

Topic Area:

Supporting patients with a MF-CTCL diagnosis

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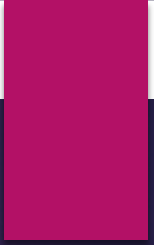
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Supporting patients with an MF-CTCL diagnosis: A nurse's perspective

CLAIRE LUSTED

ADVANCED NURSE PRACTITIONER CUTANEOUS LYMPHOMA

Nursing patients with cutaneous lymphoma

What do you think are the nursing challenges of managing patients with a cutaneous lymphoma?

Overview of session

- ▶ Role of the nurse in supporting patients
- ▶ Principles of skincare in CTCL
- ▶ Skincare assessment / plans
- ▶ Wound care assessment / plans
- ▶ Management of pruritus /fluid balance
- ▶ Nursing challenges



Presentation of CTCL

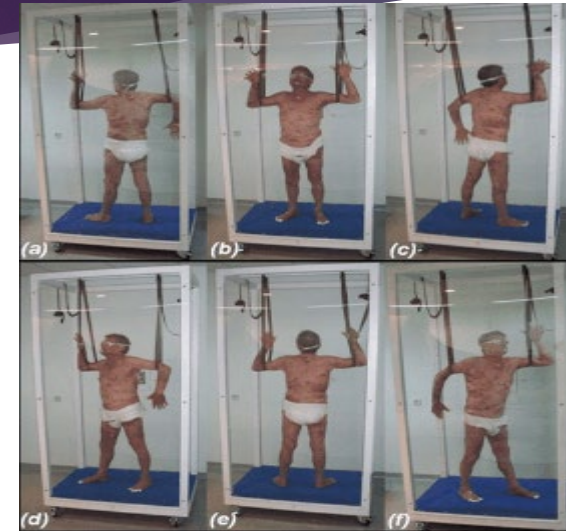
Skin Morphology of Early and Advanced Stages of CTCL

- ❑ Patches
- ❑ Plaques
- ❑ Erythroderma
- ❑ Nodules/tumors

Treatment of MF-CTCL

Skin directed therapy (SDT):

- ▶ Phototherapy
- ▶ Radiotherapy
- ▶ Total skin electron beam therapy (TSEB)
- ▶ Systemic treatments – bexarotene, interferon, methotrexate
- ▶ Extracorporeal photopheresis (ECP)
- ▶ Chemotherapy – brentiximab, caelyx
- ▶ Immunotherapy/MoAbs – campath, mogamuluzimab
- ▶ Allogeneic stem-cell transplantation

