

Background

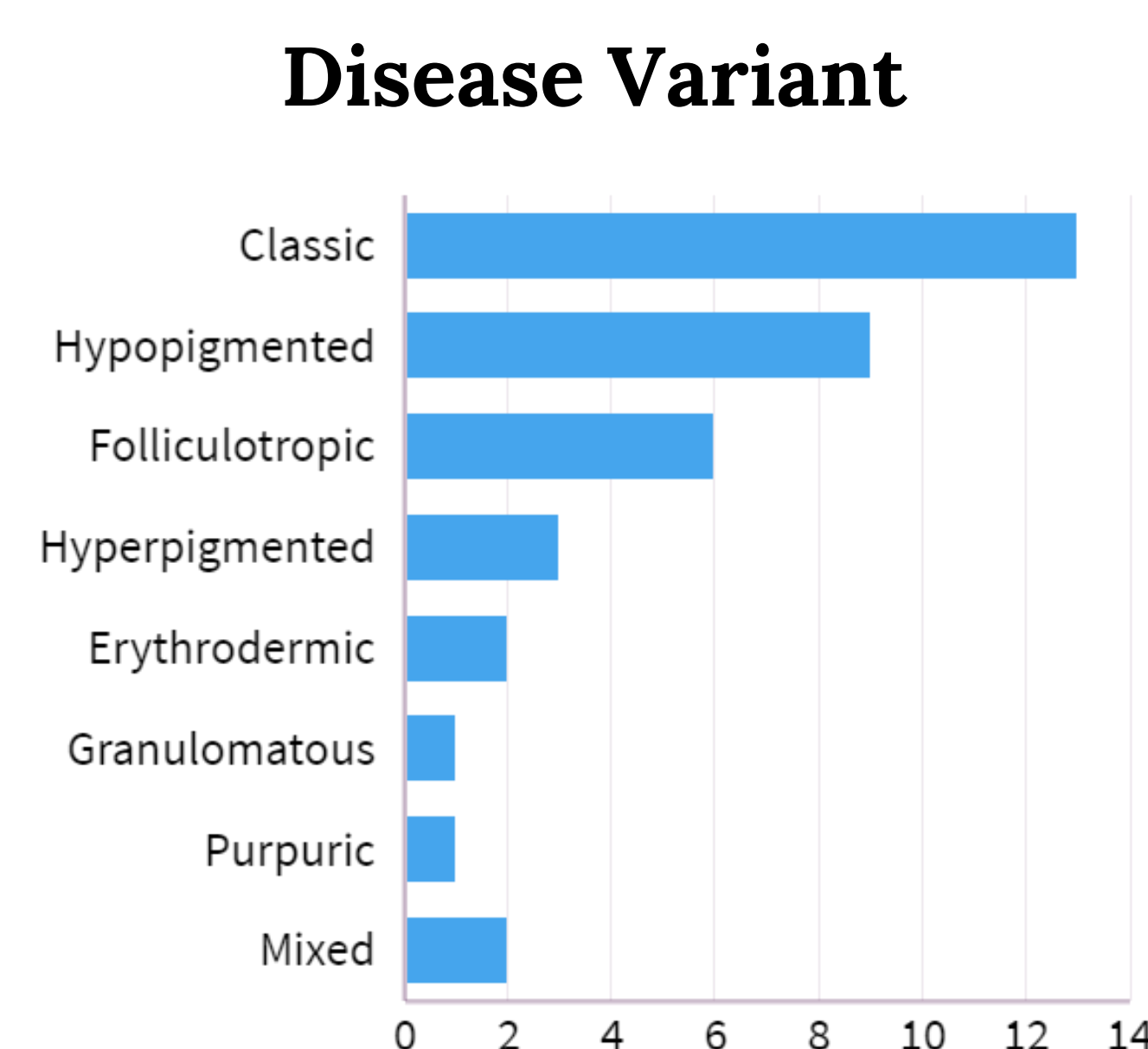
- The immunologic changes of pregnancy may affect the course of mycosis fungoides (MF)
- Primary objective: characterize MF disease activity during pregnancy and in the postpartum period (defined as 1 year after delivery)
- Secondary objective: assess management and overall survival outcomes

Methods

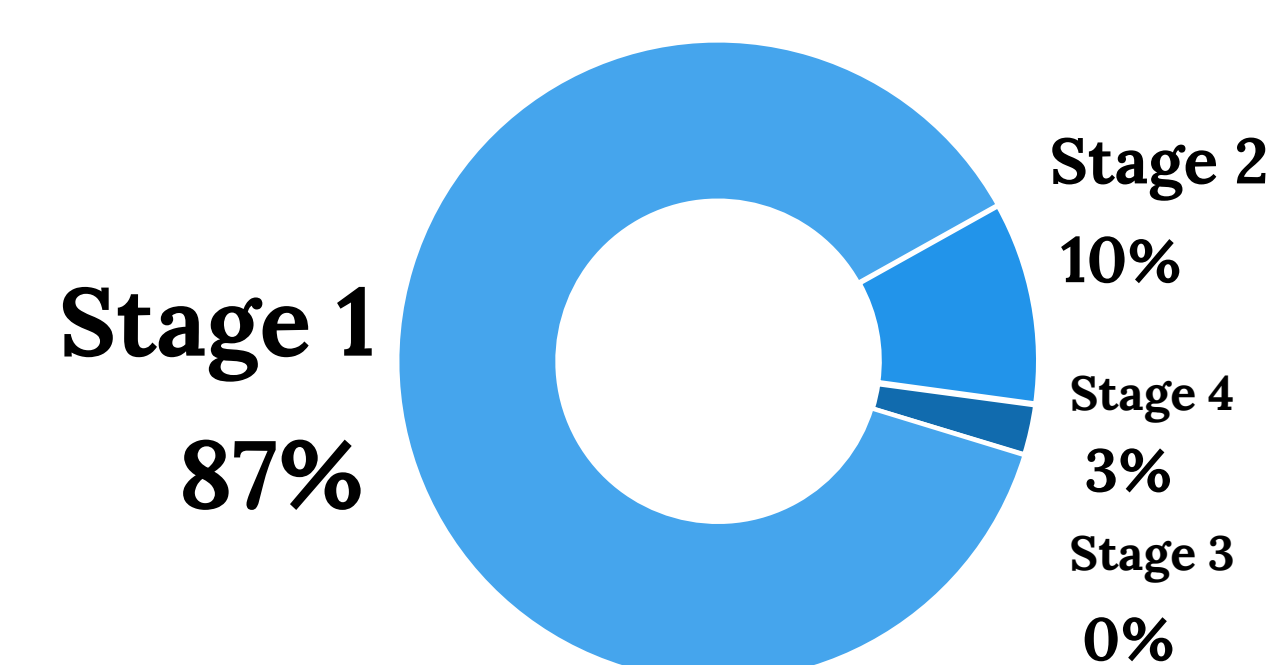
- Patients evaluated between 1980-2023 were identified from an institutional cutaneous lymphoma database for retrospective review
- Inclusion criteria: patients diagnosed with MF prior to onset of pregnancy. Patient reported changes in disease during and after pregnancy were assessed based on HPI.

