chance -not a fate

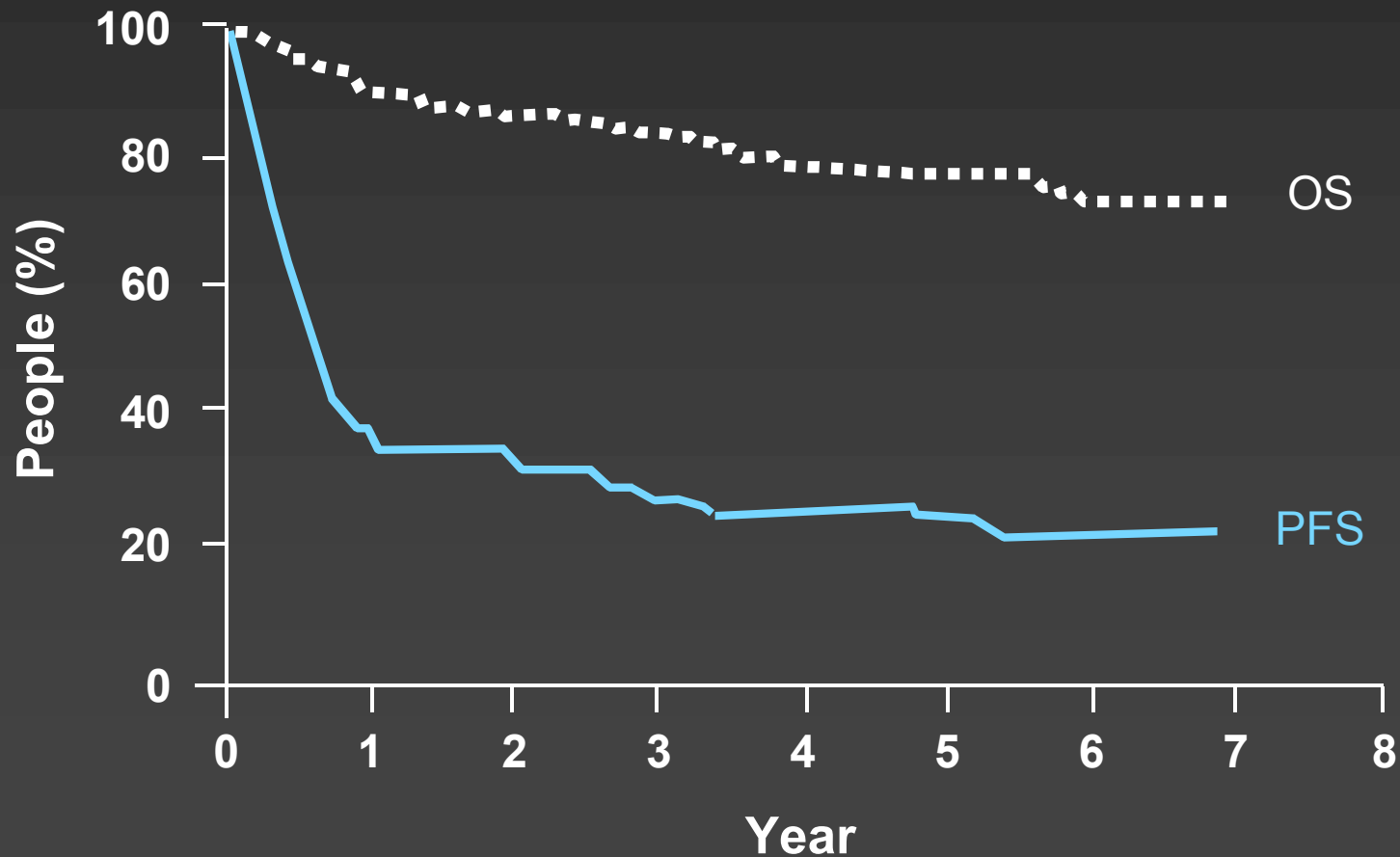


Prognosis Basics 2:

Progression Free Survival vs Overall Survival

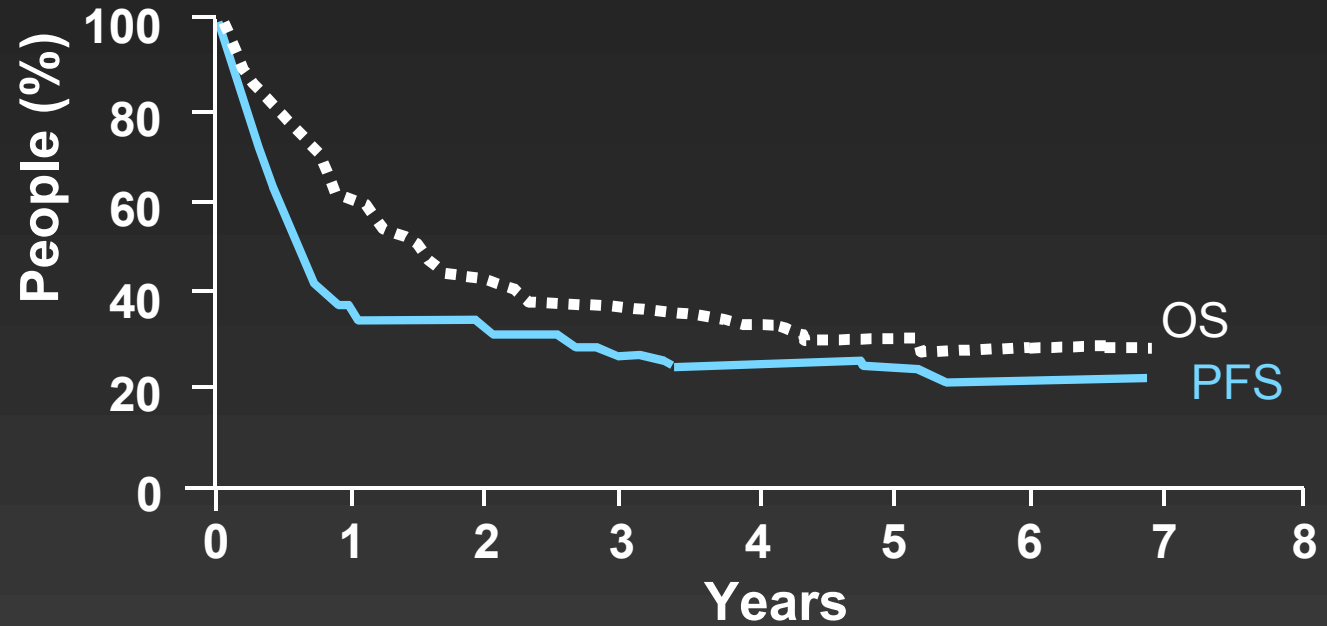
PFS=% alive and in remission over time

OS=% alive over time



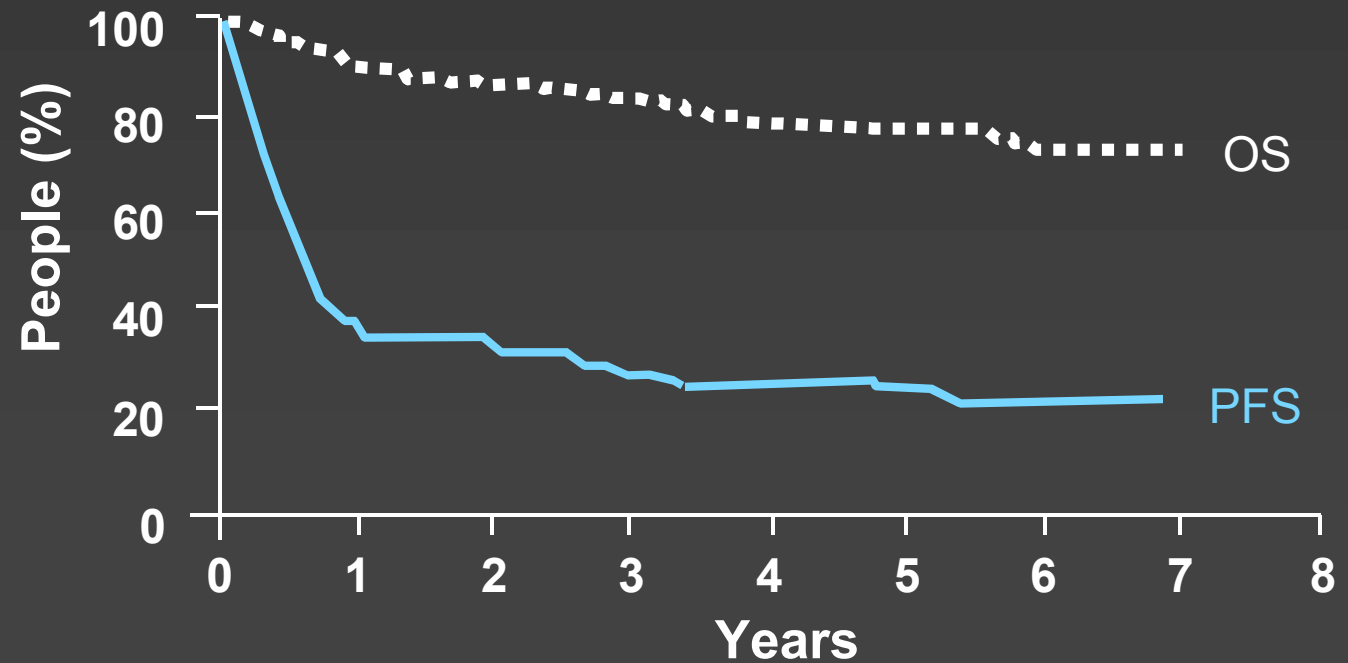
Aggressive

Progression and survival are connected



Indolent

Progression and survival are NOT connected



Classification of Cutaneous Lymphomas

Indolent or Chronic

Mycosis fungoides and variants

Sezary Syndrome

Primary cutaneous CD 30+

Anaplastic large cell

Lymphomatoid papulosis

Primary cutaneous marginal zone B-cell

Primary cutaneous follicle center B-cell

Cutaneous CD4+ pleomorphic T-cell

Aggressive

Extranodal NK/T-cell

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CD4+/CD56+ hematodermic neoplasm