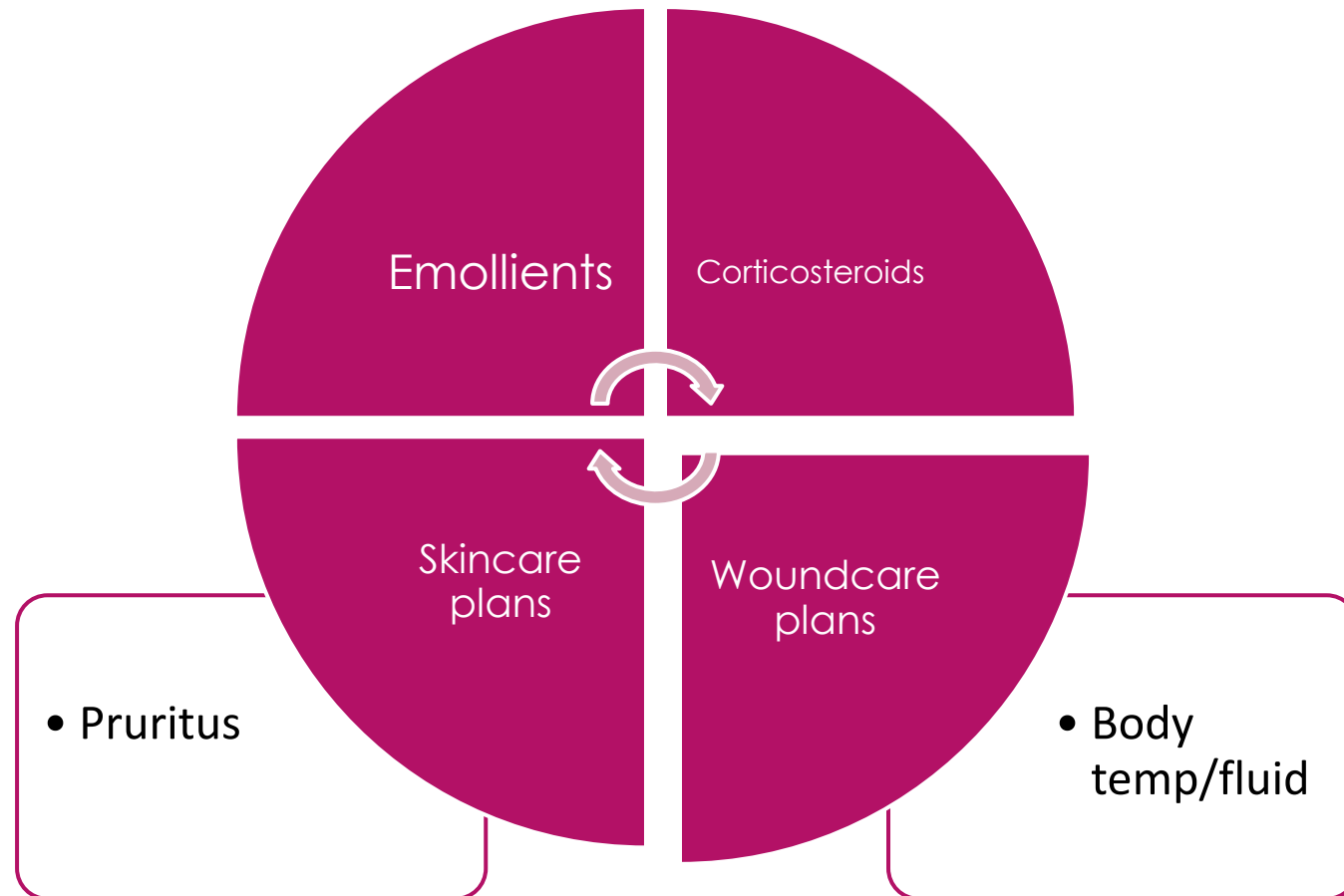


Nursing Management of CTCL

- ▶ Key-worker from diagnosis to end-of-treatment.
- ▶ Coordinating treatments – SDT, systemic, radiotherapy.
- ▶ Nurse-led clinics.
- ▶ Skincare experts.
- ▶ Managing side effects of disease and treatment – itch!
- ▶ Complex social/community support.
- ▶ Psychological support.
- ▶ Facilitating multidisciplinary collaboration.



Principles of skincare in CTCL



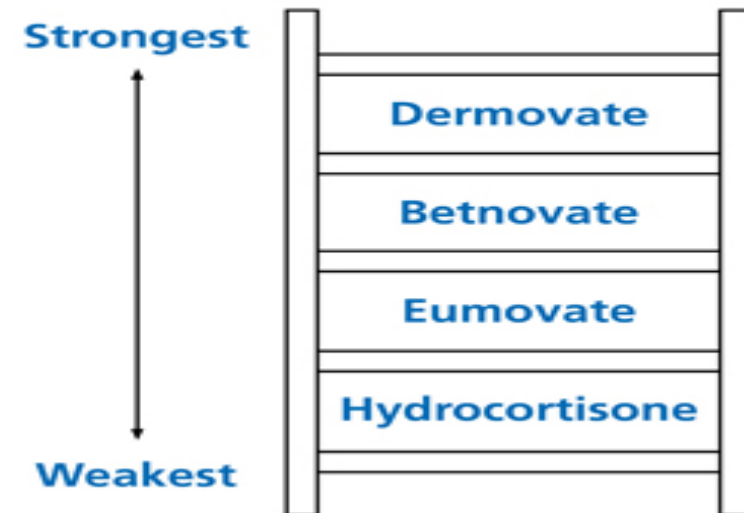
Emollients

- ▶ Emollients work to moisturise the skin by increasing the amount of water held in the stratum corneum.
- ▶ Drier the skin, the greasier the emollient.
- ▶ Patient preference is important.
- ▶ Antimicrobials can be used if infection is a concern.
- ▶ High quantities can be required.
- ▶ Can use under occlusion.
- ▶ Decant to use to prevent infection.



Corticosteroids

- ▶ Used for patch and plaque disease.
- ▶ Reduce inflammation, improve itching and cause tumour cell apoptosis.
- ▶ Use high potency concentrations for up to 6 weeks.
- ▶ Apply emollient first, then steroids 1 hour later
- ▶ Secondary infections are common, fucibet, dermovate NN, trimovate can be used
- ▶ Used for palliation, not cure.
- ▶ Tacrolimus – non-steroidal alternative, faces and flexures.



