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Chairman
Cutaneous Lymphoma Taskforce
EORTC, Brussels

EORTC Cutaneous Lymphoma Task Force
The future of cancer therapy

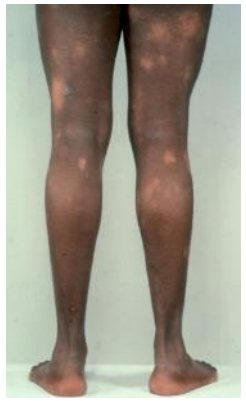
EORTC HQ, Brussels

'No conflict of interest'

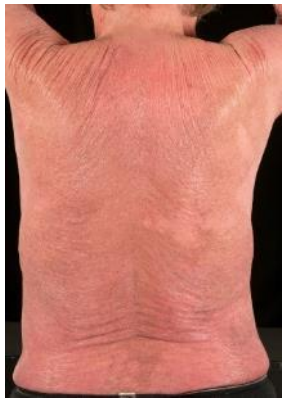
Would MF/SS fit the model for a prognostic index?

- Wide range of survival within stages[1]
  - **IB;** 5yr DSS 89%, 10yr 77%
  - **IIB;** 5yr OS 47%, 20yr 21%
  - **IIIA;** 5yr OS 47%, 20yr 25%
  - **IVA$_2$;** 5yr OS 18%, 20yr 3%

IB



IIIA



- Variety of poor prognostic variables identified in previous studies [2,3]
- No treatment shown improve survival, no cure with the exception BMT is select patients
- Treatment is frequently decided on an individual patient basis dependent on the presence of poor prognostics factors in addition to the staging & management varies between centres

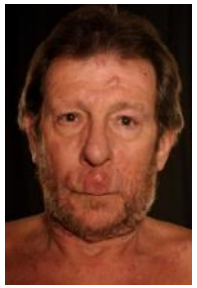
[1]Agar NS et al *J Clin Onc*. 2010;28(31):4730-9, [2]Benton E et al *Eur J Cancer*. 2013;49(13);2859-68, [3]Scarisbrick J er al *J Clin Onc* 2015;33(32):3766-73

Poor Prognostic Markers within Stage[1]

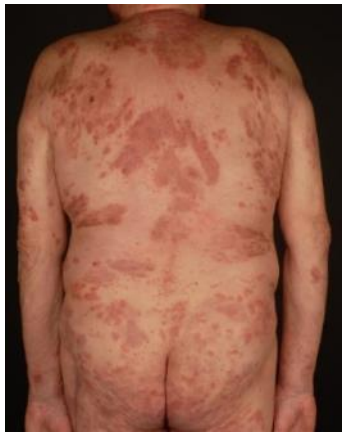
Clinical Markers

- Age of diagnosis > 60yrs
- Male Sex? Not conclusive, varies between centres

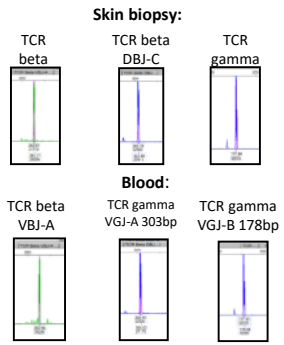
- **Pathological Skin Markers**
  - Folliculotropism
  - CD30 positivity in skin? Not conclusive, varies between centres
  - Large cell transformation (skin)
  - High cell proliferation index (Ki-67, MIB-1) in skin
- **Haematological Markers**
  - Raised lymphocyte count
  - Raised serum LDH
  - Identical clone blood and skin defined by PCR

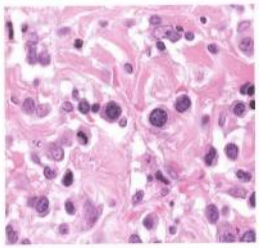


Folliculotropic tumours

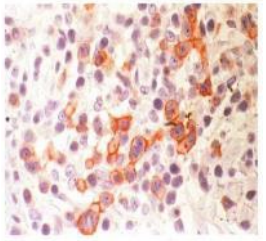


Folliculotropic plaques





Large cell transformation



CD30 positivity

[1]Scarisbrick J et al. Prognostic Factors, Prognostic Indices and Staging in Mycosis Fungoides and Sézary Syndrome: Where are we now? Br J Dermatol. 2014;170(6):1226-36.

