The Use of Concomitant Chlormethine Gel in a Challenging Case of Mycosis Fungoides Cutaneous T-Cell Lymphoma

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INTRODUCTION

- Mycosis fungoides (MF), the most common type of cutaneous T-cell lymphoma,[1] is characterized by skin patches and plaques that may evolve into tumors and erythroderma, with possible blood and organ involvement[2]
- Chlormethine (CL) gel is the first topical cytotoxic chemotherapy specifically developed for the treatment of MF
- CL gel is effective, has a manageable safety profile, and evidence suggests there is no systemic absorption[3-6]
  - Thus, CL gel is especially suitable as a concomitant treatment with other therapies
- Herein, we present a challenging case involving a patient with MF who received concomitant CL gel following prior ineffective therapies

CASE DESCRIPTION

- A 48-year-old man had stage IIB MF and was under treatment with interferon alfa (3,000,000 UI/week) plus daily acitretin (25 mg) for 8 months
- He then developed a persistent and progressively enlarging nodule on the right side of his forehead that had been apparent for ~4 weeks (**Figure 1**)

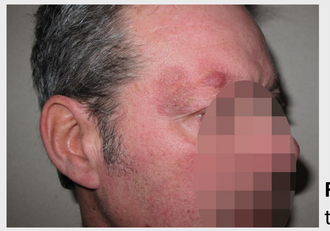

Figure 1. Prior to CL treatment initiation

TREATMENT and ASSESSMENTS

- After 8 months, instead of treating the patient with localized radiotherapy, the patient commenced therapy with daily CL gel while continuing to receive interferon alfa and acitretin
- Nodule assessments were performed after 1, 3, and 6 months of CL gel treatment

RESULTS

- After 1 month of CL gel treatment, a skin-related adverse event (AE) was observed, consisting of edema and crusty patches (**Figure 2**)
  - AE was identified as contact dermatitis
  - Patient agreed to continue daily CL gel treatment

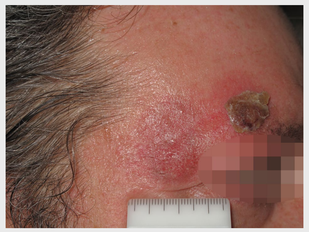

Figure 2. One month after CL gel treatment initiation

- After 3 months, the nodule reduced in size, with some skin irritation persisting (**Figure 3**)

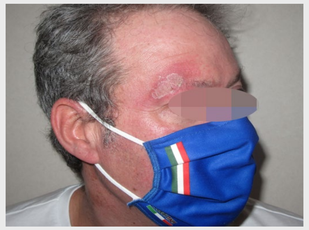

Figure 3. Three months after CL gel treatment initiation

- After 6 months, the patient achieved a complete response (CR) and the nodule disappeared (**Figure 4**)
  - CL gel was discontinued, and contact dermatitis resolved within 2 weeks
- Following treatment interruption, CR was maintained at 10 months of follow-up

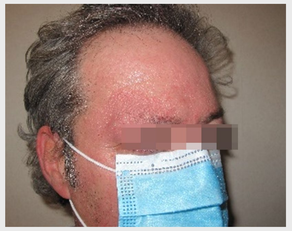

Figure 4. Six months after CL gel treatment initiation

CONCLUSIONS

- Concomitant CL gel treatment with systemic therapies is a feasible option in patients with advanced-stage MF
- A combination of CL gel with interferon alfa and acitretin led to rapid nodule size reduction, and a subsequent CR with a durable outcome in a patient in whom prior treatment had proven ineffective

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DISCLOSURES

M. Ardigò: Served on advisory boards, received honoraria for lectures from Recordati Rare Diseases, Alnylam, Helsinn, Almirall, Mavig, Kyowa Kirin, Pierre Fabre. **M. Teoli:** Received honoraria for lectures from Recordati Rare Diseases, Alnylam, and Kyowa Kirin. **C. Franceschini**: Nothing to disclose.

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