Skin care and wound care plans

Skin care plans

- ▶ Cleanse
- ▶ Moisturise
- ▶ Treat

Wound care plans

- ▶ Dressing selection
- ▶ Secure

CTCL Skin Care Plans

Soap substitutes

Dry? → Emulsifying ointment, emollient cream

Infected? → Dermol 500, octenisan

Bath additives

Dry? → Emulsifying ointment

Infected? → Dermol 600, Milton sterilising solution

Leave on emollients

As per patient preference

Greasier = better for dry skin

Also consider occlusion

Active treatments

Topical steroids/tacrolimus

Allow emollients to soak if for 30-60 minutes

Don't apply further topicals for 2 hours to allow contact time

Cleanse

Skincare plan:

Wash with Dermol 500 as soap substitute

- Apply to skin and allow 5 minutes of contact time to enable antimicrobial action. Rinse off

Moisturise with 50/50 WSP - aim for 2 hourly, QDS as a minimum.

- Decant from the tub into a clean bowl/container with a spatula. Do not put fingers directly into the tub to avoid cross contamination from skin to tub. Apply in downward strokes

- Occlude hands with plastic gloves if available

Apply Dermovate ointment (clobetasol propionate) to trunk and limbs once daily

- Allow 50/50 WSP 1 hour to soak in first

- Allow Dermovate 2 hours contact time before applying any further topicals ontop

Apply Eumovate ointment (clobetasone butyrate) to face, neck and ears once a day

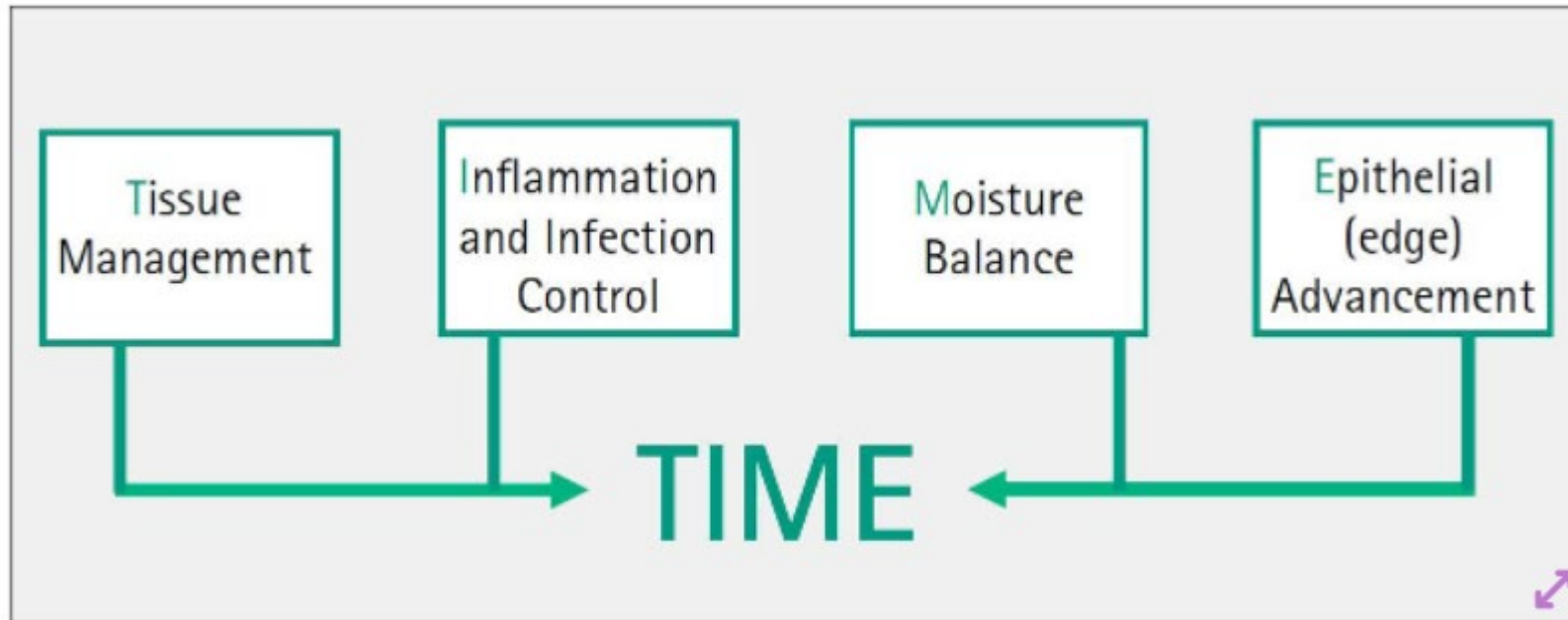
- Allow 50/50 WSP 1 hour to soak in first

