BC Cancer Protocol Summary for Topical Mechlorethamine in Cutaneous T-cell Lymphoma

Protocol Code LYMECHLOR

Tumour Group Lymphoma

Contact Physician Dr. Vincent Ho

ELIGIBILITY:

- Histology: cutaneous T-cell lymphoma (mycosis fungoides)
- Used as an alternate to carmustine
- Approval from Health Canada Special Access Program must be obtained for each patient.

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None

TREATMENT:

Drug	Dose	BC Cancer Administration Guideline
mechlorethamine	160 mag/g of gol	Apply a thin layer to lesions daily as directed by Skin Lymphoma Team member*
(chlormethine, LEDAGA®)	160 mcg/g of gel	

^{*}Apply to dry skin at least 4 hours before or 30 minutes after showering or washing. Apply gel immediately or within 30 minutes after removal from the refrigerator. Return tube to refrigerator immediately after each use.

Treatment will continue daily until 1 year after remission or as specified by Skin Lymphoma Team member

DOSE MODIFICATIONS:

Cutaneous reaction	Management
Any grade of skin ulceration or blistering, or moderately severe or severe dermatitis (eg. Marked skin redness with edema)	Stop until improvement, then restart at reduced frequency of once every 3 days. If reintroduction is tolerated for at least 1 week, can increase frequency to every other day for at least 1 week then once daily application if tolerated

PRECAUTIONS:

- 1. **Cutaneous effects**: Skin irritation, erythema, rash, urticarial, skin-burning sensation, pain, pruritis, skin infections, skin ulceration, blistering, and skin hyperpigmentation are common.
- 2. Women of childbearing potential: not recommended if not using contraception.

Call tumour group chair at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

REFERENCES:

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- 3. Lessin SR, et al. Topical chemotherapy in cutaneous T-cell lymphoma: positive results of a randomized, controlled, multicenter trial testing the efficacy and safety of a novel mechlorethamine, 0.02%, gel in mycosis fungoides. JAMA Dermatol 2013;149(1):25-32.
- 4. Lindahl LM, et al. Topical nitrogen mustard therapy in patients with mycosis fungoides or parapsoriasis. J Eur Acad Dermatol Venereol. 2013;27(2):163-8.
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- 6. Lovgren ML, et al. Update on skin directed therapies in mycosis fungoides. Chin Clin Oncol 2019;8(1):1-12.
- 7. Whittaker SJ, et al. Joint British Association of Dermatologists and UK Cutaneous Lymphoma Group guidelines for the management of primary cutaneous T-cell lymphomas. B J Dermatol 2003;149:1095-107.
- 8. Kim YH, et al. Topical nitrogen mustard in the management of mycosis fungoides: update of the Stanford experience. Arch Dermatol 2003;139:165-73.
- 9. Liner K, et al. Clinical potential of mechlorethamine gel for the topical treatment of mycosis fungoidestype cutaneous T-cell lymphoma: a review on current efficacy and safety data. Drug Des Devel Ther 2018;(12):241–54.