CTCL GLOBAL CARE COLLABORATIVE

# Time to Act:

## A Global Patient-Focused Consensus for Improving Care in Cutaneous T-Cell Lymphoma (CTCL)

This document is part of a disease awareness collaboration co-founded, organized and funded by Kyowa Kirin.

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# Time to Act: A Global Patient-Focused Consensus for Improving Care in CTCL

We are the **CTCL Global Care Collaborative**, and together we do work in Cutaneous T-Cell Lymphoma (CTCL), a rare and potentially life-threatening cancer.[1]

Our aim is to address the longstanding issues faced by those living with CTCL and two of its prominent subtypes — mycosis fungoides (MF) and Sézary syndrome (SS). Patients can endure **debilitating physical, emotional, and social challenges,** including painful symptoms, extensive skin disease, exhausting emotional burdens, persistent insecurities, and gravely impacted quality of life.[2] These are devastating enough but are further compounded by potential delays in diagnosis and impact on loved ones.

CTCL encompasses several types of **rare blood cancer,** which primarily manifest in the skin.[3,4] MF is the best studied form of CTCL, and is **frequently mistaken for more common, benign conditions like eczema and psoriasis.**[1,5] The rarity of the disease makes the situation complicated, and as a result, misdiagnosis is a common occurrence. Notably, in MF, the **average time to diagnosis is 3-4 years**.[5,6]

Recognizing the need for change, we have united and collaborated to develop this global consensus statement.

We advocate for **12 recommendations** to help drive the transformation of healthcare systems globally to improve diagnosis and care in CTCL. These are:

### For Healthcare Authorities to —

- Provide seamless access to expert referrals and resources for local clinicians dealing with CTCL.
- Provide support to help clinicians establish (or connect with existing) multi-disciplinary teams (MDTs).
- Expand resources available for under-resourced countries.
- Invest in new technologies for use in diagnosis and record sharing.
- Define ways to fund local training in rare diseases.
- Drive awareness and consensus of disease staging in clinical guidelines.
- Support clinicians in their efforts to improve awareness of CTCL.

### For Hospitals / Clinics to —

- Facilitate creation of, or connection with, CTCL MDTs.
- Establish seamless communication between institutions when dealing with CTCL cases.

### For CTCL Clinicians to —

- Ensure clear communication between clinical teams in CTCL cases.
- Proactively engage with non-specialists and local clinicians about CTCL.
- Work with medical societies and patient groups to drive CTCL education.

We believe the implementation of these recommendations will make a significant, positive impact for people affected by CTCL, offering hope and support for those living with the disease.

As a global collaborative, we will partner with healthcare authorities, hospitals, clinicians, and other relevant stakeholders across the globe to help drive the implementation of these recommendations. **Together, we can combine our expertise, insights, and resources to finally address the unmet needs in the awareness, diagnosis, and care of CTCL.**

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# Authors and Contents

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# Executive Summary

This consensus statement outlines a vision to deliver improved diagnosis and care for people living with CTCL, a rare cancer of white blood cells, primarily manifesting in the skin.[1,3,4] It has been **developed by an international cross-community collaboration of patient advocates.**

## Issue

CTCL often causes discomfort, pain, extensive skin disease, and fatigue.[2] Mentally, it can bring depression, frustration, and embarrassment.[2] Those living with such symptoms may endure these burdens every day.

However, their burden is unnecessarily compounded by **limitations in diagnosis, testing, and care,** including:

- **Symptoms of MF being mistaken for more common conditions**, notably psoriasis or eczema.
- **Delayed diagnoses,** (taking anywhere from three years to over a decade in MF), which may impact prognosis.
- **Inaccurate disease staging,** indicating a potential limitation in understanding of the disease.
- **Unequal access and availability of care** across the globe.

It is imperative to raise awareness of CTCL and reform healthcare systems globally to solve these issues.

## Solution

**12 recommendations to improve awareness, diagnosis, and care** in healthcare systems, namely:

### For Healthcare Authorities to —

- Provide seamless access to expert referrals and resources for local clinicians dealing with CTCL.
- Provide support to help clinicians establish (or connect with existing) MDTs.
- Expand resources available for under-resourced countries.
- Invest in new technologies for use in diagnosis and record sharing.
- Define ways to fund local training in rare diseases.
- Drive awareness and consensus of disease staging in clinical guidelines.
- Support clinicians in their efforts to improve awareness of CTCL.

