

# Extracorporeal photopheresis associated to multimodal therapy for T-cell cutaneous lymphoma

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## BACKGROUND

The treatment of mycosis fungoides(MF) and Sézary syndrome(SS) is primarily determined by disease extent and the impact on quality of life, prognostic factors, and patient age/comorbidities. Advanced stage MF/SS (stages IIB-IVB) is often treatment refractory and results in an unfavorable prognosis; treatment is aimed at reducing the tumor burden, delaying disease progression and preserving quality of life.

## OBJECTIVES

Evaluate the clinical response rate of patients with MF and SS treated with extracorporeal photopheresis (ECP) plus multimodality modulatory therapy (MMT): interferon-alfa, retinoids, systemic steroids and/or phototherapy.

## MATERIAL & METHODS

MMT was added to ECP in patients with MF/SS, who relapsed, did not improve, or worsened with ECP alone( minimal response-less than 50%) 3 months after started ECP between August 2007 and January 2016.

## RESULTS

From 11 patients treated with MMT, nine present SS, one erythrodermic MF, one with folliculotropic MF were treated with ECP. An overall clinical response of 57% was achieved with MMT: 73% (8/11)complete response(no evidence of cutaneous disease and a Sézary count less than 5%); 27%(3/11) were non-responders.

**Table 1-** Results of MMT associated with ECP

N	Disease	Stage	Clinical response	MMT	% céls Sézary pré MMT	% céls Sézary pós MMT	Follow up
1	eMF	IIIb	NR	IFN+MTX+acitretin+ PUVA+ systemic steroid	10	36	CTCL progression
2	SS	IV	NR	IFN+ systemic steroid	31	40	CTCL-related death
3	SS	IV	CR	IFN+MTX+systemic steroid	60	12	Treatment ECP
4	fMF	IIA	CR	IFN+MTX+acitretin+ UVBnB+ systemic steroid	0	0	Treatment ECP
5	SS	IV	CR	IFN+acitretin	26	3	Bone marrow aplasia virus-related.
6	SS	IV	CR	IFN+acitretin+ systemic steroid +PUVA	21	3	Maintenance ECP
7	SS	IV	CR	IFN+acitretin	23	0	Maintenance ECP
8	SS	IV	NR	IFN+acitretin+ systemic steroid	42	28	CTCL-related death
9	SS	IV	CR	IFN+acitretin	18	4	Maintenance ECP
10	SS	IV	CR	IFN+ systemic steroid	2	2	Maintenance ECP
11	SS	IV	CR	IFN+acitretin+ PUVA	22	3,4	Treatment ECP

## CONCLUSIONS

Based on our experience, MMT is an effective treatment for CTCL-poor-responders patients or those with high tumoral charge. The durability of response and impact on overall survival remains to be determined; however, this approach offers an appealing alternative to treatments associated with higher.



