

Skin-Directed Therapies for Cutaneous T-cell Lymphoma

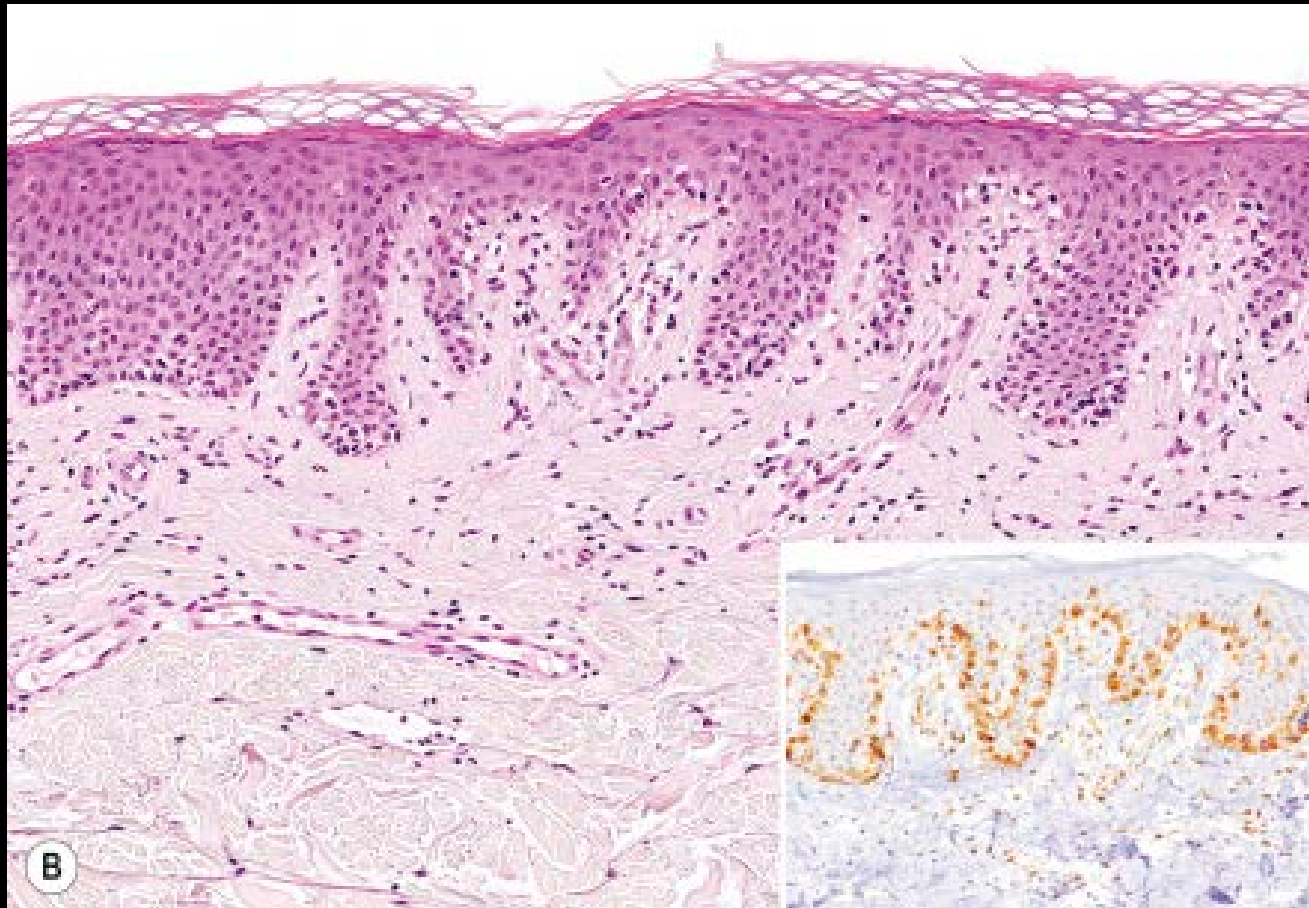
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Disease Stage Determines Treatment

- Why do skin-directed therapies work?



General Considerations

- Long term follow-up
- No cure, goal is prolonged remission or stable disease
- Try to clear the skin
- Treat symptoms: itch, pain, burning, redness
- Everyone responds differently to treatments

Topicals (Creams, Ointments)	Light Therapy	Other
Topical Steroids Mechlorethamine Bexarotene Imiquimod	UVB PUVA	Radiation Bleach Baths Capsaicin



Topical Steroids

- Super potent: Clobetasol, Betamethasone
- Great for patches
- Inexpensive (\$70 for 45 grams - betameth.)
- Available in creams, ointments, liquids, foams
- Twice daily application
- Common first line treatment



Mechlorethamine (Nitrogen Mustard, Valchlor)

- Previously compound only
- Now commercially available (Valchlor gel)
- Once daily application
- Expensive (\$3K for 30 grams)
- Can cause irritation, allergy rare
- May take months to improve
- Hyperpigmentation (temporary)
- Combining with topical steroid can prevent irritation

Bexarotene Gel (Targretin)

- Retinoid
- EXPENSIVE (\$30K for 60 grams)
- Apply 3-4 times daily
- Not for pregnancy
- Can take months to improve
- Tazarotene: not FDA-approved, similar effect (cost: \$375 for 30 grams)
- Good for hyperkeratotic hand/foot lesions



Imiquimod Cream (Aldara)

- Instructs immune cells to attack tumor cells
- Causes irritation/rash
- Comes in small packets, limited area of treatment
- In studies, used when other treatments fail

Phototherapy UVB and PUVA

- 2-3 times a week, less when improved
- Travel and co-pays
- Treats whole body – prevents new lesions
- PUVA penetrates deeper
- PUVA- pills cause nausea (ginger)
- PUVA- risk of skin cancer (limit)
- Home light units available



Radiation

Total Body and Local

- Effective for patches, plaques, tumors
- Lower dose regimens (12-15 visits)
- Painful sunburn-like reaction
- Expensive
- Total body- may require travel
- Relapse common

	Limited	Widespread
Patches	Topical Steroids Nitrogen Mustard Imiquimod	UVB
Plaques	Nitrogen Mustard PUVA Localized Radiation	PUVA Total Skin Electron Beam Radiation



Moisturizer and Bleach Baths

- Itch can be a major problem
- Dry skin is the number one reason: Moisturizer
- Other: Sarna Original (menthol and pramoxine), capsaicin (spicy)

- Infection risk is also higher
- Infection Prevention: Dilute Bleach Baths
- Regular bleach
- Full bathtub: $\frac{1}{2}$ cup bleach Half bathtub: $\frac{1}{4}$ cup bleach
- 5-10 minutes, 2-3 times a week