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Treatment of cutaneous T-cell lymphoma with alitretinoin

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Background

Cutaneous T-cell lymphoma (CTCL) is a potentially life-limiting malignant disease. Treatment strategies in CTCL aim at disease control and remission with the lowest possible side effects. Recent reports suggest that the new vitamin A derivative alitretinoin might be a well-tolerated treatment option.

Patients and Methods

We analysed the files of 13 CTCL patients with mycosis fungoides (n=11) or Sézary syndrome (n=2) who were treated with oral alitretinoin alone or in combination with standard treatment based on individual off-label treatment decisions. Patients had been monitored every 4-8 weeks with skin examination and laboratory analyses.

Results

The largest proportion (84.6%) of patients was classified as early stage disease (IA: n=6, IB: n=4, IIB: n=1). 15.4% had already progressed to advanced disease stages (IIIA: n=2). 12 of 13 patients (92.3%) showed a marked improvement of their CTCL skin lesions and no progress of the disease, only 1 patient showed no response to the treatment (7.7%). 5 of the responding patients (41.7%) achieved a complete response and 7 (58.3%) experienced a partial response. Average time to response was 2.6 months. Duration of treatment varied depending on whether patients had reached complete or partial remission. In general, alitretinoin was well tolerated. One patient developed high non-fasting average serum cholesterol (> 300 mg/dl) and a mean non-fasting triglyceride value > 500mg/dl. In 4/13 patients, thyroid-stimulating hormone declined without clinical symptoms during treatment, with 1 of the patients also showing a decreased thyroxin level.

Conclusions

In our cohort of CTCL patients we noticed a low rate of side effects and an overall good clinical response to treatment with alitretinoin, making this novel retinoid a promising alternative to established therapies for CTCL. Further studies are required to substantiate this early clinical observation.