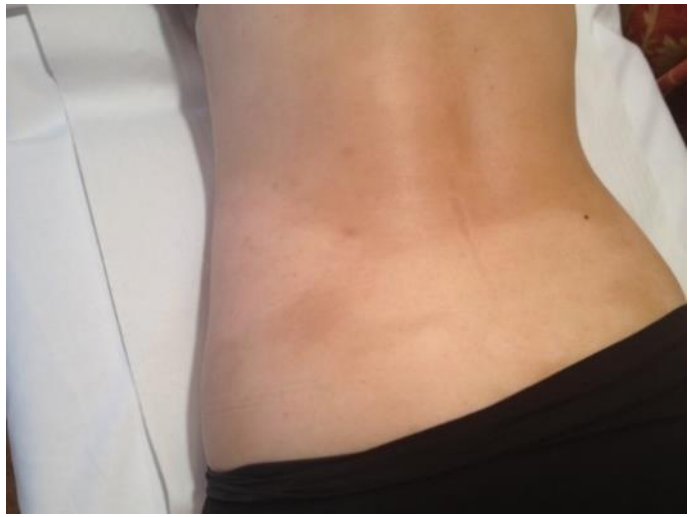
Good Prognostic Markers[1]

Clinical Markers

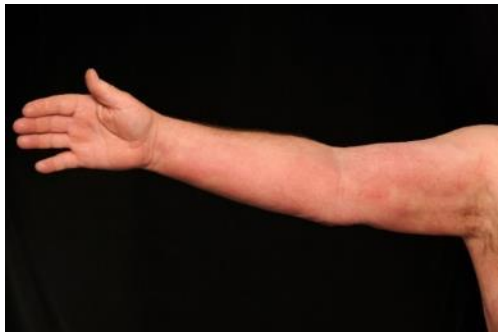
- Age of diagnosis <60yrs
- Duration MF > 10 years
- Patches without plaques
- Poikiloderma
- Hypopigmented variant
- Associated lymphomatoid papulosis

Pathological Markers

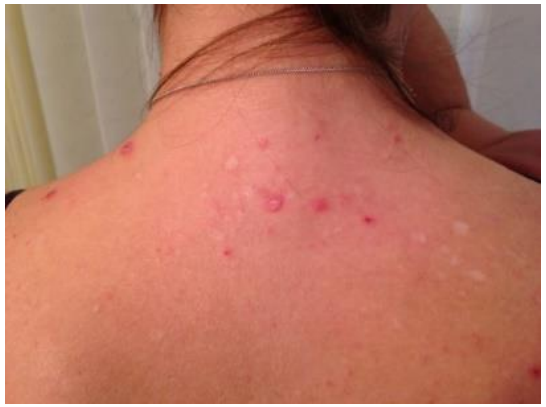
- CD8+ variant (hypopigmented, younger age)



Hypopigmented MF



Poikilodermatous MF



Lymphomatoid papulosis lesions

[1]Scarisbrick J et al. Prognostic Factors, Prognostic Indices and Staging in Mycosis Fungoides and Sézary Syndrome: Where are we now? Br J Dermatol. 2014;170(6):1226-36.

Proposed Indices in Cutaneous Lymphoma

- Prognostic Index, MD Anderson, 1999[1]

  tumours, age >60, LDH

- CTCL-Severity Index (SI), 2005[2]

  blood, lymph node involvement

- Cutaneous Lymphoma International Prognostic Index, London, 2013[3]

  male, age ≥ 60, $N_{2/3}$, $B_{1/2}$, M_1

- CLIC Retrospective Model, 29 sites, 2015[4]