Both or Neither

ATLL

Subcutaneous panniculitis-like T-cell

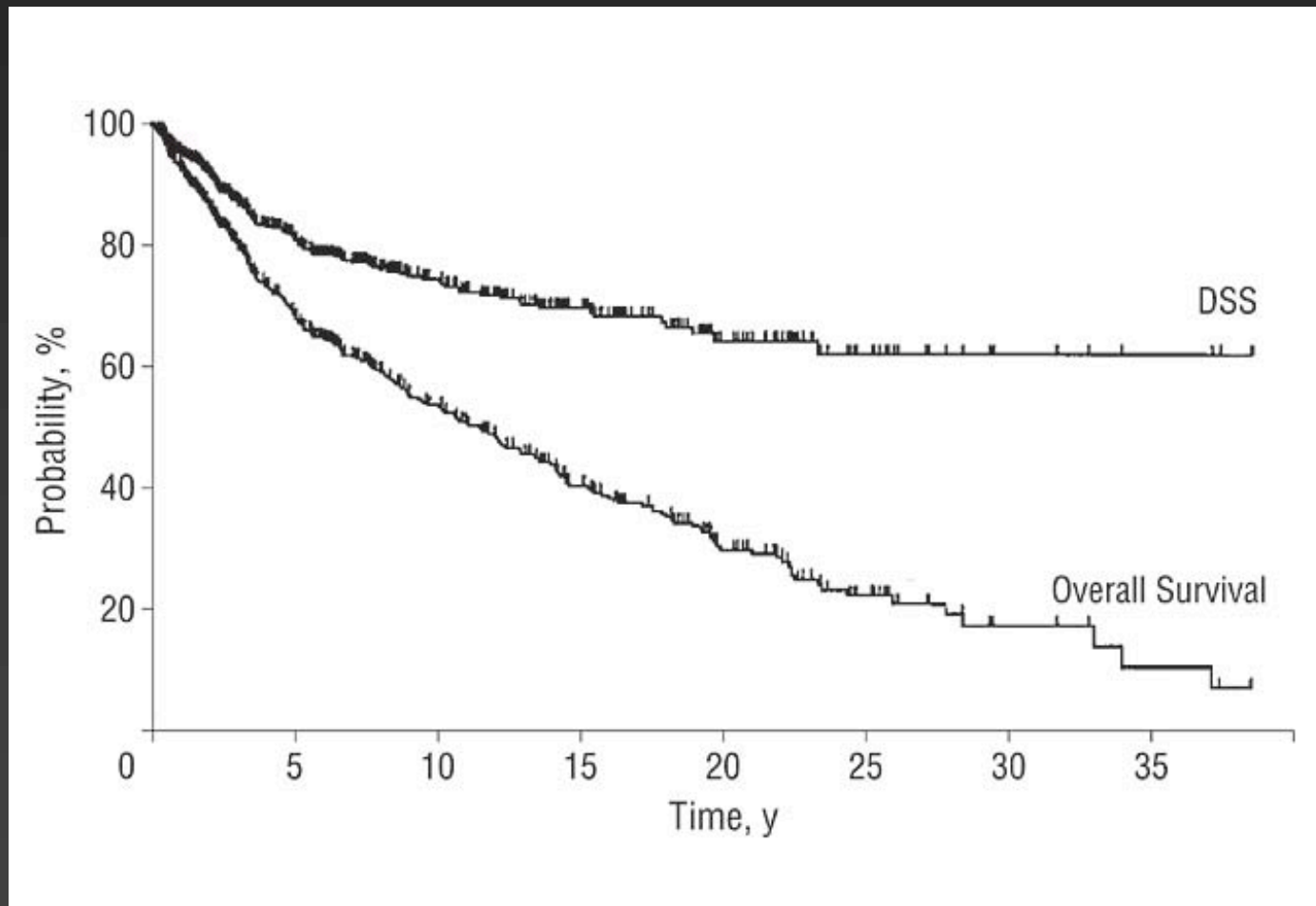
Prognosis Basics-Take Home Points

- When “we” talk think about prognosis, we usual refer to how long will someone live
- Prognosis describes groups not individuals
- Prognosis describes a chance or probability
- Difference between chronic and aggressive lymphomas
- Ask your doctor, as specifically as possible, what you want to know

