

Topic Area:

What's New in B cell Lymphoma Diagnostic and Therapeutic Landscapes

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What's New in B cell Lymphoma Diagnostic and Therapeutic Landscapes

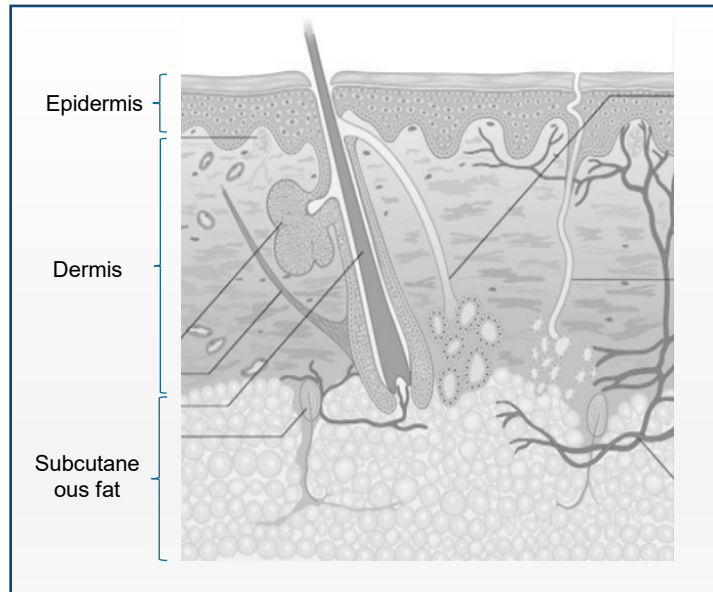
Marianne Tawa, RN, MSN, ANP

Nurse Practitioner Dermatology and Cutaneous
Oncology

Dana Farber Cancer Institute

SDNP Annual Meeting 4/23

THE SKIN: More than a just physical barrier



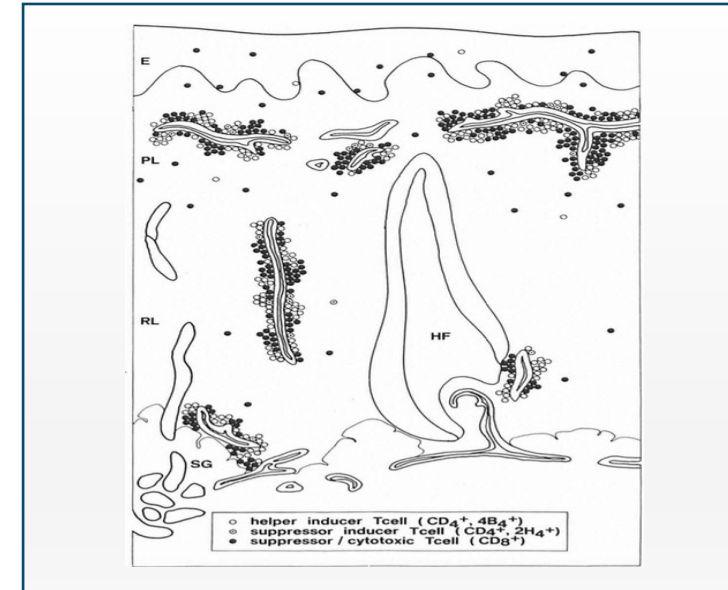
“Old View”