  age>60, LDH, large cell transformation skin, stage IV

1 Diamandidou et al. **Prognostic factor analysis in mycosis fungoides/Sézary syndrome.** 1999 Jun;40(6 Pt 1):914-24
2 Klemke et al. **Prognostic factors and prediction of prognosis by the CTCL Severity Index in mycosis fungoides and Sézary syndrome.** 2005 Jul;153(1):118-24.
3 Benton E et al. **Cutaneous Lymphoma International Prognostic Index (CLIPi) for Mycosis Fungoides & Sezary Syndrome**. *Eur J Cancer*. 2013;49(13);2859-
4 Scarisbrick et al **Cutaneous Lymphoma International Consortium (CLIC) Study of Outcome in Advanced Stages of Mycosis Fungoides & Sézary Syndrome**:J Clin Oncology. 2015;33(32):3766-73

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

J Clin Oncology. 2015;33(32):3766-73

Cutaneous Lymphoma International Consortium Study of Outcome in Advanced Stages of Mycosis Fungoides and Sézary Syndrome: Effect of Specific Prognostic Markers on Survival and Development of a Prognostic Model

Julia J. Scarisbrick, H. Miles Prince, Maarten H. Vermeer, Pietro Quaglino, Steven Horwitz, Pierluigi Porcu, Rudolf Stadler, Gary S. Wood, Marie Beylot-Barry, Anne Pham-Ledard, Francine Foss, Michael Girardi, Martine Bagot, Laurence Michel, Maxime Battistella, Joan Guitart, Timothy M. Kuzel, Maria Estela Martinez-Escala, Teresa Estrach, Evangelia Papadavid, Christina Antoniou, Dimitis Rigopoulos, Vassilki Nikolaou, Makoto Sugaya, Tomomitsu Miyagaki, Robert Gniadecki, José Antonio Sanches, Jade Cury-Martins, Denis Miyashiro, Octavio Servitje, Cristina Muniesa, Emilio Berti, Francesco Onida, Laura Corti, Emilia Hodak, Iris Amitay-Laish, Pablo L. Ortiz-Romero, Jose L. Rodríguez-Peralto, Robert Knobler, Stefanie Porkert, Wolfgang Bauer, Nicola Pimpinelli, Vieri Grandi, Richard Cowan, Alain Rook, Ellen Kim, Alessandro Pileri, Annalisa Patrizi, Ramon M. Pujol, Henry Wong, Kelly Tyler, Rene Stranzenbach, Christiane Querfeld, Paolo Fava, Milena Maule, Rein Willemze, Felicity Evison, Stephen Morris, Robert Twigger, Rakhshandra Talpur, Jinah Kim, Grant Ognibene, Shufeng Li, Mahkam Tavallaee, Richard T. Hoppe, Madeleine Duvic, Sean J. Whittaker, and Youn H. Kim

Listen to the podcast by Dr Pinter-Brown at www.jco.org/podcasts

Prognostic Markers[1]

[1]Scarisbrick J et al. Prognostic Factors, Prognostic Indices and Staging in Mycosis Fungoides and Sézary Syndrome: Where are we now? Br J Dermatol. 2014;170(6):1226-36.

1. Stage
2. Age (99%)
3. Sex (99%)
4. mSWAT (26%)
5. WCC / lymphocyte count (60%/68%)
6. Folliculotropism (FT) (83%)
7. CD30 positivity % (skin) (50%)
8. Large Cell Transformation (skin) (86%)
9. Cell proliferation index (Ki-67, MIB-1) Skin (37%)
10. Serum LDH (73%)
11. Identical clone blood and skin defined by PCR (57%)