### For Hospitals / Clinics to —

- Facilitate creation of, or connection with, CTCL MDTs.
- Establish seamless communication between institutions when dealing with CTCL cases.

### For CTCL Clinicians to —

- Ensure clear communication between clinical teams in CTCL cases.
- Proactively engage with non-specialists and local clinicians about CTCL.
- Work with medical societies and patient groups to drive CTCL education.

## Value

Implementing these recommendations will assist healthcare systems to more robustly identify and manage cases of CTCL. This will enhance the care of those living with the disease and help to elevate their quality of life, particularly when addressing long-standing issues.

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# What is CTCL?

## Overview

Primary cutaneous lymphomas are a rare group of non-Hodgkin's lymphoma, and within these, T-cell derived lymphomas are the most common forms.[5,7]

T-cells are a type of white blood cell that help the immune system fight off germs and bacteria.[8] However, in T-cell lymphomas, T-cells acquire abnormalities — **in CTCL, the abnormal cells accumulate in the skin**.[8] These abnormal T-cells can also be present in the blood, lymph nodes, and internal organs.[9]

CTCL can manifest as persistent skin patches and / or raised, scaly plaques, often with constant itching.[2,10] More pronounced lesions can also occur.[11] Often, in the early stages of its most prominent form, these **symptoms are mistaken** for more common, benign conditions like psoriasis or eczema.[5]

## Subtypes

The best studied subtypes of CTCL are MF and SS. **Together, they make up around two thirds of all cases, with MF accounting for 60% and SS for 5%.**[7]

MF is more common, and features skin redness and rashes, dry, scaly patches or plaques, and in some instances, skin tumours.[2,12] It does not always progress to advanced-stage disease, but when it does, it generally does so slowly.[12] **It is also challenging to diagnose at early stage.**[12]

SS is a rarer, more aggressive form of CTCL than MF — **it can cause total body redness, intense itching and scaling of the skin**.[2,7] It also affects the blood and potentially other areas of the body, such as the lymph nodes.

Beyond MF and SS, there are various other subtypes of CTCL, including lymphomatoid papulosis, primary cutaneous anaplastic large cell lymphoma and pagetoid reticulosis.[1]

## Demographic Breakdown

Whilst we do not know what causes CTCL, we do know who it is more likely to affect:

- **Older people**, from potentially mid-40s in China,[13] to an average age onset between mid-50s to mid-60s in the United States and Europe.[14,15,16]

- **Men**, in whom CTCL is two times more common than in women.[17]

- **People with darker skin tones**, and notably African Americans / Black people, who are two times more likely to develop CTCL.[18]

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# The Impact of CTCL

**People living with CTCL can struggle with physical, emotional, and social impacts that may deteriorate quality of life.**

Physically, the debilitating skin symptoms at advanced-stage disease can cause discomfort, pain, sleep disturbances and fatigue.[2] They **can gravely impact someone's ability to conduct the daily tasks that many of us take for granted**.[2]

> "What tortures me the most about this illness is its recurrent nature; I can't seem to fully recover, and my life seems to revolve around hospital visits."
>
> *Liang, living with CTCL in China.*

Some **may also struggle with embarrassment,** brought on by the physical presentation of their skin symptoms, which can also lead to feelings of isolation.[2]

> "The most unbearable aspect of this disease for me is that it appears on exposed areas like the face or hands, so I try to avoid going out as much as possible. I can't stand the way people look at me, as if I've done something wrong."
>
> *Dong, living with CTCL in China.*

**The effect of CTCL goes far beyond the medical diagnosis.** Every day, it has a **profound impact** on those who live with it and their loved ones, from the debilitating physical symptoms through to the heavy burden of emotional and social problems.

> "My CTCL caused a large tumor to develop on my neck. It was like a brick attached to me."
>
> *Michael, living with CTCL in the UK.*

It can interfere with someone's social life and family relationships, and make it difficult to hold down a job or stay in school.[2]

The **emotional and social** effects are challenging. Some living with CTCL face depression, insecurity, feelings of frustration, and anger.[2]

> "I stopped working during the day. Instead, I took night jobs because I didn't want anyone to see my skin like that. And for me, I didn't want to deal with the itching."
>
> *Carole, living with CTCL in the United States.*

As CTCL is a rare disease, **it can be challenging to meet others with similar experiences or access support groups and educational resources.** This heightens their feeling of isolation even more.