Current commonly held view



1922

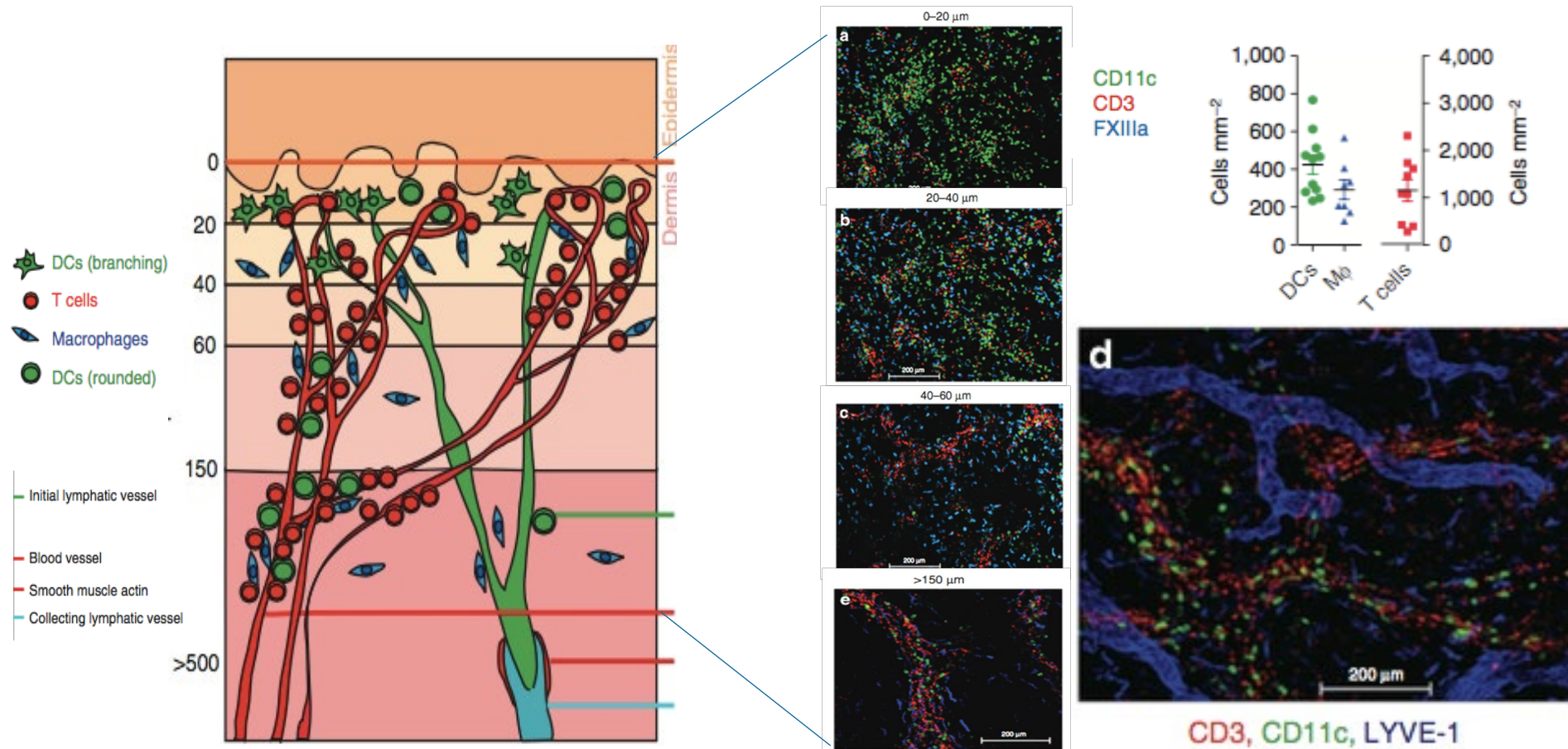
First reported observation of lymphocytes in normal skin