Tested against overall survival

Centre No	Principal Investigator (PI)	Centre Address	No of Patients
E 001	Julia Scarisbrick	University Hospital Birmingham, UK	35
E 002	Pietro Quaglino	University of Turin, Italy	50
E 004	Sean Whittaker	St Thomas' Hospital, London, UK	215
E 005	Maarten Vermeer	Leiden University Medical Centre, The Netherlands	55
E 006	Richard Cowan	Christie Hospital, Manchester UK	11
E 007	Evangelina Papadavid	Athens University Medical School, Greece	40
E 008	Pablo Oritz-Romero	Hospital 12 de Octubre, Madrid, Spain	23
E 009	Martine Bagot	Hospital St Louis, Paris, France	50
E 010	Rudolf Stadler	Johannes Wesling Medical Centre, Minden, Germany	11
E 011	Robert Gniadecki	Bispebjerg Hospital, Copenhagen University, Denmark	33
E 012	Robert Knobler	University of Vienna Medical School, Austria	7
E 018	Nicola Pimpinelli	University of Florence, Italy	22
E019	Octavio Servietje	Hospital Universitari de Bellvitge, Barcelona, Spain	15
E 020	Emmilia Hodak	Rabin Medical Center, Israel	30
E 021	Alessandro Pileri	University of Bologna, Italy	14