Realize they may not be able to answer as specifically as you would like

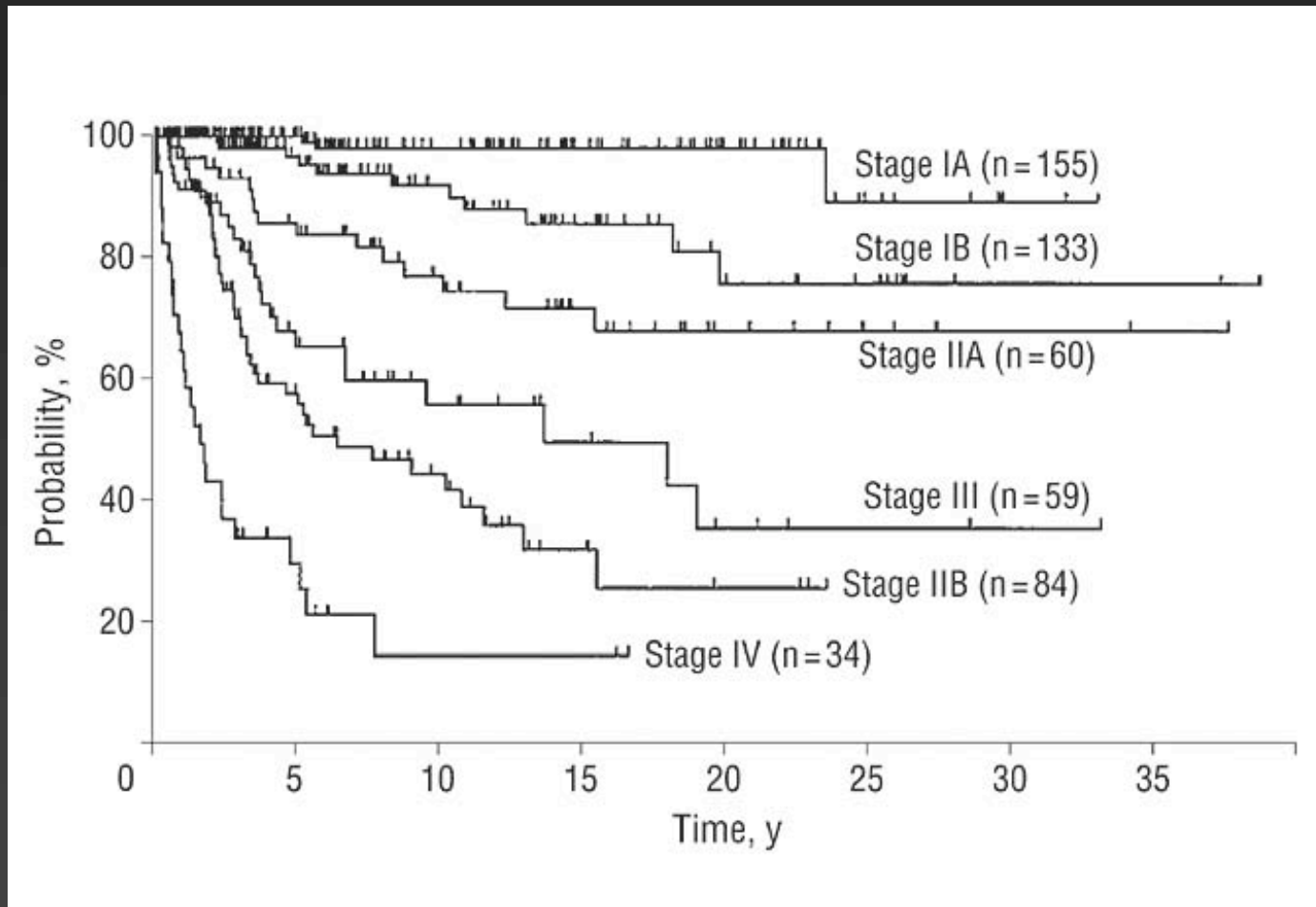
Mycosis Fungoides and Sezary Syndrome

