Mycosis fungoides, a CTCL subtype, may progress in ⅓ of patients

within the skin, or even beyond skin to other parts of the body[1,2]

MF and SS are rare lymphomas that arise in the skin but may involve other disease compartments[1-3]
Higher skin stage and multicompartmental involvement are associated with poor prognosis[1,3]

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[3]
- Appearance of a new type of lesion[4]
- Changes in the type of lesion (patches, plaques, tumors)[3]
- Changes in the pigmentation of lesions[3]
- Reappearance of lesions after remission[4]
  - Patients who are in remission may relapse with a mixture of lesion types
- Onset or worsening erythroderma[3]
- New or worsening pruritus[5]
  - 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[6]

New or increased blood tumor burden

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

Signs of extracutaneous disease

- Enlarged regional lymph nodes or organomegaly[3]
  - May be indicative of lymph node or visceral involvement, but should be evaluated in the context of overall clinical presentation[3]
- Presence, or increased levels, of Sézary cells in the peripheral blood[3]
  - Blood tumor burden may be detectable in early MF (patch/plaque), or tumor stage[7]

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[3,8]

CTCL=cutaneous T-cell lymphoma;
MF=mycosis fungoides;
SS=Sézary syndrome

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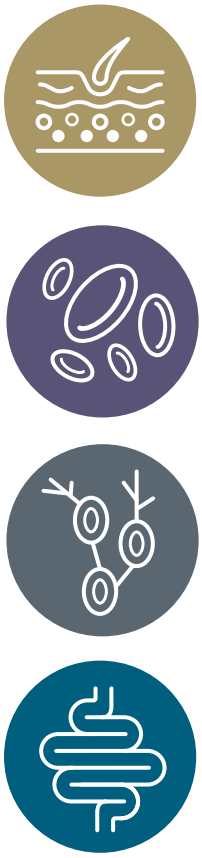

Be vigilant for signs of progression in your patients with MF and SS

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