Session One Summary

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62 MF Cases by Panel Diagnoses

- 22% transformation
- 19% variants
- 19% others
- 13% MF
- 11% unique
- 10% tumor stage
- 3% Sézary
- 3% MF & CD30+ LPD
MF and Its Mimics: Issues and Questions

- Early stage MF (Case 165)
  - Roles of clinical history/photo/T-cell genes
  - Distinction from inflammatory lesions (164, 271)
- Pediatric MF (65) and CD8+ MF (313)
- Progression
  - Tumor stage vs. transformation vs. other (63, 186)
  - Nodal involvement by MF (264) and staging
- MF and primary CD30+ T-LPD (72, 116)
- MF and Sézary syndrome (74)
- MF variants (154, 257, 306)
Additional Cases

- Tumor Stage MF
  (118, 291)

- Transformed MF
  Large cell (102)
  Immunophenotypic switch (279)

- MF Variants
  Folliculotropism MF (119)
  Granulomatous MF (Cases 34)
  Granulomatous slack skin (239)
  Bullous (133) and pustular MF (150)

- MF and CD30+ LPD
  Folliculotropism MF and CD30+ LPD (140)
  MF to CD30+ large cell lymphoma (137)

- Unique Setting
  Spongiosis (82)
  Composite PCFCL and MF, iatrogenic immunodeficiency (111)
Case 291

CD4

CD8

Perforin

CD30
Case 118

Tumor stage MF

Case 291

Tumor stage MF with a cytotoxic T-cell phenotype

Contributions to the Open Questions:

- Classic vs. unusual clinical course
- Morphology and phenotypic variations
- MF and Sézary syndrome
- SS triad and diagnostic criteria
Case 279
Large cell transformation of MF

Cas 102

Abundant large cells (>25%)

Contributions to the Open Questions

- Clinical correlation
- Abundant large cells (>25%)
- Immunophenotypic switches
  uncommon in MF

MF with transformation and phenotypic switch

Case 279
## Cases of MF Variants

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Panel Diagnosis</th>
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<tbody>
<tr>
<td>34</td>
<td>Granulomatous MF</td>
</tr>
<tr>
<td>119</td>
<td>Folliculotopic MF and &gt;25% CD30+ large cells suggesting transformation</td>
</tr>
<tr>
<td>239</td>
<td>Granulomatous slack skin</td>
</tr>
<tr>
<td>133</td>
<td>Transformed MF with bullous features</td>
</tr>
<tr>
<td>150</td>
<td>MF, pustular variant</td>
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</tbody>
</table>
Case 140

Left chin: MF

Palm: CD30+ LPD

CD4

CD5

CD30
Case 140
Folliculotropic mycosis fungoides and concurrent primary cutaneous CD30+ T-cell LPD

Case 137
CD4 and CD8 positive MF with transformation to a CD4 and CD30 positive large T-cell lymphoma

Contributions to the Open Questions
- MF and CD30+ LPD coexist or progression?
- Clonality analysis may be valuable
- Clinical significance
Case 82

Contributions to the Open Questions

- Spongiosis – how much is too much for MF?
- Clinical info and clinicopathologic differentials
- Immunophenotypic analysis
Case 111

Composite PCFCL and MF in the context of other iatrogenic immunodeficiency-associated lymphoproliferative disorder

Contributions to the Open Questions

- Composite cutaneous lymphomas in immunodeficient settings
- Mapping out neoplastic B- and T-cell areas
- Gene rearrangement studies can be helpful
Challenges and Questions

Early Lesions (diagnostic criteria?)

Mycosis Fungoides

Variants (clinical relevance?)

Progression (classification and staging)

SS CD30+ LPD (distinction and overlap)
Conclusions

- Diagnose early MF with confidence
  - Clinical information/photographs/ and T-cell genes
  - Distinguish from inflammatory lesions/other TCL and HTLV1
- Define progression and transformation in MF
  - Importance in staging and prognosis
  - Differentials of other T-cell lymphomas
- MF and primary CD30+ LPD
  - Clinicopathologic overlap (type B and type D LyP)
  - Concurrence vs. MF transformation
- MF and Sézary syndrome
  - Related but not synonymous
- MF variants and clinical relevance
  - (folliculotropic MF, GSS, pagetoid reticulosis)