E 022	Marie Beylot-Barry	CHU Hospital de Bordeaux, Bordeaux, France	50
E 023	Teresa Estrach	Hospital Clinico, University of Barcelona, Spain	13
E024	Emilio Berti	University of Milano, Italy	29
E025	Ramon Pujol	Hospital del Mar. Barcelona, Barcelona, Spain	12
US-001	Youn Kim	Stanford University Medical Centre, California, USA	121
US-003	Steven Horwitz	Memorial Sloan Kettering Cancer Centre, New York, US	46
US-004	Joan Guitart	Northwestern Univesity, Chicago, USA	47
US-005	Madeleine Duvic	MD Anderson Cancer Centre, Houston, USA	169
US-006	Pierluigi Porcu	Ohio State University, Columbus, USA	11
US-010	Francine Foss	Yale University, New Haven, Conneticut, USA	40
US-011	Alain Rook	University of Pennsylvania, Pennsylvania, USA	16
A 001	Miles Prince	Peter MacCallum Cancer Centre, Australia	56
A 002	Makoto Sugaya	Faculty of Medicine, University of Tokyo, Tokyo, Japan	29
SA 001	José Antonio Sanches	University of Sao Paulo Medical School, Brazil	33

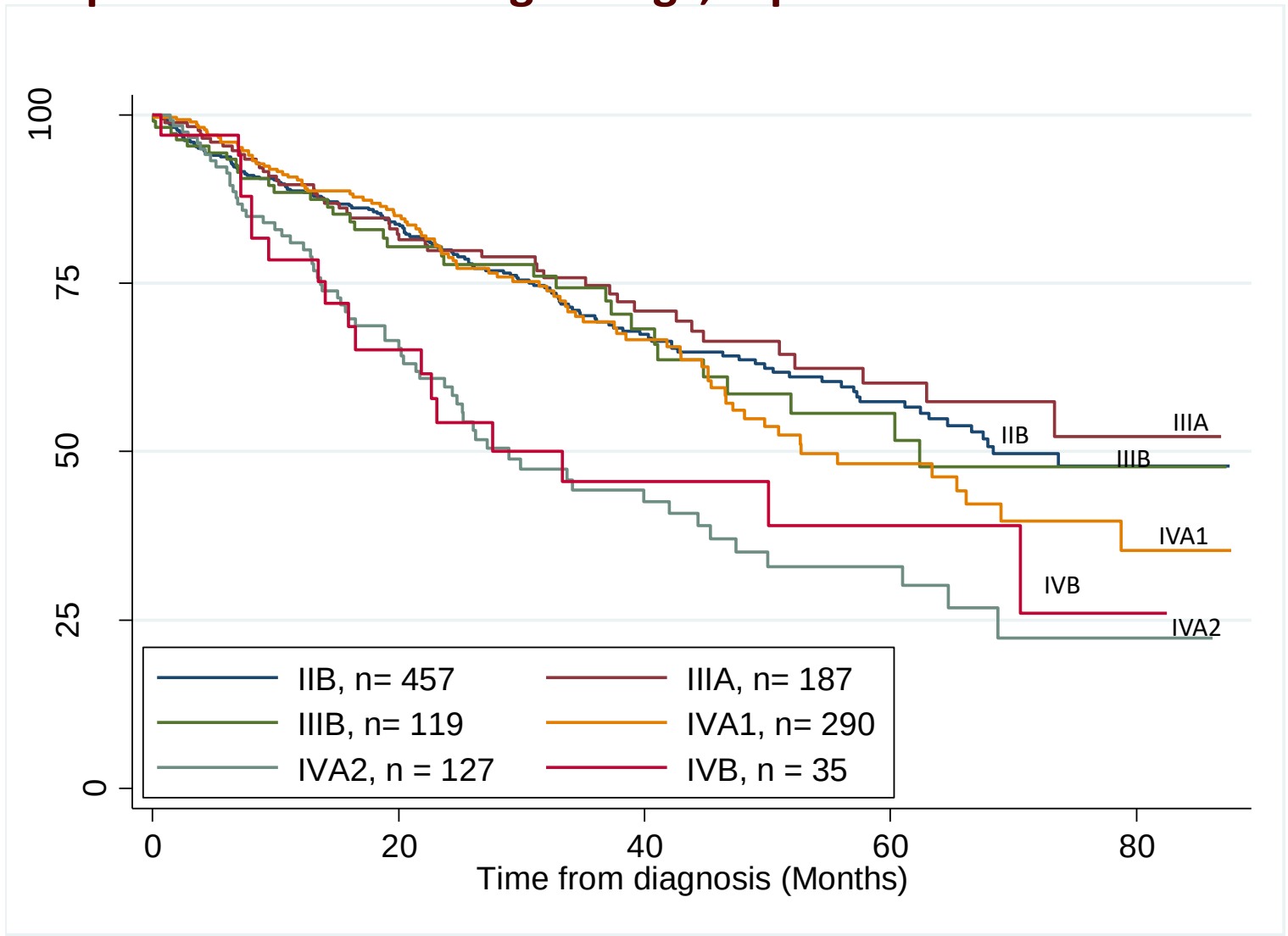
CLIC
CUTANEOUS LYMPHOMA INTERNATIONAL CONSORTIUM

