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Treatment modalities in skin-limited primary cutaneous T-cell lymphomas

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Mycosis fungoides (MF) is the most common primary cutaneous T-cell lymphoma. In skin-limited disease, MF varies from patches, plaques and infiltrated tumours. In such case, treatment modalities targeting the skin are very helpful. Phototherapy is widely used for such purposes. However, there is an urgent need for multicenter trials involving defined patient populations using rigorous assessment criteria. Psoralen plus ultraviolet A (PUVA) is the standard treatment for early and skin-limited stages of MF. There have been no adequate randomized controlled trials with sufficient power comparing this modality with other therapies. A phase III randomized clinical study (EORTC 21011, NCT 00056056) has been conducted in order to assess disease response and to compare combined bexarotene (Targretin®) and PUVA vs. PUVA alone in patients with stage IB and IIA MF. The primary endpoint of this study was the overall response rate [complete clinical response (CCR) plus partial response (PR)]. The median duration of response was 9.7 months for PUVA vs. 5.8 months for the combination arm (P=0.33). CCR was seen in 25 patients of whom 10 received PUVA alone (CCR 22%) and 15 received combination therapy (CCR 31%) (P=0.45). There was a trend towards fewer PUVA sessions needed to achieve CCR in the combination arm (median 22) compared with the PUVA arm (median 27.5) (P=0.11). Similarly, a trend towards lower UVA dose required to achieve CCR in the combination arm (median 55.8 J cm^{-2}) compared with the PUVA arm alone (median 117.5 J cm^{-2}) (P=0.5) was observed. No significant difference in response rate or response duration was observed in this study. However, there was a trend towards fewer PUVA sessions and lower UVA dose required to achieve CCR in the combination arm (PUVA + bexarotene).

Biography

Matthias Karrasch, MD has completed his experimental medical thesis at the Institute of Clinical and Molecular Virology at Erlangen University, Bavaria, Germany (topic: Status of p53 tumor-suppressor-gene in *Papillomavirus* -positive and -negative epithelial tumors). After subsequent clinical training in dermatology, hematology, oncology and nephrology, he held a Research Physician position at the European Organization for Research and Treatment of Cancer (EORTC) Headquarters in Brussels, Belgium for 3 years. Matthias recently joined the university hospital of the Friedrich Schiller University in Jena, Germany. He is author and coauthor of 14 papers in reputed journals.

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