- Allow Eumovate 2 hours contact time before applying any further topicals ontop

Moisturise

Treat

TIME wound bed management





TIME wound bed management

- ▶ **T** is for tissue management - Necrotic and sloughy tissue required debridement. Granulating tissue requires protection
- ▶ **I** is for inflammation and infection control - antimicrobial and anti-inflammatory topicals and dressings, iodine, flamazine, sorbact.
- ▶ **M** is for moisture balance – replacing moisture or removing moisture?
- ▶ **E** is for epithelial edge advancement – have issues, infection and moisture been addressed? Is the skin healthy, is there any undermining?

Wound care plan - dressings

Wound contact layer to protect patient skin



Thin foam dressings



Thick foam dressings





Secure

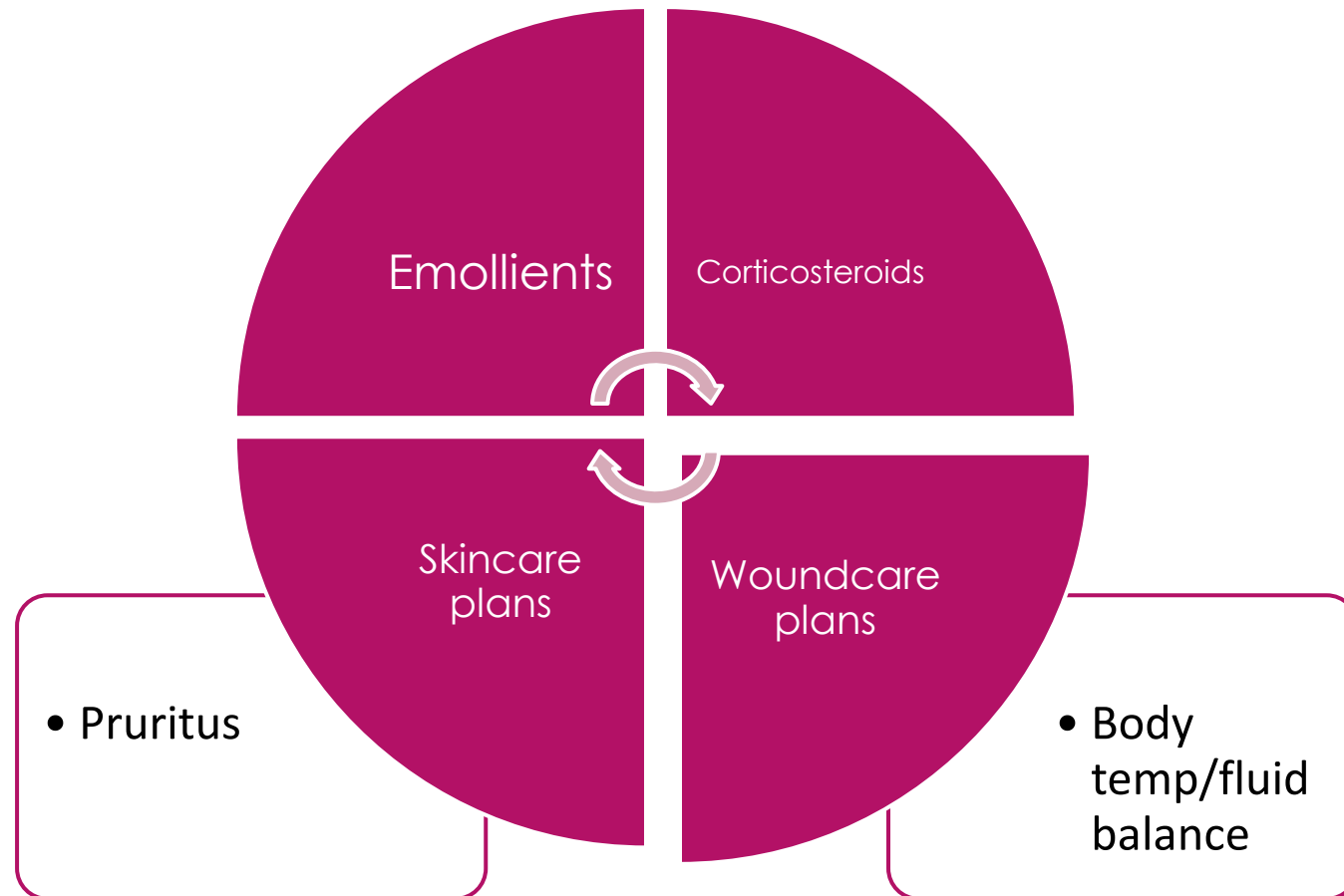
Limbs Bandaging

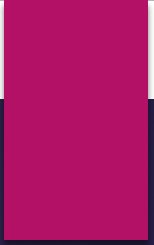


Torso Comfast garments Premade or 'DIY'



