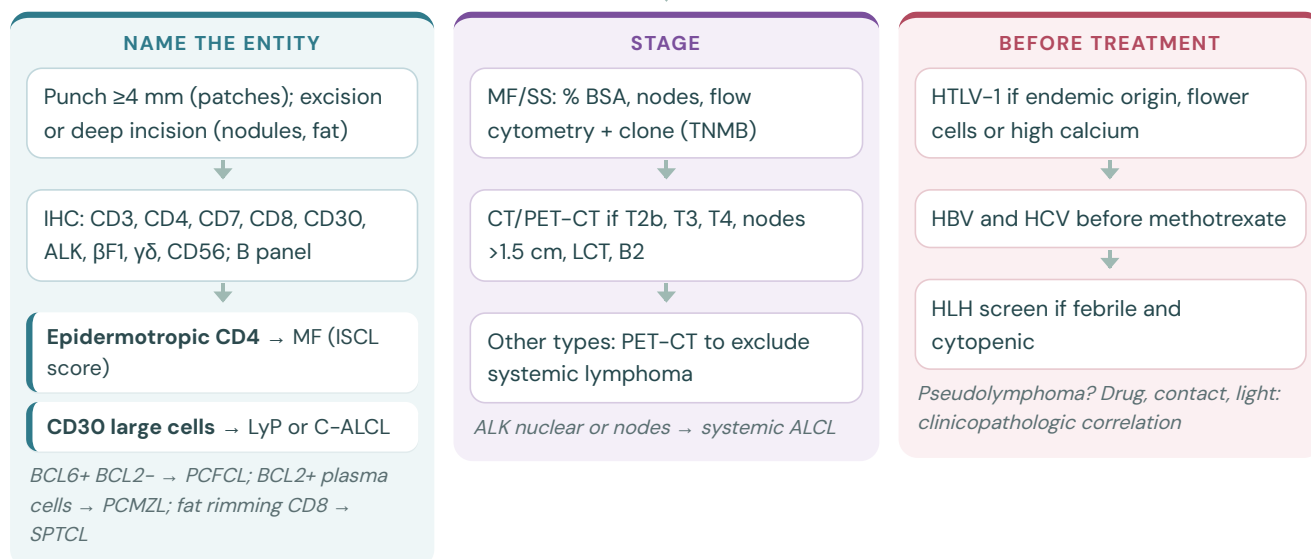


Cutaneous Lymphomas: Suspected cutaneous lymphoma: to an entity and a plan

Dr. Haritha Chiramana

MD, DM · Senior Medical
Oncologist & Hemato-
Oncologist

Persistent patches in covered skin, pale patches, erythroderma, nodules, self-healing papules or fat nodules → stop
topicals 2–4 weeks → biopsy before steroids or antifungals



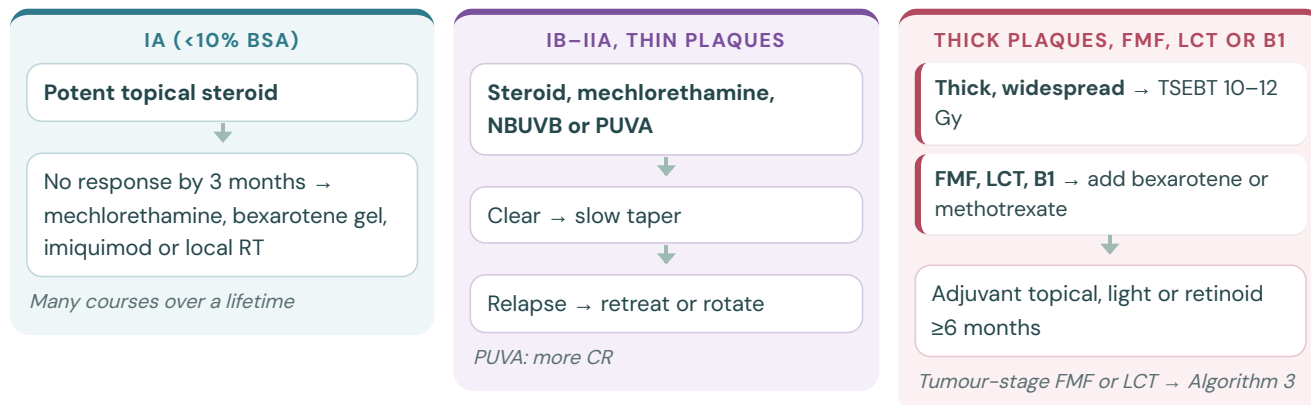
All: clinicopathologic correlation · repeat biopsies when unsure · a clone or CD30 alone is not a diagnosis.

Cutaneous Lymphomas: Mycosis fungoides, early stage (IA–IIA)

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist &
Hemato-Oncologist

MF confirmed, stage IA–IIA → lesion type, % BSA, folliculotropism, blood class



All: emollients and itch control · no early chemotherapy (no survival gain) · biopsy again if the pace changes.

Cutaneous Lymphomas: Advanced mycosis fungoides and Sézary syndrome

Dr. Haritha Chiramana

MD, DM · Senior Medical Oncologist & Hemato-Oncologist

Stage IIB–IV → which compartment dominates: tumours, erythroderma/blood, nodes, viscera?