Fig 1. Before /After FEC

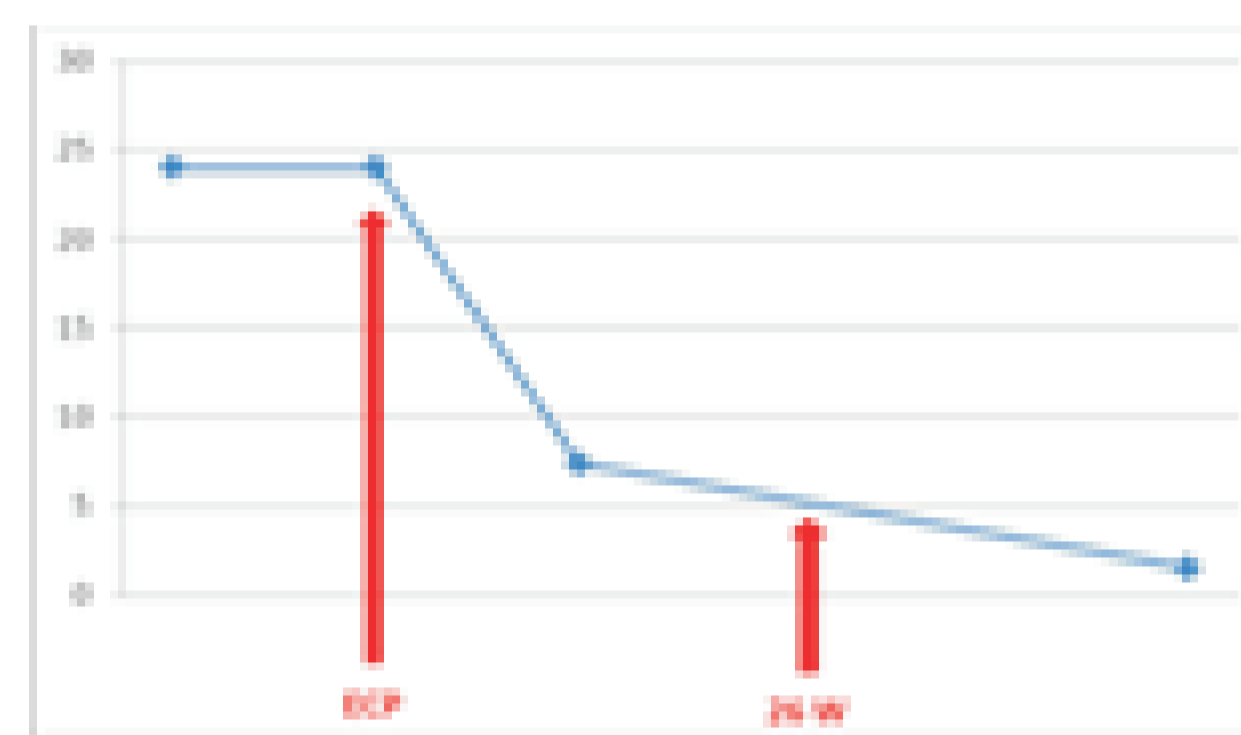


Fig 2. Sézary cell(%)

