

CUTANEOUS LYMPHOMA PATIENTS FAQs AND COVID-19

1) I have MF and LyP – am I considered immunosuppressed, and am I at higher risk for complications from COVID-19 infection? Do I need to take special precautions?

a. A patient with Stage IA, limited Stage IB (patch) MF/CTCL or LyP generally do not have weaker immune systems than the average person and can follow standard precautions with regards to hand hygiene and social distancing.

2) I have been on phototherapy for a long time and my dermatology office has shut down due to COVID-19 possibly for the next 1-3 months. What will happen?

a. Your condition may remain stable or could flare. Most flares are temporary and will improve with resuming therapy or starting an alternate therapy. Short term treatments (intensive topical steroid therapy such as wet wraps/soak and smear, short course oral steroids, oral antibiotics when appropriate, anti-itch medications) can be very helpful in the short term to manage flares. There are other skin directed and systemic options you could start as well – most providers will likely recommend one that does not weaken your immune system if possible.

3) I am on a therapy that requires frequent clinic/hospital visits – phototherapy, IV infusions, photopheresis - should I continue these?

a. You and your doctor should discuss the risk/benefit of continuing these vs. the risk of developing serious COVID-19 infection involved with venturing outside the home to the hospital. Many providers will recommend spacing out frequency of treatments or taking a break, and/or switching to alternate therapies depending on your particular situation (age, risk factors, comorbidities). A home phototherapy unit may be an option and can be discussed with your physician. Interruptions in therapy will not necessarily result in irreversible disease progression for most patients but during any treatment interruption it is important to contact your doctor if your condition gets significantly worse.

4) I am on therapy that affects my blood counts and immune system. Should I continue therapy or stop therapy?

a. Current CTCL therapies vary widely with regards to their effect on the immune system (example: bexarotene can cause low white blood cell count/neutrophils but does not result in immunosuppression, unlike some therapies such as alemtuzumab which lowers blood counts and is associated with increased risk of infections). Please discuss your regimen with your doctor. Many physicians may choose to pause or switch you to an alternate agent depending on your current situation and other risk factors for COVID-19 infection.

Note: We are grateful to the Cutaneous Lymphoma Foundation's Medical Advisory Council for providing this information.