

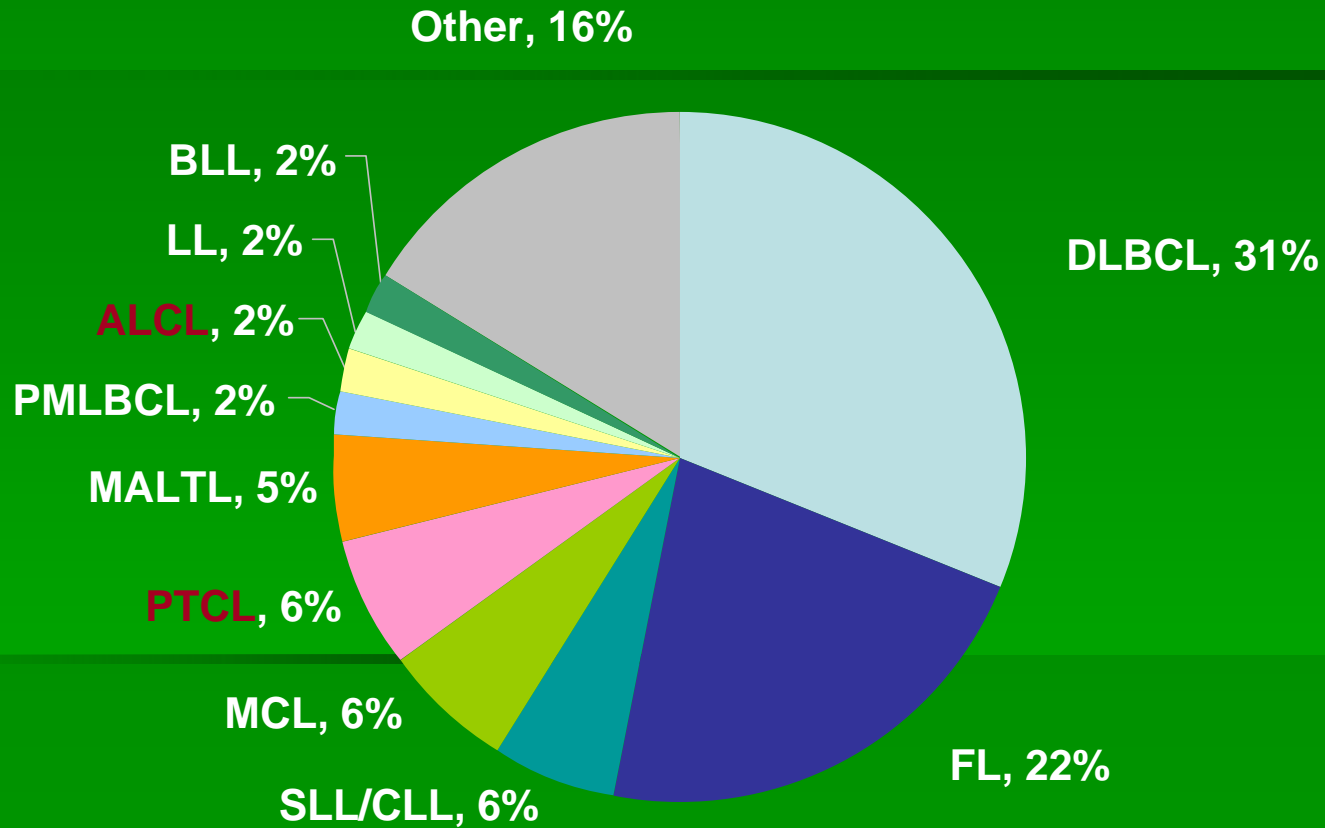
# T Cell Lymphoma

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# T cell Lymphoma's

- Constitute between 10 and 15 % of all NHL
- 6885 cases diagnosed annually
- What makes T cell lymphomas a challenge?
  - Rarity of the subtypes
  - Lack of a single effective antibody therapy
  - Relative chemoresistance

# Incidence Rate



# Presentation

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- Possible symptoms
  - painless swelling of lymph nodes
  - fever with or without chills
  - night sweats
  - unexplained weight loss
  - lack of energy
  - Itching or rashes
- Many patients with NHL have no symptoms

# Diagnosis of non-Hodgkin's Lymphomas

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Lymph node or tissue biopsy for evaluation of:

Histology (cell type, tissue architecture, pattern of lymphoid infiltration)