1970-1980's

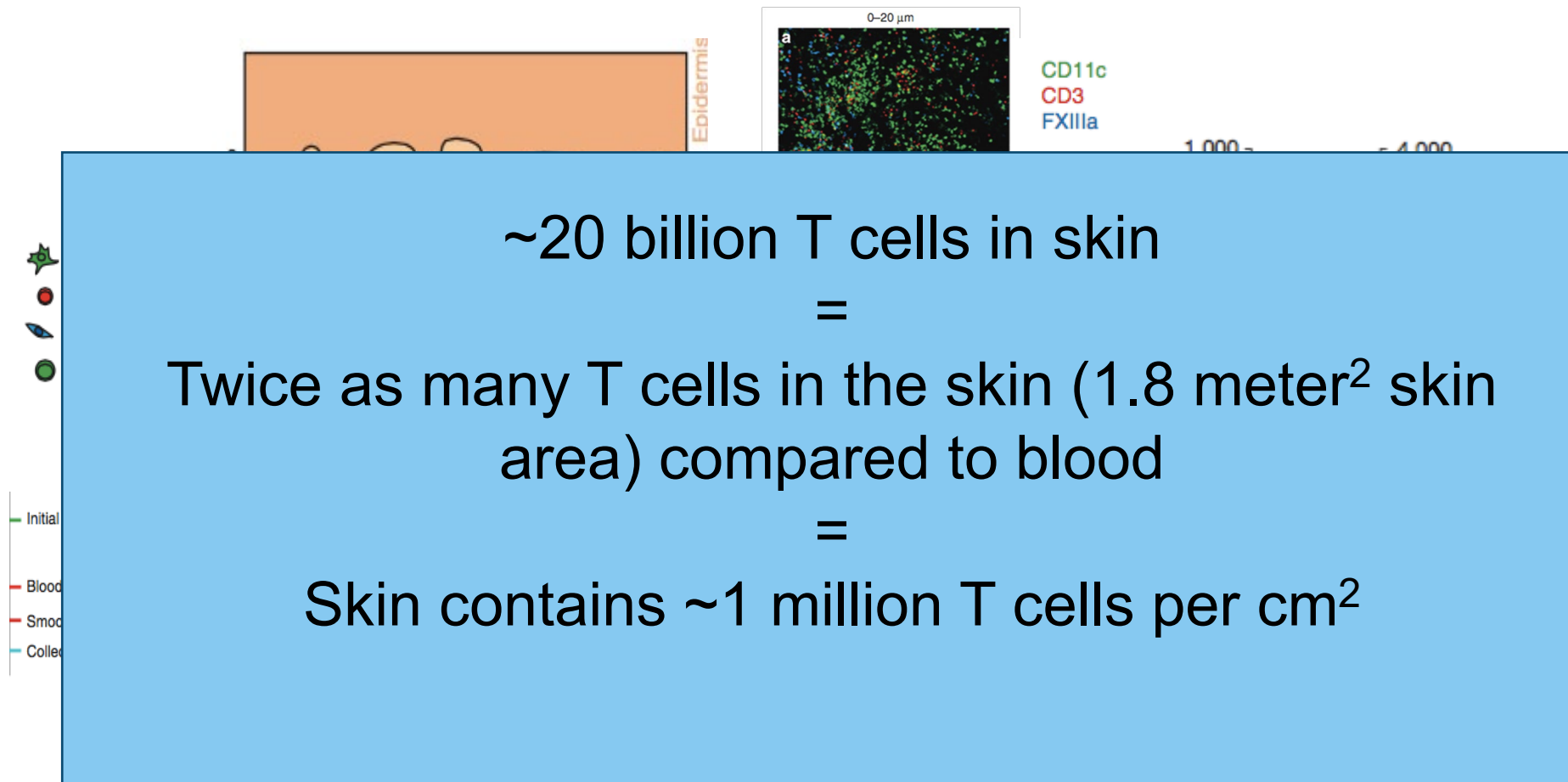
Identification of the “Skin Immune System”: presence of T cells in normal skin

Skin contains a rich immune system



Wang XN et al. A three-dimensional atlas of human dermal leukocytes, lymphatics, and blood vessels. *J Invest Dermatol.* 2014 Apr;134(4):965-974.