Survival of 525 Patients with Mycosis Fungoides and Sezary Syndrome



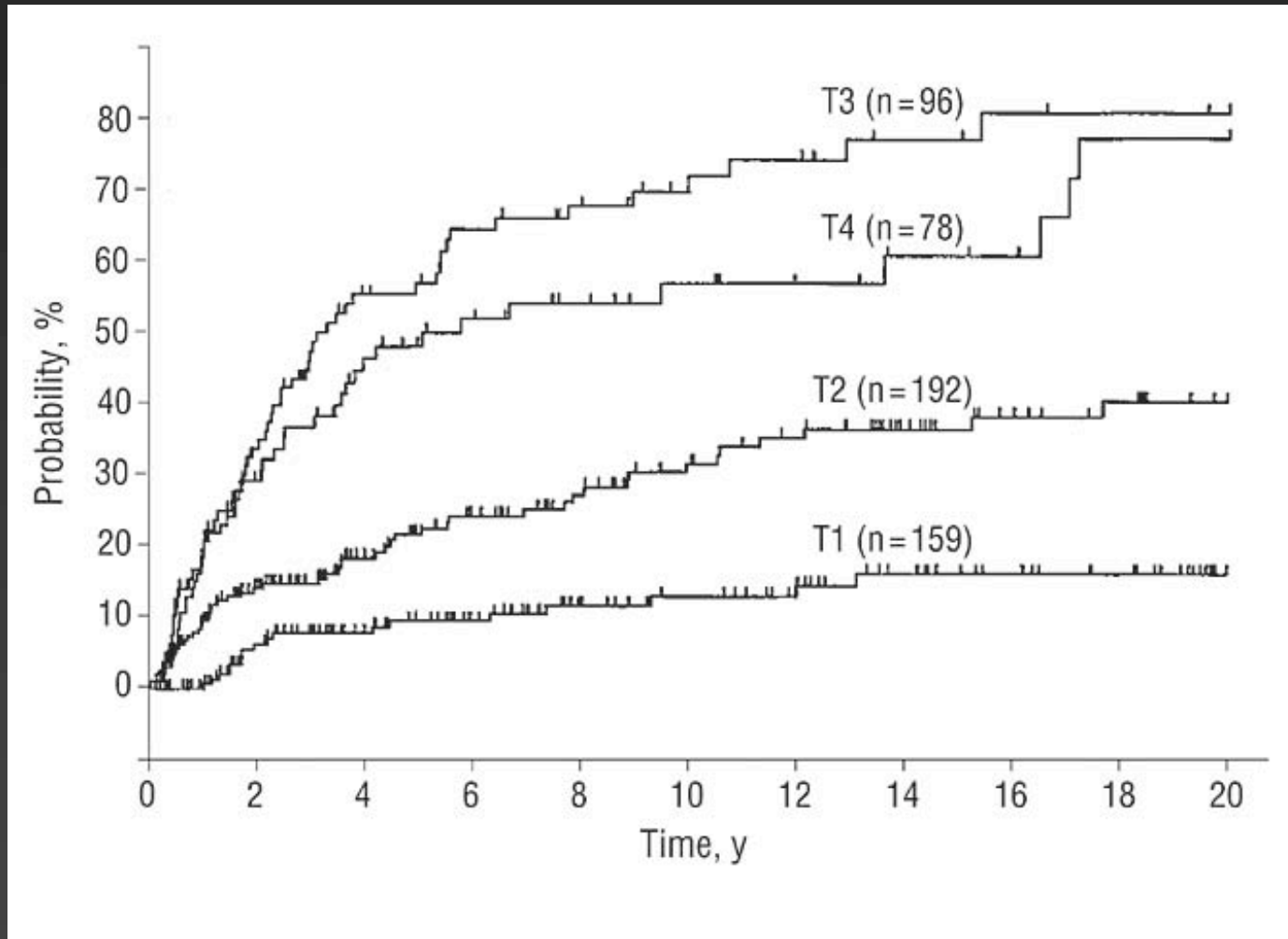
Kim, Y. H. et al. Arch Dermatol 2003;139:857-866.