TUMOURS (IIB) OR LCT

Few → local RT 8–12 Gy + topical

Generalised or LCT → brentuximab vedotin

Then TSEBT; romidepsin, pralatrexate, gemcitabine

ALCANZA

ERYTHRODERMA OR BLOOD (III, SS IVA)

ECP ± interferon or mogamulizumab

Add bexarotene or interferon

Itch, infection care

MAVORIC

NODES N3, VISCERA (IVA2, IVB)

MF: BV, romidepsin or pralatrexate

SS with M1b/LCT: gemcitabine or liposomal doxorubicin

RT 12–24 Gy to symptomatic nodes

Fit, ≤65: allo-HCT at best response

All: multidisciplinary team · maintenance after response · trials · allogeneic HCT is the only cure; no autologous HCT.

Cutaneous Lymphomas: CD30+ disorders and rare cutaneous T-cell lymphomas

Dr. Haritha Chiramana

MD, DM · Senior Medical
Oncologist & Hemato-
Oncologist

CD30+ or cytotoxic infiltrate in the skin → clinical course, size, ALK, phenotype

LYMPHOMATOID PAPULOSIS

Few → observe or topical steroid

Many or face/hands → low-dose
methotrexate → PUVALesion >2 cm, not gone in 8 weeks
→ biopsy*Lifelong follow-up: 15.5% second
lymphoma*

C-ALCL OR ALK+

Solitary/few nodules >2 cm, CD30
≥75%; **ALK+** or wide nodes →
systemic ALCL**Localised** → excision or ISRT (≤20
Gy)**Multifocal + nodes/symptoms** →
BV*Asymptomatic multifocal: observe 4–6
weeks*

CYTOTOXIC T-CELL TYPES

SPTCL → deep biopsy, HLH screen**γδ, CD8+ AECTCL** → aggressive:
systemic, transplant**Acral CD8+, CD4+ small/medium**
→ excision, RT or steroid*SPTCL treatment: not yet covered here*

All: no multiagent chemotherapy for LyP or C-ALCL · stage fully when ALK+ · HLH is the danger in SPTCL.

Cutaneous Lymphomas: Primary cutaneous follicle centre and marginal zone lymphoma

Dr. Haritha Chiramana

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Oncologist & Hemato-
Oncologist

PCFCL or PCMZL confirmed; PET-CT negative → how many lesions, where, symptomatic?

ONE RT FIELD

Symptomatic → RT (PCFCL 4 Gy → 24 Gy; PCMZL 24 Gy) or excision

Not troublesome → steroid or observe

ILROG: >4 Gy better local control

SEVERAL SITES

PCFCL: RT to ≤3 symptomatic sites + steroids

PCMZL: observe if quiet; intralesional steroid, low-dose RT or excision

No chemotherapy

EXTENSIVE OR RELAPSE

Extensive PCFCL → rituximab

Relapse outside field → RT;
inside → excision or rituximab

Spread beyond skin → nodal lymphoma pathway

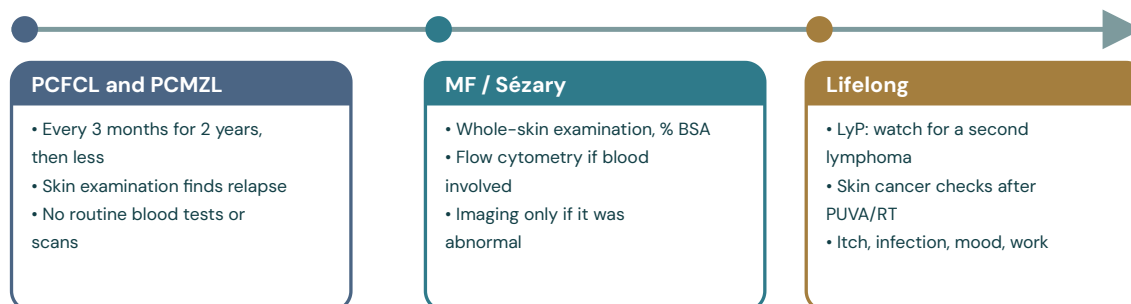
All: about a third relapse in skin · visits every 3 months for 2 years · no routine scans or blood tests.

Cutaneous Lymphomas: Follow-up and survivorship plan

Dr. Haritha Chiramana

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A simple follow-up rhythm for cutaneous lymphomas



Report new nodules that do not heal in 8 weeks, a rash turning red all over, fever or sweats, or crusted, weeping skin (Staphylococcus infection) the same week.

Follow-up rhythm (Terhorst 2012; UpToDate PCFCL, PCMZL, LyP and MF reviews). Individualise.

Caring for your skin

- Moisturiser straight after every bath
- Use creams exactly as shown, then stop
- Keep light-treatment appointments
- Protect treated skin from extra sun
- Keep the written treatment summary

Red flags to report

- New lumps that do not heal in 8 weeks
- Redness spreading over the whole body
- Weeping, crusted or painful skin
- Fever, sweats or weight loss
- Tingling or numbness on brentuximab

Do not forget

- A biopsy before more creams or tablets
- Skin checks for life
- Itch can be treated: ask
- Non-live vaccines only on treatment
- Report new nodules early