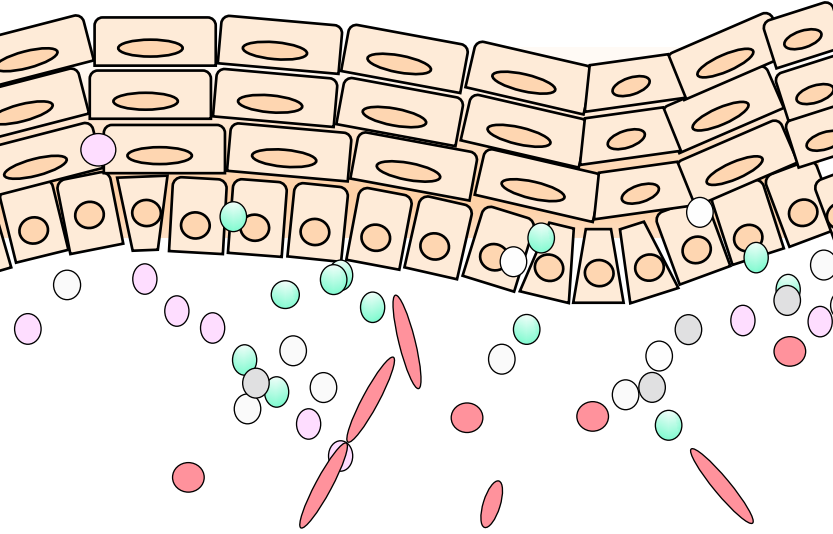
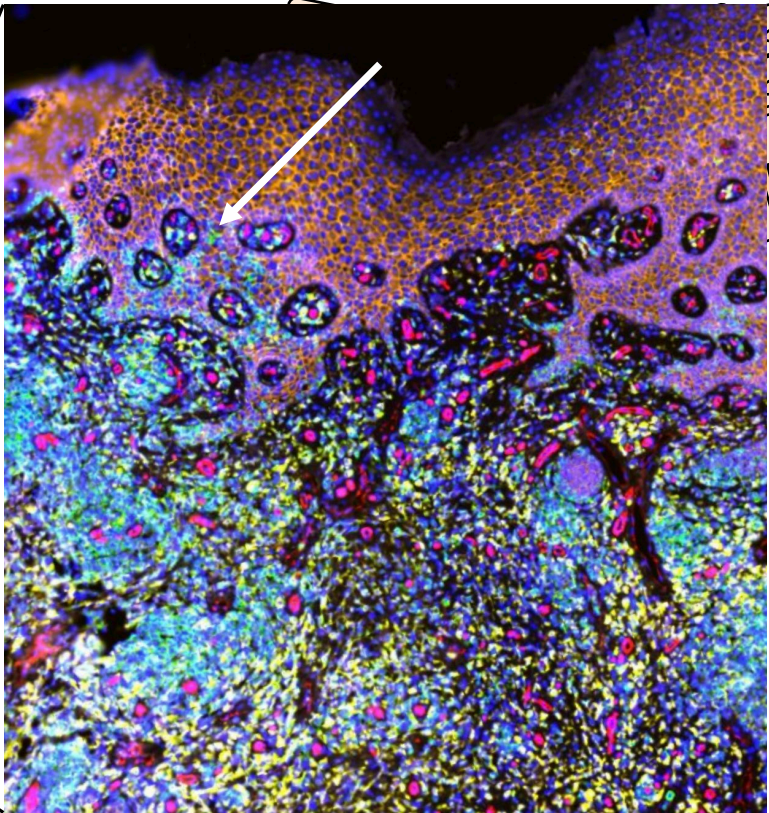
Skin contains a rich immune system

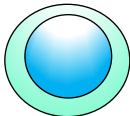
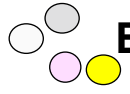