Prognosis Depends on Many Factors, but Stage is Important



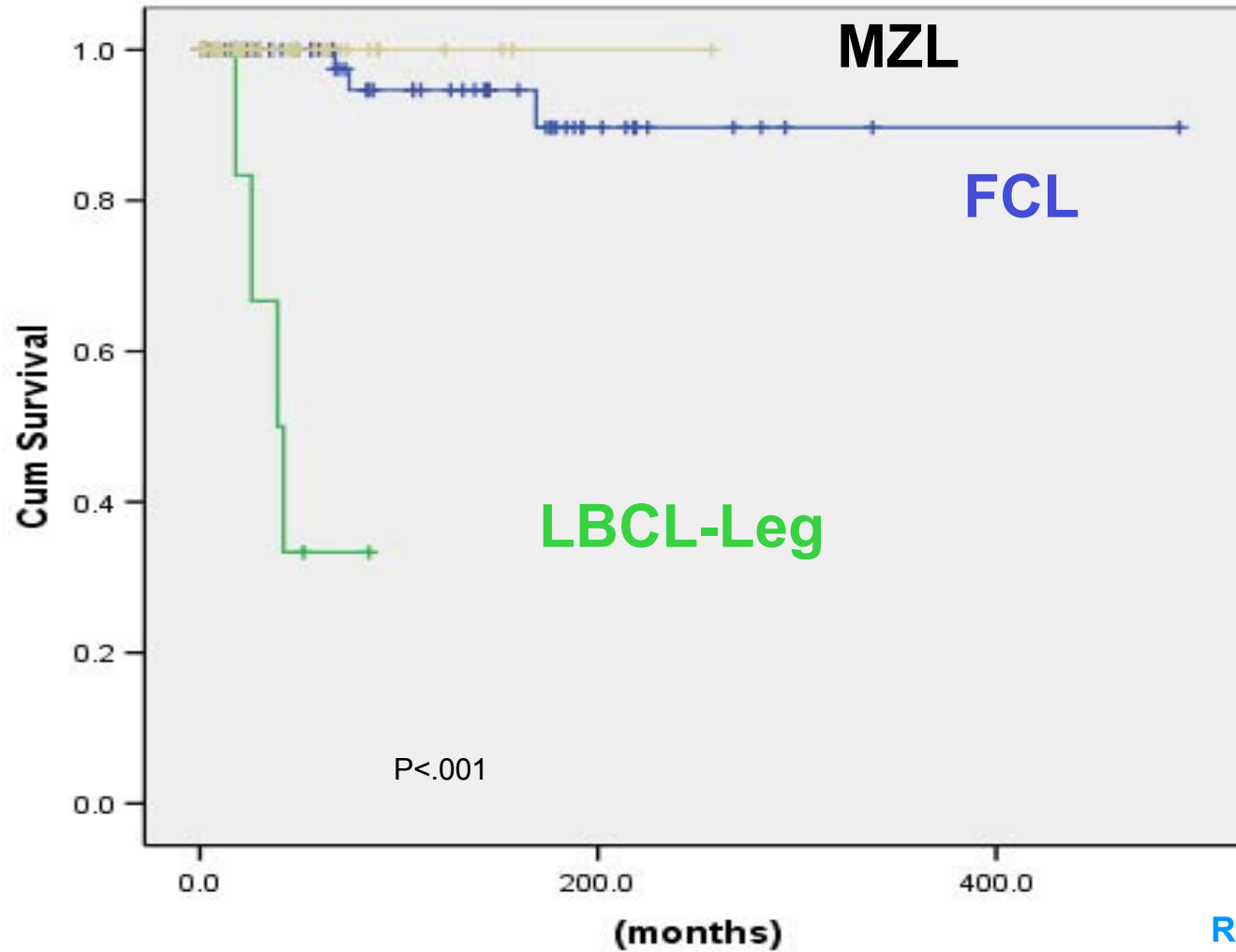
Kim, Y. H. et al. Arch Dermatol 2003;139:857-866.