> "From my scalp to my toes, the floor around me is covered with abnormal dead skin cells, like a sack of sugar, and my hands and feet are all cracked and torn."
>
> *Lee, living with CTCL in South Korea.*

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# The Unmet Needs in CTCL

## Diagnosis

Perhaps the most significant unmet need is **accurate and timely diagnosis.**

Diagnosing CTCL is challenging. It is rare and in subtypes such as MF, it presents similarly to psoriasis and eczema.[5] Furthermore, clinicians only tend to consider CTCL after a patient does not respond to treatment for more common, benign conditions.[19] Living in travelable distance to a specialist center is also a factor, as patients are more likely to be diagnosed if they can access specialists more easily.

**The average time to an MF diagnosis is 3-4 years.[5,6] Some people wait over a decade.[20] In many cases, patients will end up being referred to multiple specialists.**

Patients with early-stage MF tend to survive longer than those with advanced-stage disease.[21] However, when there are delays in diagnosis, and subsequently entry into care, those living with the disease can be significantly and unnecessarily impacted.

## Staging

Beyond diagnosis, there is a need to accurately assess the disease stage. Disease staging in MF and SS requires the assessment of four areas — skin, lymph nodes, blood, and internal organs, using clinical examination and a variety of investigative techniques.[4] Accurate disease staging is vital to inform the severity of disease, influencing analysis of prognosis, treatment, and overall management of the disease.[22] However, **in some areas such as blood involvement, there is a lack of global clinical consensus on how best to evaluate it.**[23] Furthermore, there is a need for gene sequencing of T-cell receptors of cutaneous lymphomas, in order to aid earlier diagnosis.[22]

## Care

**Reaching a CTCL specialist can take years,** given the issues with diagnosis.[20] However, once diagnosed, there are still unmet needs. Interactions between those living with CTCL and physicians can result in uncertainty or miscommunication about prognosis following meetings, meaning there is scope to improve communications. Similarly, multi-disciplinary approaches to care within healthcare systems are not universally applied or used, despite the benefits of **using MDTs** in managing individual patient cases.

Finally, there is **uneven access to care and support, and a need for prompter referrals to experts** in every country, to ensure patients benefit from the advantages of expert, specialist care.

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# Time to Act

## Recommendations for Change

To enhance care and elevate quality of life, accurate and timely diagnoses of CTCL are essential. To drive such transformation, it is imperative to raise awareness of CTCL and reform healthcare systems globally.

This can be achieved by action from healthcare authorities, hospitals / clinics, and individual CTCL clinicians, so we call for implementation of the following **12 recommendations:**

## Healthcare Authorities should:

- **Provide seamless access to expert referrals and resources for local clinicians**, both within their countries and beyond, using methods such as local collaboration groups.
- **Provide financial and administrative support to help clinicians establish (or connect with existing) MDTs**, fostering their expansion across their regions.
- **Expand support in under-resourced countries**, including the availability of scans and biopsies when needed.
- **Invest in new technologies and digital tools**, for diagnosis and swift record sharing.
- **Define ways to fund training locally in rare diseases**, supporting financially stretched healthcare systems to help clinicians benefit from courses and certifications.
- **Drive awareness and consensus of disease staging in clinical guidelines** and facilitate clinical consensus on how best to test for CTCL in the areas of the body it affects.
- **Support clinicians in improving awareness of CTCL** within healthcare systems and professional societies, by aiding education and training.

## Hospitals / Clinics should:

- **Facilitate creation of, or connection with, CTCL MDTs**, so more people living with CTCL can benefit from the focused care of a team of specialist clinicians and nurses.
- **Seamlessly communicate with each other in CTCL cases**, ensuring key learnings are shared and implemented for patients to have a smooth care journey.

## CTCL Clinicians should:

- **Ensure clear communication within clinical teams**, learning from current practices and past cases, so those in their care do not receive incoherent information.
- **Proactively engage with non-specialists and local clinicians in their healthcare systems**, facilitating greater education in the specifics of CTCL to increase earlier diagnosis.
- **Work with medical societies and patient groups to drive CTCL education,** focused on their clinical and patient audiences respectively in publications and at conferences.

As a global collaborative of organizations and clinicians working in CTCL, we look forward to partnering with healthcare authorities, hospitals, and other clinicians across the globe to help drive change.

**Together, we can combine our expertise, insights, and resources to ensure meaningful progress, and therefore finally address the unmet needs that have persisted in the awareness, diagnosis, and care of CTCL for far too long.**

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