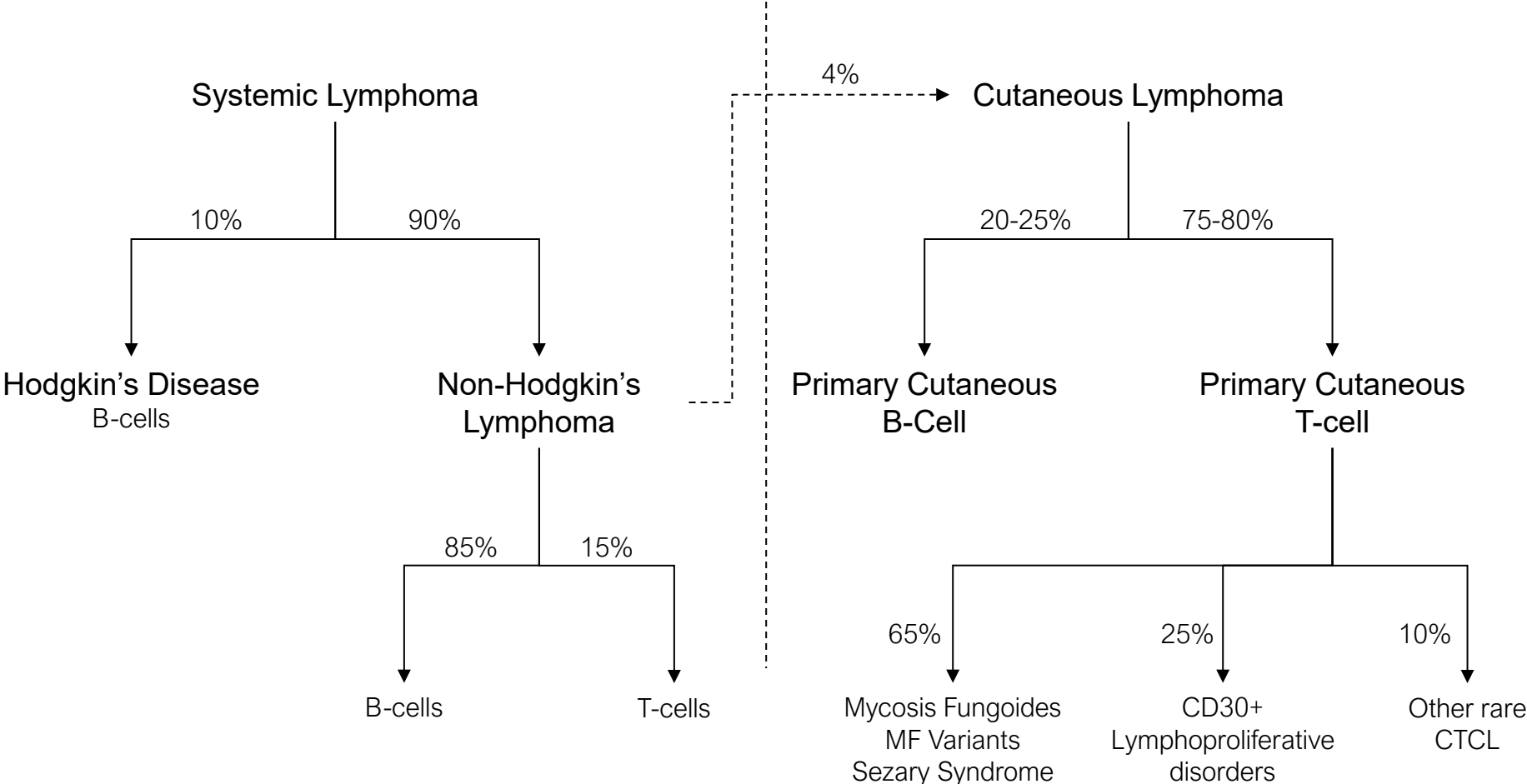
Primary cutaneous T cell lymphomas (CTCL) are *rare cancers* of a skin-homing T cells

~10 cases per million in USA (Mycosis Fungoides and Sezary Syndrome subtypes)
<4% of all non-Hodgkin's lymphoma (NHL)



 **Cancerous skin-homing T cells**
 **Benign reactive inflammatory cells**

Breakdown of Lymphomas by Type



A blue ribbon graphic with a white border, featuring the text "Primary Cutaneous B-Cell Lymphoma Update" in white. The ribbon has a folded appearance on the left side.

Primary Cutaneous B-Cell Lymphoma Update

Primary B- Cell Lymphomas *Fast Facts*

- Group of extranodal B-Cell non-Hodgkin Lymphomas
B-cell derived
- Primarily involve skin without evidence
extracutaneous disease at the time of DX (completion of staging w/u (scans/ blood/ bx)
- 25% of all Cutaneous Lymphomas
- Incidence 4 per million persons>unique
entities/features/ pathology/prognosis
- WHO, 2018- **3** major subtypes
- Primary cutaneous marginal zone(pcMZL)
- Primary cutaneous follicle center lymphoma (pcFCL)
- Primary cutaneous large B cell lymphoma, leg type

pcMZL

2-7% of all primary cutaneous lymphomas

Cause unknown, but...pc MZL has been associated with tattoo pigments, tick bites and antigen injection.

Borrelia burgdorferi infection established in Europe, but not USA

Red-violaceous small, solitary or multiple papules or nodules.