Chance for Progression for People with Mycosis Fungoides and Sezary Syndrome



Kim, Y. H. et al. Arch Dermatol 2003;139:857-866.

Cutaneous B-cell Lymphoma



Reddy et al ISCL, SF 2006

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Many Therapies/ Many Ways to Get Better

You could call it a race

Skin Directed

- **Topical Steroids**
- **Topical Nitrogen Mustard**
- **Topical Bexarotene Gel**
- **Topical Carmustine**

- **Phototherapy**
 - **NBUVB**
 - **PUVA**

- **Radiation Therapy**
 - **Total skin electron beam**
 - **Localized electron beam**

Systemic

- **Bexarotene capsules**
- **Methotrexate**
- **HDAC**
- **Single agent chemotherapy**
- **Interferon**
- **Extracorporeal photochemotherapy**
- **Other biologic modifiers**
- **Antibodies**
- **Denileukin diftitox**

- **Combination chemotx**
- **Stem cell transplantation**



Goals of Systemic Therapy for CTCL

IDEAL

REAL

Cure

Alleviate symptoms

Rate of Response

Extend Life

Duration of Response

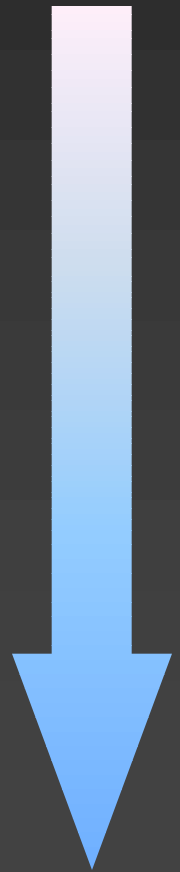
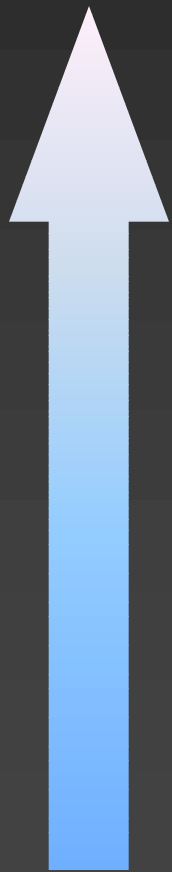
Alleviate symptoms

