

# Evolution of the first cohort of patients with Mycosis Fungoides and Sézary Syndrome undergoing allogeneic hematopoietic progenitor cell transplantation in Argentina

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## Introduction:

Mycosis fungoides (MF) is the most common cutaneous lymphoma and Sézary syndrome (SS) is in third place.

Allogeneic hematopoietic stem cell transplantation (Allo-SCT) for advanced stage MF and for SS has shown long periods of remission and is a potentially curative treatment, but it is accompanied by a high percentage of complications, especially graft versus host disease (GVHD).

The objective of this study is to evaluate the percentage of complete response in patients with MF/SS undergoing Allo-SCT in the first retrospective cohort in Argentina and to describe the incidence of GVHD.

## Methods:

Multicenter retrospective case series of patients with advanced MF and SS (WHO 2017).

The post-transplant response percentages were evaluated as well as the percentage and degree of GVHD developed.

An analysis of overall survival (OS) and progression-free survival (PFS) with Kaplan Meier curves was performed on an exploratory basis.

## Results:

4 patients were included, 2 with advanced MF and 2 with SS. The median age at the time of Allo-SCT was 39 y (IQR 34.5-46.5); all the patients were women. Patients received a median of 2.5 (IQR 1.5-4) treatments prior to Allo-SCT. The most common were photopheresis and phototherapy in 3, followed by MTX and electron beam therapy in 2. The pre-Allo-SCT response was a partial response in 3 patients and one patient presented disease progression.

Regarding transplantation, the most common type of donor was unrelated with mismatch in 2 patients, followed by the other two patients: one haploidentical and the other unrelated histoidentical. One patient received myeloablative conditioning, while 3 reduced intensity.

The median from the diagnosis until the Allo-SCT was 7.9 years (IQR 3.4-14.5).

The median number of previous treatments was 2.5 (IQR 1.5 - 4).

The complete response post Allo-SCT was 100%

No relapses were seen and 3/4 patients are alive and in remission.

The median follow-up was 20.6 months (IQR 11.8 - 35.8).

Two patients developed acute GVHD(grade 2) and one chronic GVHD limited stage. Other grade 3/4 complications were CMV reactivation in 2 patients, hemorrhagic cystitis and engraftment syndrome in one. The only subsequent complication was a grade 5 thrombotic microangiopathy in one patient.

#### Conclusion:

Our case series is the first in Argentina and shows the evolution of patients with MF and SS undergoing Allo-SCT. All patients achieved and maintained complete response. We observed no treatment-related mortality or incidence of grade 3/4 acute GVHD. We consider Allo-SCT to be an effective and potentially curative strategy, even in patients who arrive at transplant with partial response or active disease.

Allo-SCT might cure a high percentage of patients but it's availability is limited in Argentina.