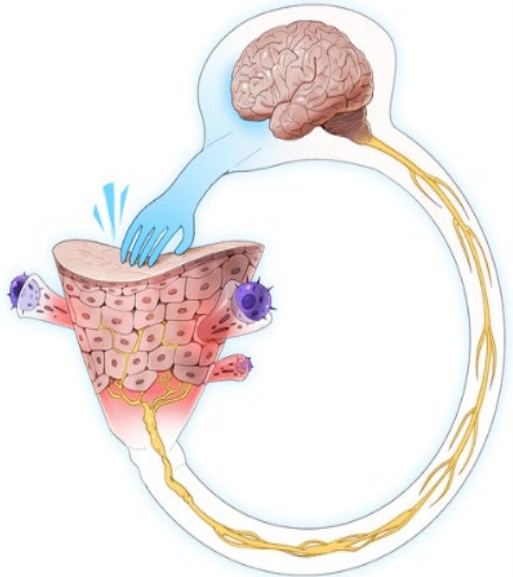
Principles of skincare in CTCL





Pruritus in MF-CTCL

- ▶ CTCL associated itch is frequent and severe, but its not clear how T-cell lymphoma mediates the itch.
- ▶ Pruritis originates in the free nerve endings of the skin. Specific pruriceptors (C-fibres) have been discovered confirming there is a specific pathway for itching.
- ▶ C-Fibres transmit the itch signal to histamine-triggered and non-histaminergic neurons, then to the dorsal horn of the spinal cord and to the cerebral cortex. The signal is transmitted to areas of the brain that affect sensation, emotion, reward, memory and pain.
- ▶ In CTCL high levels of cutaneous inflammation, cytokines and interleukins are involved.
- ▶ Folliculotropic, erythrodermic and sezary variants have increased incidence of pruritus.
- ▶ Pruritus can have several causes - uraemic pruritus, hepatic, endocrine, haematological disorders, diabetes, HIV, pregnancy, other dermatologic conditions.



Treatment of Pruritus

- ▶ Lifestyle advice – clothing, bathing, heat/cold, diet, fingernails
- ▶ Topical emollients (menthol, capsicum, lauromacragols)
- ▶ Wet dressing



- ▶ Anti-histamines (sedating and non-sedating)
- ▶ SSRI anti-depressants (mirtazapine, paroxetine, sertraline, fluoxetine)
- ▶ Sodium valproate, gabapentin and pregabalin
- ▶ Aprepitant
- ▶ Phototherapy
- ▶ ECP for Sezary
- ▶ Treatment of underlying CTCL – retinoids, chemotherapy, radiotherapy



Regulating body temperature and fluid balance

- ▶ Open wounds and erythroderma affects the body's ability to control temperature and maintain fluid balance.
- ▶ Erythroderma increases water loss, which increases risk of dehydration.
- ▶ Fevers, chills, shakes, hypothermia.
- ▶ Manage room temperature and clothing.
- ▶ Measure renal function and electrolytes.

Challenges in nursing patients MF-CTCL?

- ▶ Nursing knowledge and skill mix.
- ▶ Lack of access to specialist support
- ▶ Ward / community / primary care resources and support
- ▶ Cost of dressings
- ▶ Geographical location of centres.
- ▶ Complex social support, financial, employment needs
- ▶ Emotionally challenging role – staff turnover and burnout





CTCL guidelines

Gilson D. et al (2018) **British Association of Dermatologists and UK Cutaneous Lymphoma Group guidelines for the management of primary cutaneous lymphomas 2018**. British Journal of Dermatology. 180. 496-526.

Latzka J et al. (2023) **EORTC consensus recommendations for the treatment of mycosis fungoides/Sézary syndrome – update 2023**. European Journal of Cancer.

Scarisbrick et al (2013) **U.K. consensus statement on safe clinical prescribing of bexarotene for patients with cutaneous T-cell lymphoma**. British journal of Dermatology. 168: 192-200.

Resources

- ▶ Lymphoma Action
- ▶ Macmillan
- ▶ Cutaneous Lymphoma Foundation
- ▶ British Dermatological Nursing Group
- ▶ British Association of Dermatologist



Any questions