Baseline features

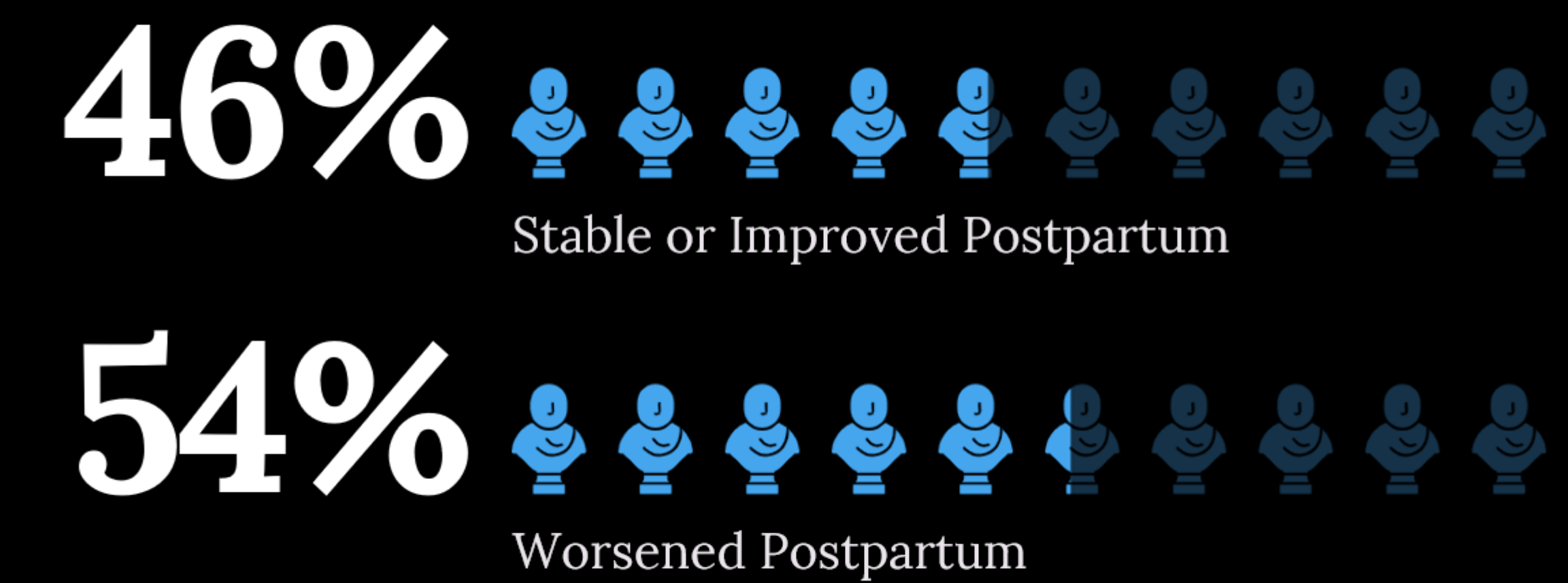
- n = 37 patients evaluated over 39 pregnancies
- Median age at pregnancy: 32 years (range: 18-46 years)



Stage prior to Pregnancy



Disease behavior & pregnancy



- In total, 54% of patients demonstrated worsening of MF activity in the pregnancy and immediate postpartum period
- Patients experienced worsening disease more frequently in the postpartum period compared to during pregnancy (54% vs. 13%, p<0.05)
- Advancement in stage was observed in 11% (4/37) patients, all of which occurred in the postpartum period compared to none during pregnancy.
- In 56% (22/39) of pregnancies, patients opted for close monitoring of disease without active therapy; the remaining patients were managed with topical corticosteroids and narrow band UVB (nbUVB) phototherapy
- Five-year overall survival: 95%
- 100% of pregnancies (n = 39/39) had viable deliveries.

Conclusions

- In 89% of cases, MF during pregnancy or the postpartum period was characterized by a non-progressive course. Fifty four percent of patients saw worsening skin disease in the pregnancy and immediate postpartum period; however, only 11% demonstrated advancement in stage
- Forty four percent of patients were successfully managed with topical corticosteroids and nbUVB phototherapy
- We recommend joint management with a multidisciplinary team, including colleagues in Obstetrics-Gynecology, given complexity of patients and potential for progression