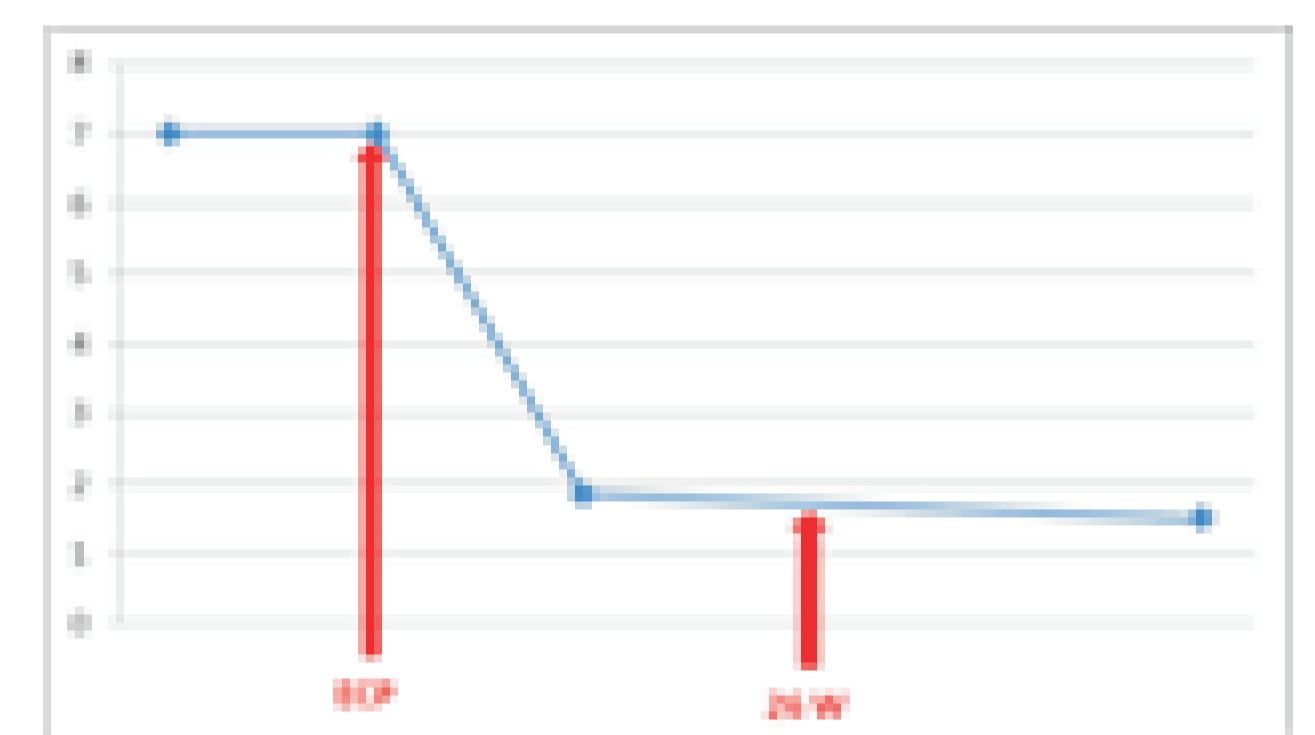


Fig 3. Rate CD4/CD8

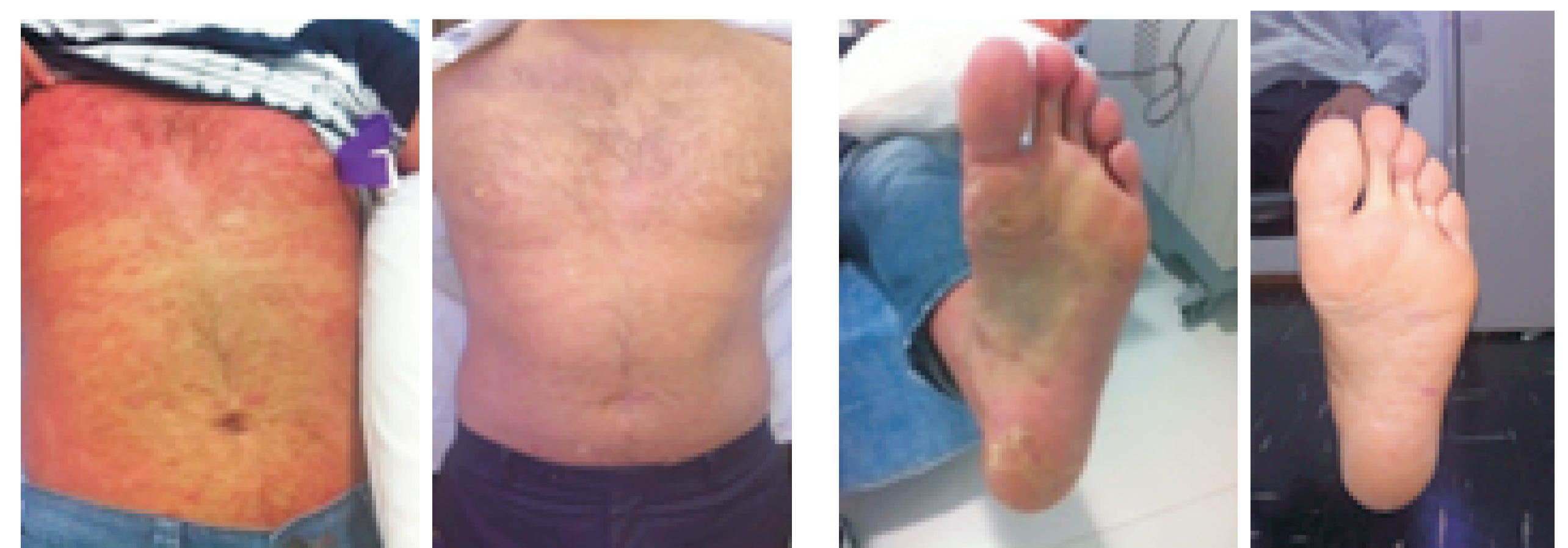