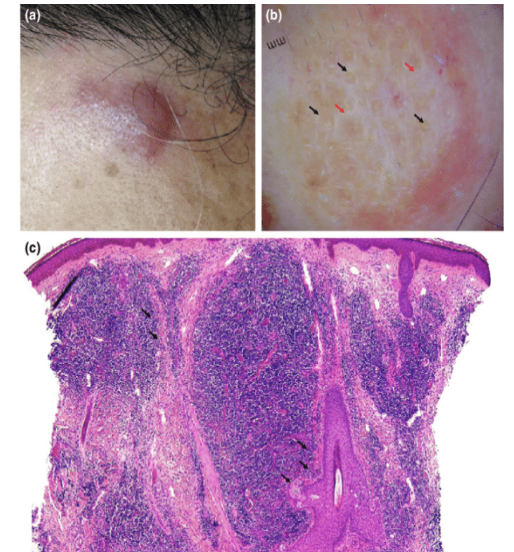
INDOLENT course

Preferentially located on trunk, arms and occasionally the head

Pathology reveals dense dermal lymphocytic infiltrates arranged in nodular or diffuse pattern.

IHC stains+ CD20, +CD22,+ CD79a + BCL 2: absence of CD3

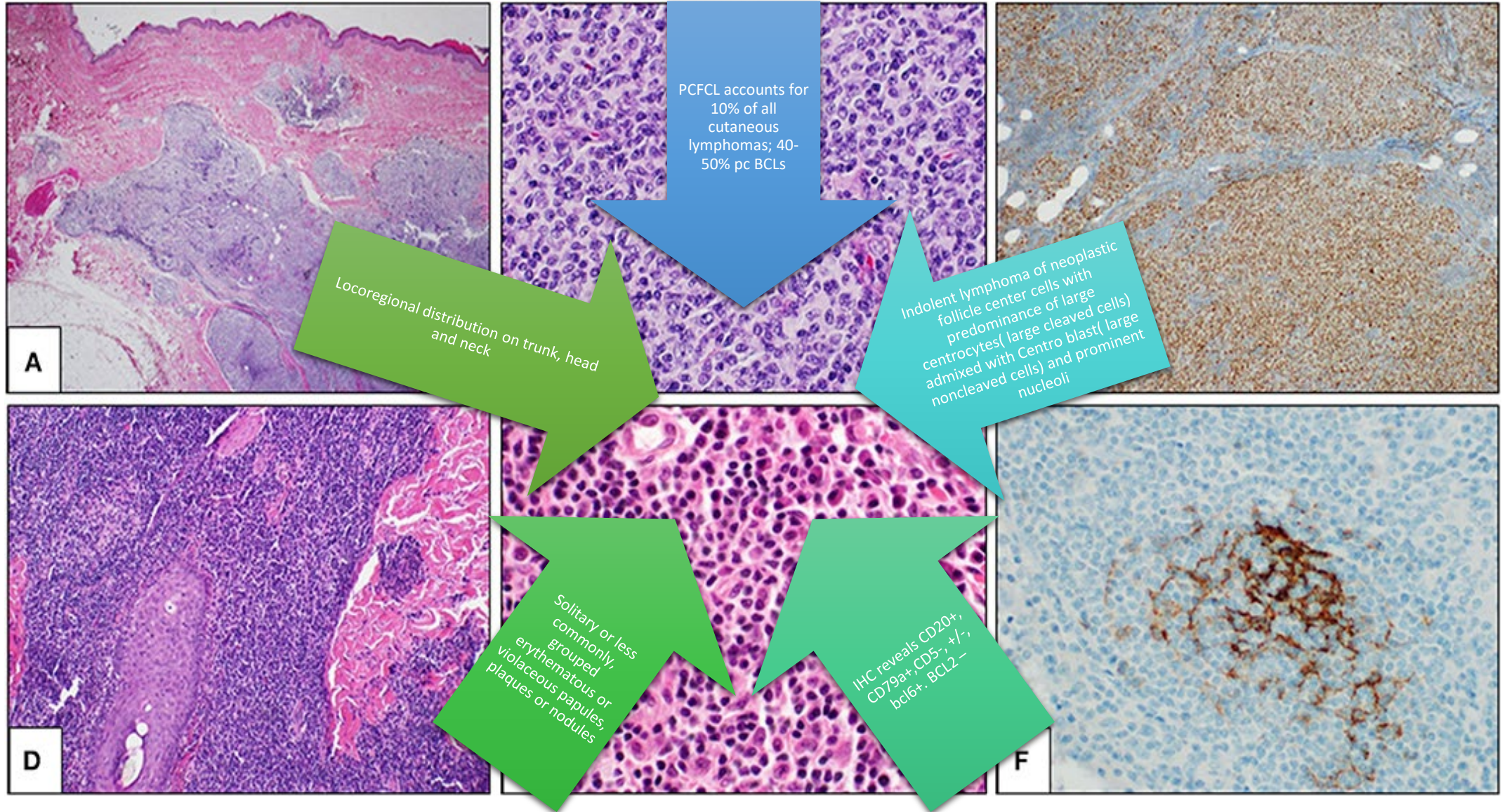
Genetic studies to document clonality



Establishing the DX and Planning TX

- Skin biopsy- 4mm at a minimum
- r/o systemic disease- absence of B sx/nl blood counts/ nl LDH/negative CAP or PET CT
- Differential DX- reactive hyperplasia/pseudo lymphomas= polyclonal
- **Excellent** prognosis
- Rare disorder, thus large trials lacking
- Treatment approach based on # lesions, location & presence of Sx (itch)
- Localized Radiation/ Excision/ Intralesional Tac/ Topical corticosteroids/ imiquimod
- IV Rituximab for multiple localized lesions

