

Short-Term Recommendations for the Management of T-Cell and Primary Cutaneous Lymphomas During COVID-19

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The COVID-19 pandemic poses unprecedented challenges for patients, clinicians, and health care systems. As a result, our clinical practices need to adjust to reduce the risk of transmission of COVID-19. We have compiled preliminary recommendations for the treatment of patients with T-cell lymphomas and cutaneous lymphomas amidst the COVID-19 pandemic. Many of us are employing these tactics in an effort to minimize the risks of exposure to COVID-19 while still providing optimal care for our patients with systemic T-cell and cutaneous lymphomas.

These are recommendations, and are not intended to supersede individual physician judgment, nor institutional policy or guidelines. Physicians should decide on the appropriate medical advice, diagnosis, and treatment for patients depending on their clinical judgment, institutional preferences, and the individual needs of their patients. These recommendations should be taken in the context of each institution's resources, local resources, and prevalence of the COVID-19 pandemic in their region. The COVID-19 pandemic may vary in severity and in geography over time, and these recommendations are subject to change with the changing clinical environment of COVID-19 pandemic severity.

- For patients being treated for curative intent for whom initiation of therapy cannot be delayed, we recommend following the standard treatment regimens and schedules. In the end, curative treatment should not suffer from shortcuts if at all possible. The health and well-being of the patient will remain the highest priority. The risk of infection has to be balanced against both short- and long-term treatment benefits.
- Determining the initial diagnosis remains important; however, additional staging procedures that would not directly impact clinical decision-making regarding diagnosis or management may be omitted or deferred. Examples may include:
 - In a patient with cutaneous lymphoma, biopsy of a lymph node that would not change management.
- Imaging that will not impact short-term decision-making may be deferred. This could include routine surveillance imaging or baseline imaging for low-risk cutaneous lymphomas.
 - For example, for patients with mycosis fungoides, imaging can be reserved for patients for whom there is concern for nodal or visceral progression.
- For patients who are not receiving intravenous treatments, many of us are performing follow-up by telemedicine (video or phone) and getting labs locally and no more than absolutely necessary to ensure the safety of patients.
- When initiating new therapies for palliative intent, considerations include degree and duration of immunosuppression, frequency of follow-up evaluation, and frequency of treatment. Consider oral or subcutaneous therapies that can be done at home (or skin-directed therapies for those with cutaneous lymphomas) when known to be appropriate options. For patients with indolent forms of these diseases (eg, primary cutaneous B-cell lymphomas, T-cell large granular lymphocytic

leukemia), the threshold for initiating systemic treatment should be high and watchful waiting should be strongly considered.

- For patients on ongoing infusional maintenance or palliative therapy (eg, romidepsin, mogamulizumab, pralatrexate, brentuximab vedotin), consider spacing out cycles, extending treatments intervals, and/or spacing out visits to reduce exposure.
 - Use of immune checkpoint inhibitors may carry particular risk in regard to COVID-19 infection related to cytokine release syndrome or pneumonitis. Given the long half-life of these drugs, they can be safely spaced out in patients who are deriving benefit.
 - For patients with cutaneous lymphomas receiving in-clinic phototherapy, consider reducing the frequency of treatment and/or changing to home phototherapy and adding other appropriate skin-directed options.
 - For patients with cutaneous lymphomas receiving extracorporeal photopheresis (ECP), consider reducing the frequency of treatment.
- For patients with advanced cutaneous lymphomas, consider the use of a higher dose of immunomodulator or combination of two immunomodulators (ie, retinoids, interferon alfa or gamma, ECP) or oral agents that are less immunosuppressive and more intensive skin-directed therapy before infusional or immunosuppressive chemotherapy.
- For situations where a clinical trial may be the best or safest option, a clinical trial should still be considered. [See FDA Guidance on Conduct of Clinical Trials of Medical Products during COVID-19 Pandemic.](#)