Fig 4. Before /After FEC

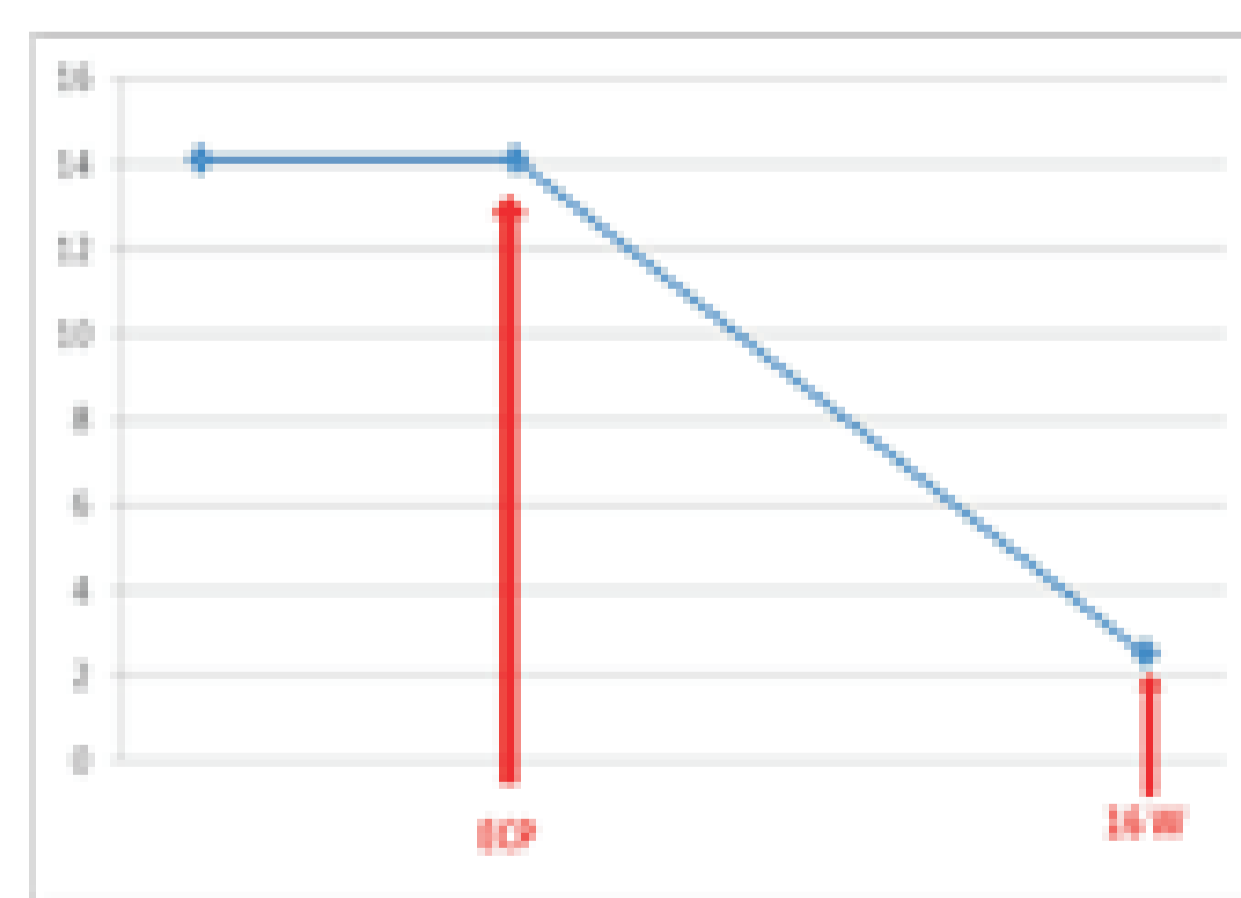


Fig 5. Sézary cell (%)