Extend Life

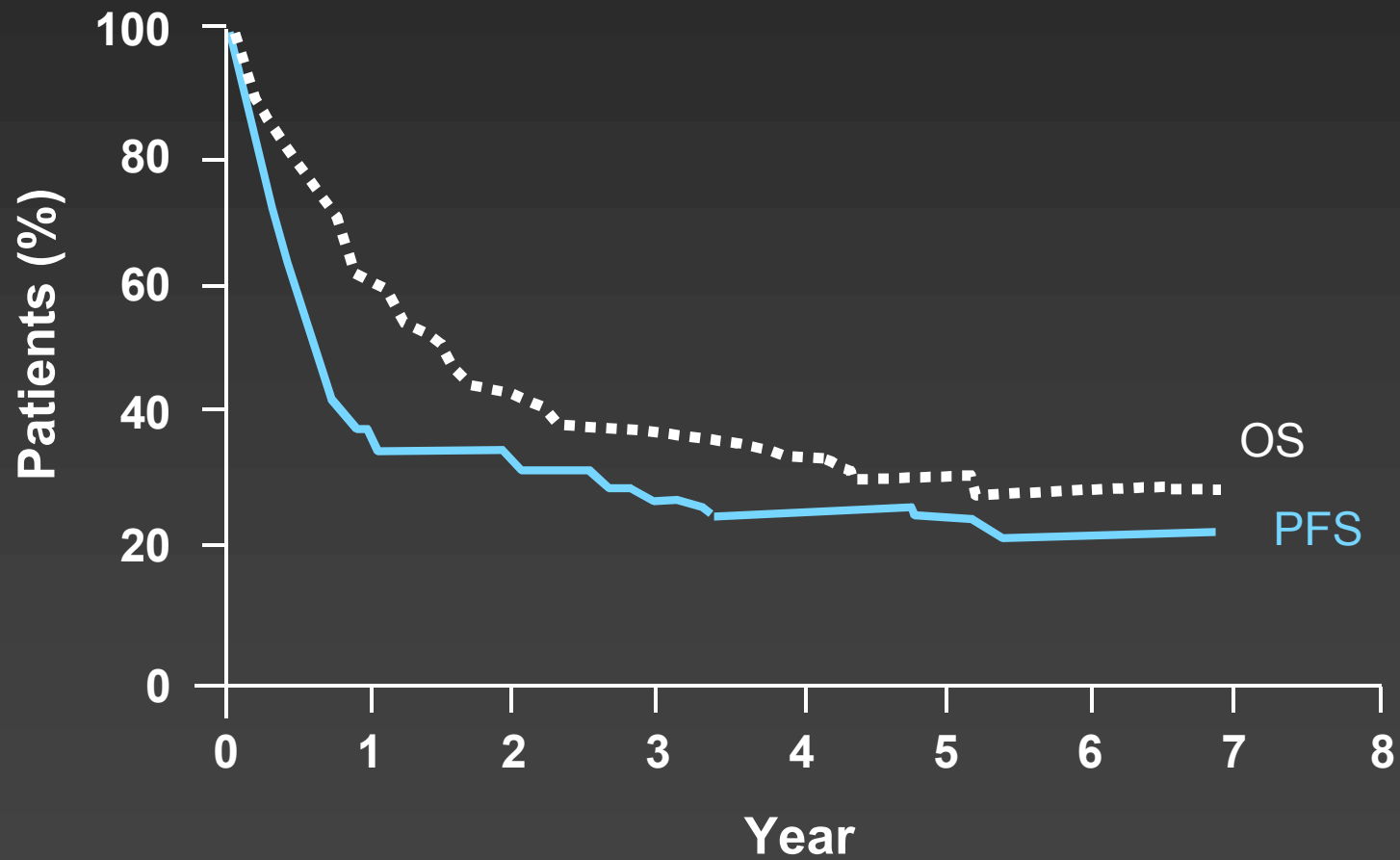
Duration of Response

Rate of Response

Cure



Prognosis: Curves Aggressive Lymphomas



Prognosis: Curves Indolent Lymphomas

