



### About us

The Leukaemia Foundation is the only national not-for-profit organisation dedicated to the care and cure of patients and families living with leukaemia, lymphoma, myeloma and related blood disorders.

We invest millions of dollars in the work of Australia's leading researchers to develop better treatments and cures and provide free services to support patients and their families.

We receive no ongoing government funding. We rely on the generosity of the community and corporate sector to further our Vision to Cure and Mission to Care.

### We can help you

Our range of free services supports thousands of Australians, from diagnosis, through treatment and beyond. To learn more, please call 1800 620 420 to speak with one of our Support Services team.

### You can help us

There are many ways that you can help us to improve the quality of life for people with blood cancer. From making a donation, to signing up for an event; from volunteering, or joining us as a corporate sponsor - please call 1800 500 088 or go to [www.leukaemia.org.au](http://www.leukaemia.org.au) to learn more.

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### Cutaneous T-cell lymphomas affect the skin.

There are two main types: mycosis fungoides and Sézary syndrome. Mycosis fungoides (MF) is the most common form and gets its name from the mushroom-like tumours that appear on the skin. It is usually low-grade and slow-growing. Sézary syndrome is an advanced form of Cutaneous T-cell lymphoma (CTCL) characterised by an extensive red rash and scaling of the skin. This form of CTCL is also characterised by swollen lymph nodes and malignant lymphocytes in the blood. CTCL usually develops very slowly, with symptoms often remaining the same for many years. There are four stages and most people never progress beyond the first.

#### How does Cutaneous T-cell lymphoma affect the body?

The symptoms of CTCL depend on the stage of lymphoma at diagnosis but generally start with dry skin, itching and a red-coloured rash. In the early stage it can look similar to eczema or psoriasis. There may also be patches of red, raised areas of skin that often have scaling on the surface- these are referred to as plaques. Sometimes large lumps or tumours may develop on the skin and some people have swollen lymph nodes. In later stages of CTCL larger areas of skin are affected by these changes and any skin tumours that are present may become ulcerated and infected. In advanced CTCL, malignant T-cells may also spread to other parts of the body such as the gastrointestinal tract, the liver or the spleen.

#### Who does Cutaneous T-cell lymphoma commonly affect?

CTCL is rare and usually affects people aged 40-60 years. It is more common in men than in women.

#### Do we know what causes Cutaneous T-cell lymphoma?

The exact cause of CTCL is not known. It is not due to infection and cannot be passed on to other people. Research studies to learn more about the causes of CTCL are under way in many research centres around the world.

#### How is Cutaneous T-cell lymphoma treated?

Treatment for CTCL depends on the type and stage of the disease. In early CTCL treatments are generally topical (applied directly to the skin) and include steroid cream; topical chemotherapy (e.g. carmustine, mechlorethamine\*); phototherapy; or radiotherapy. Phototherapy is often referred to as PUVA and involves the use of ultraviolet-A light and a drug called psoralen which makes the skin more sensitive to the UV light. This treatment is very effective for treating the plaques that are typical in early CTCL. Ultraviolet-B light can also be used to slow the growth of skin cells and is referred to as UVB therapy- this is not used in conjunction with psoralen. If CTCL is advanced or involves the lymph nodes or other organs, or has not responded to topical treatments, systemic treatments are used. Systemic treatments are given in tablet form or by injection into a vein, and treat the whole body. Examples of systemic treatments for advanced CTCL include: methotrexate, gemcitabine<sup>+</sup>, etoposide or cyclophosphamide. Targeted therapies such as alemtuzumab<sup>+</sup> can also be given systemically and are usually given when CTCL has relapsed after other treatments have been tried. There are other treatments that have not been mentioned here that can also be used. Your specialist will discuss the treatment options with you and decide which is best for you.

\* Not marketed in Australia. May be available in some health facilities through the Special Access Scheme.

<sup>+</sup> Not approved by the Therapeutic Goods Administration for this indication in Australia. May be available in some health facilities through local protocols.

The Leukaemia Foundation publishes the guide: 'Understanding Non-Hodgkin Lymphoma. A guide for patients & families.' For more information, contact us.