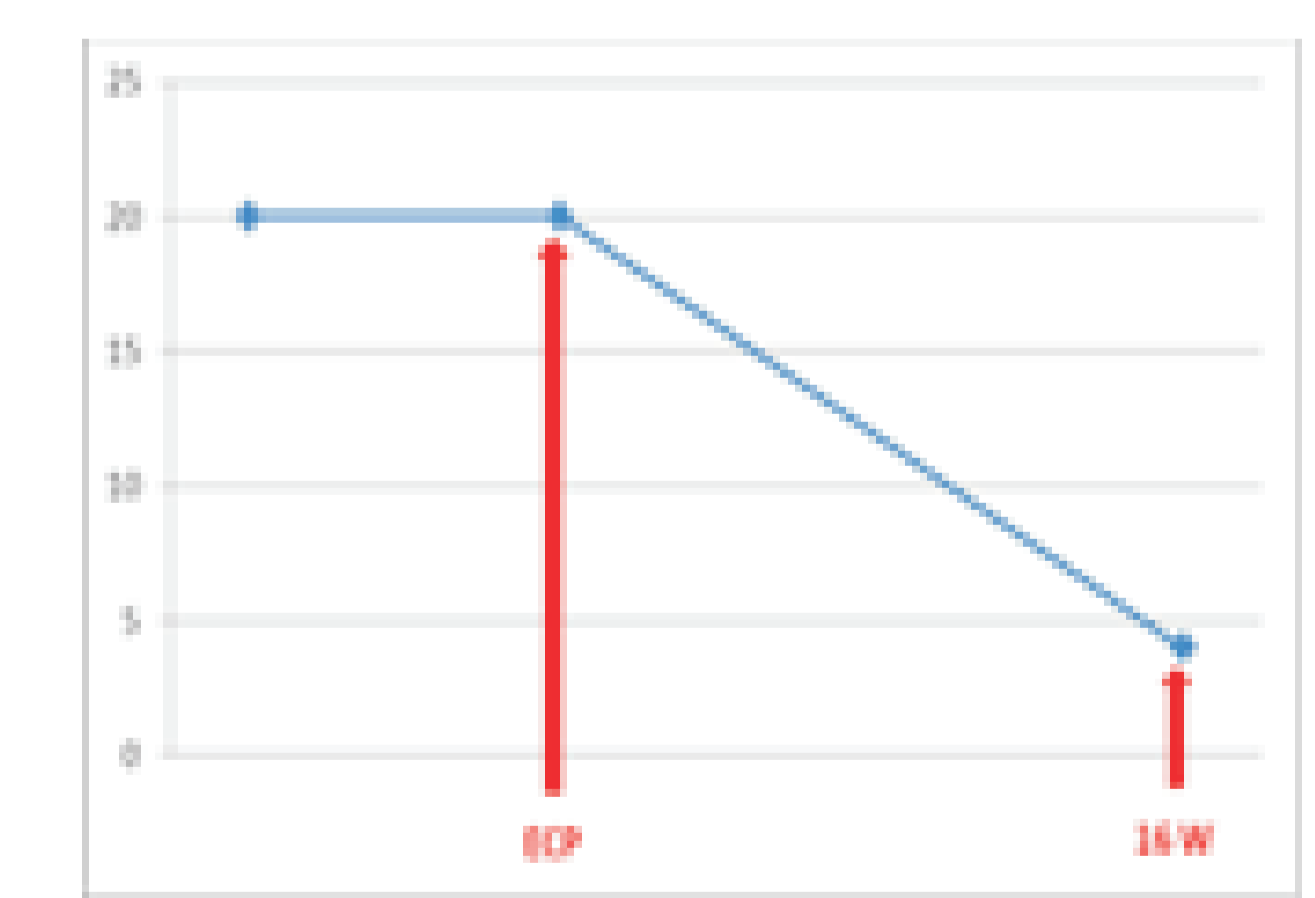


Fig 6. Rate CD4/CD8

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