Primary Cutaneous Follicle Center Lymphoma



Making the DX and Planning TX

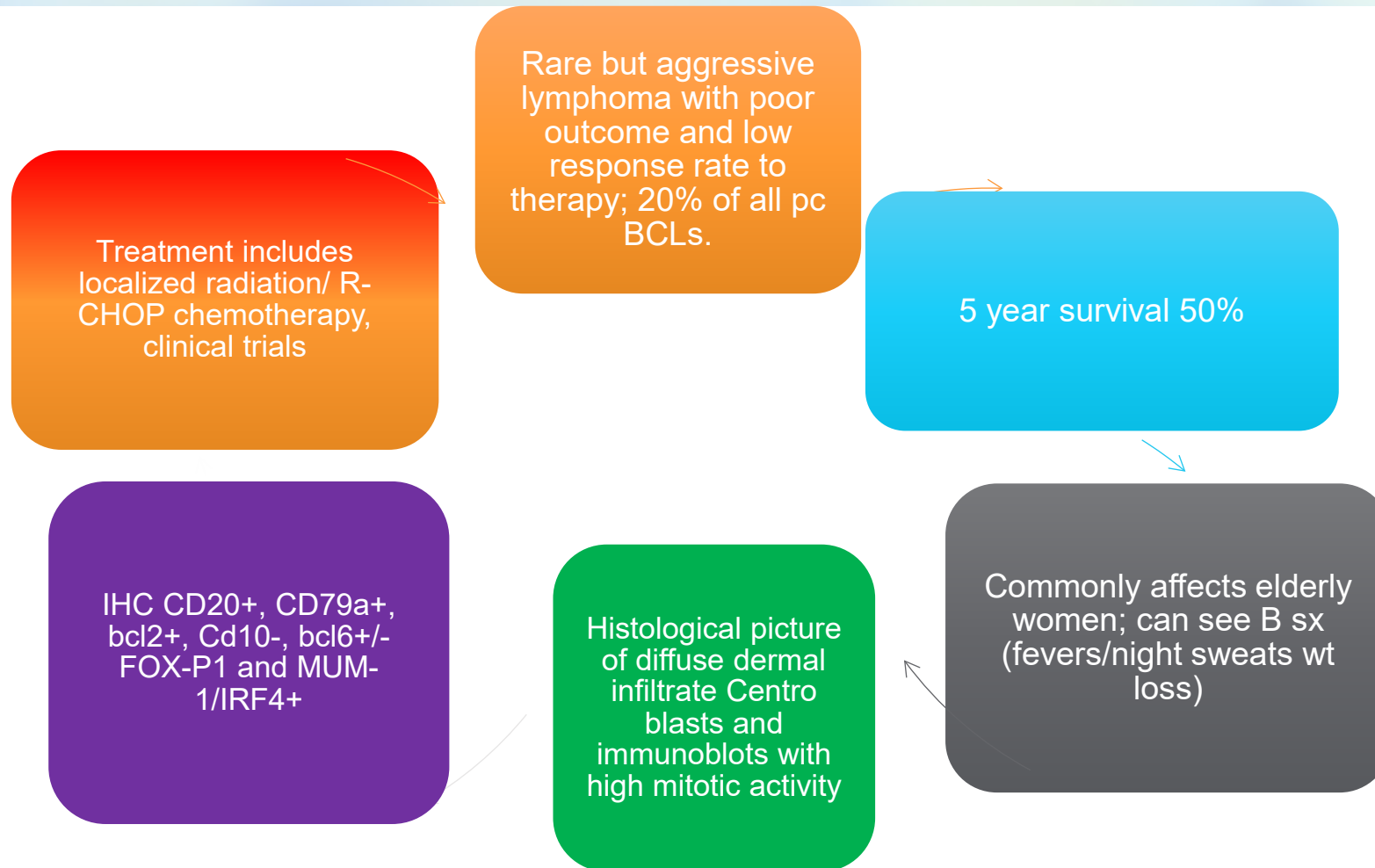
Punch Biopsy

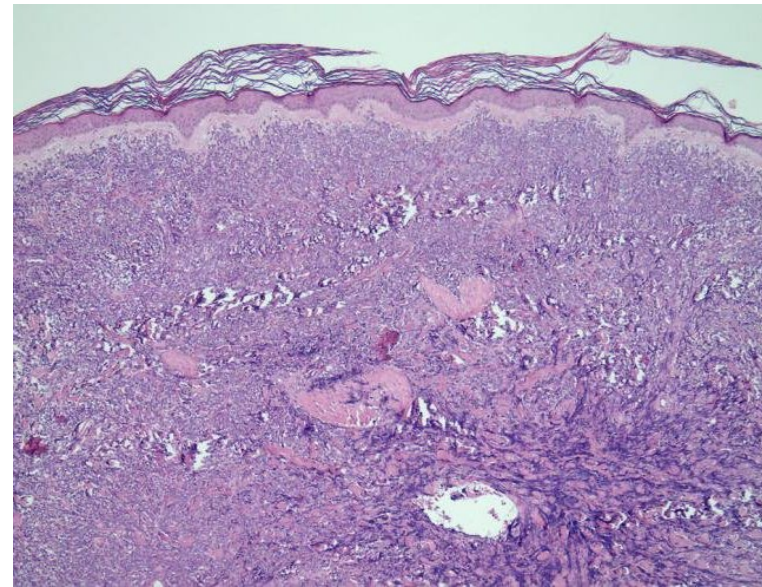
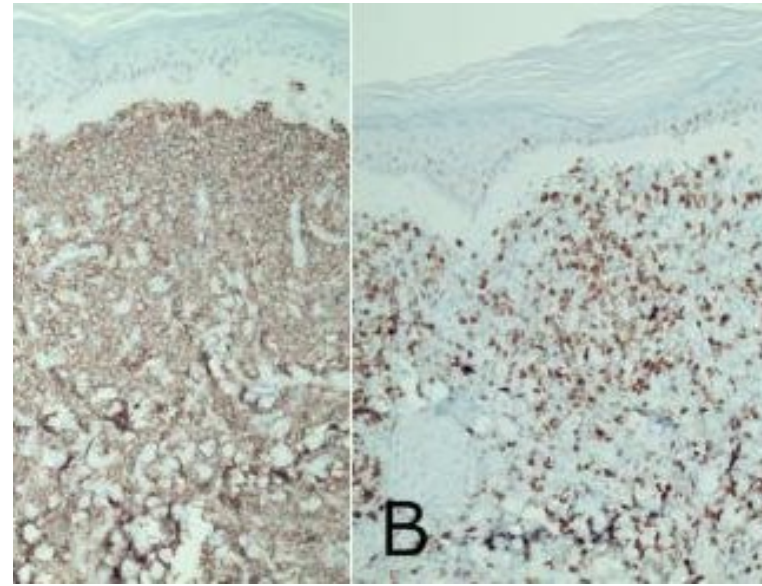
Treatment largely based
on # and distribution of
lesions

- Wait and watch
- Localized radiation
- IV Rituximab
- Cutaneous recurrences
are common 30-46.6%



Primary Cutaneous Diffuse Large B-Cell Lymphoma, Leg Type





Lower extremity
infiltrative
nodulo-tumors
+ B sx

What to do?

- Multi-agent chemotherapy
- Rarely localized radiation- *if single site*



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Thank you to the SDNP for this kind invitation
Questions and comments welcomed!