Phenotyping of tumor cells

Genotyping of tumor cells

# Work up

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- A full history, recording growth rate, symptoms present, performance status
- Examination
- Adequate surgical biopsy
- immunophenotyping to distinguish b/t subtypes
- LABS: CBC, ESR, LDH, Calcium, UA , ALK PHOS, OCOMP
- Radiological studies: CT, PET/CT, MRI
- Bone marrow biopsy

# WHO classification of T cell lymphoma

- **Often Leukemic or Disseminated**
  - T-cell Prolymphocytic Leukemia
  - T-cell Granular Lymphocytic leukemia
  - Aggressive NK-Cell leukemia
  - Adult T-cell Lymphoma/leukemia(HTLV-1+)
  - Hepatosplenic T-cell Lymphoma
- **Extranodal/Cutaneous**
  - Extranodal NK/T cell lymphoma, nasal type
  - Enteropathy-type T-cell lymphoma
  - Subcutaneous Panniculitis-like Tcell lymphoma
  - Mucocutaneous  $\gamma\delta$  T-cell lymphoma
  - Mycosis Fungoides
  - Sezary syndrome
  - Primary cutaneous anaplastic large cell lymphoma
- **Mainly Nodal**
  - PTCL, NOS
  - Angioimmunoblastic T-cell lymphoma
  - Anaplastic large cell lymphoma

# Suggested treatment- PTCL

- First line therapy
  - Clinical trial!
  - CHOP
  - EPOCH
  - HyperCVAD
- Consolidation w/ stem cell transplant
  - Depends on prognosis (ALCL alk 1+ may not need SCT)

# Second Line Therapy- PTCL

- Candidate for high dose therapy
  - DHAP
  - ESHAP
  - GemOx
  - ICE
  - MINE
  - Stem cell transplant – nonmyeloablative, full

# Second Line Therapy- PTCL

- Non Candidates for high dose therapy
  - CAMPATH (alemtuzumab)- SC vs. IV
    - RR 36% in rel/ ref PTCL
    - Infectious complications
  - Velcade (Bortezomib)
  - Ontak (Denileukin diftitox)
    - Vascular leak syndrome-(hypotension, peripheral edema, and hypoalbuminemia).
    - Infusional reactions
  - Gemcitabine
  - Radiation

# Mycosis Fungoides/ Sezary Syndrome

- Most common CTCL
- Involvement of skin and ultimately lymph nodes, organs
- SS – 5% of CTCL
  - Leukemic variant of CTCL w/ blood involvement/ LAD
  - Aggressive
- MF - 60% of CTCL
  - Extranodal w/ primarily Cutaneous involvement
  - Indolent

# Mycosis Fungoides/ Sezary Syndrome- Prognostic Factors

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- Patients age
- Extent/ Type of skin involvement
- Overall stage
- Presence of extracutaneous dx and peripheral blood involvement

# Mycosis Fungoides/ Sezary Syndrome- Diagnosis and Treatment

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- Diagnostics
  - Biopsy of skin, lymph node, bone marrow
  - Staging- CT, PET/CT
- Treatment
  - Skin directed therapies
  - Systemic therapies

# Mycosis Fungoides/ Sezary Syndrome

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- Skin Directed Treatment- Dermatology
  - Topical Corticosteroids
  - Topical chemotherapy (nitrogen mustard, carmustine)
  - Local radiation
  - Topical retinoids (bexarotene)
  - Phototherapy (PUVA)
  - Total skin electron beam therapy
  - Combination

# Light Therapy

- PUVA- Oral Psorolen binds to DNA in malignant cells, then the pt is exposed to UV light to activate the drug which damages the malignant cell.
  - Several times/ week
- Total skin electron beam therapy

# Systemic Therapy

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- Interferon
- Systemic retinoids-ATRA
- Ontak
- Zolinza
- Chemotherapy (CHOP) bulky LN
- Targretin
- Gemcitabine
- ECP
- Stem cell transplant
  - Graft vs. T cell lymphoma

# Extracorporeal Photopheresis

- Extracorporeal photopheresis (ECP) is a leukapheresis-based immunomodulatory therapy
- Approved since 1988 by FDA
- A photoactivating drug (8-methoxypsoralen, Uvadex) is given, leukocytes collected via leukapheresis, irradiated with UVA, and returned to the patient intravenously.
- Monthly

# Nursing Considerations

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- Body image
- Chronic pain management
- Pruritis
- Infectious complications