29 International Sites, 5 continents
Participated recruited 1275 advanced stage patients

Disease Specific Survival (DSS) Against Stage

	No. of patients	Mean Age	Deaths	Median Survial	Mean DSS mnths	1-year DSS	2-year DSS	5-year DSS
IIB	457	62	132	NR	67	93%	80%	67% (57)
III (all)	320	65	80	NR	66	92%	85%	66% (58)
IIIA	187	63	46	NR	67	92%	84%	68% (60)
IIIB	119	66	33	NR	65	93%	87%	66% (56)
IVA (all)	463	64	168	63	57	92%	80%	52% (43)
IVA1	290	66	87	66	61	93%	85%	56% (48)
IVA2	127	60	61	44	49	87%	69%	44% (33)
IVB	35	65	18	33	44	79%	54%	39% (39)
Stages (all)	1275	63	398	NR	63	92%	83%	61% (52)

Retrospective Data According to Stage; Kaplan Meier Survival



Stage IIB n=457	1	P value
Stage III n=320	0.98 (0.71, 1.35)	0.895
Stage IVA n=463	1.54 (1.08, 2.18)	0.016
Stage IVB n=35	1.80 (1.05, 3.11)	0.034

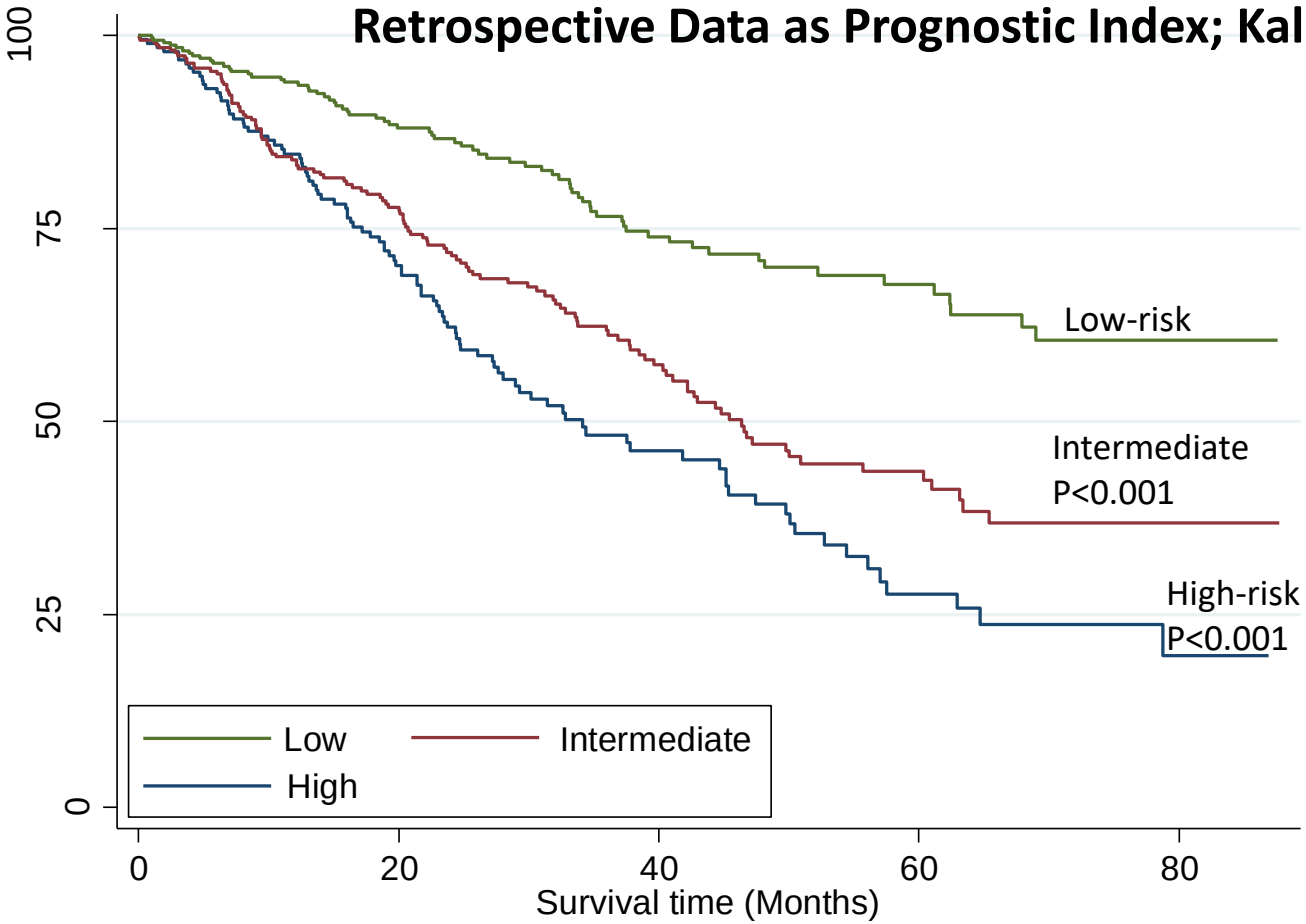
Multivariate Analysis of 1275 advanced MF/SS patients from 29 centres in 13 countries

Variable	Hazard ratio (95% CI)	p-value
Male	1.18 (0.95, 1.47)	0.142
60 +	**1.82 (1.43, 2.33)**	**<0.001**
Identical clone blood to skin Y	1.22 (0.87, 1.70)	0.248
Raised WCC	1.09 (0.80, 1.48)	0.604
Low WCC	0.80 (0.36, 1.75)	0.57
Raised LDH	**1.50 (1.15, 1.94)**	**<0.001**
Raised lymphocyte	0.75 (0.54, 1.04)	0.081
Low lymphocyte	1.20 (0.82, 1.77)	0.35
Stage III	1.17 (0.83, 1.63)	0.372
Stage IV	**1.95 (1.34, 2.86)**	**0.009**
SS (vs MF)	0.73 (0.52, 1.03)	0.073
FT at Dx N	0.61 (0.43, 0.88)	0.07
LCT at Dx Y	**1.64 (1.25, 2.16)**	**<0.001**
CD 30+ve >= 10	1.08 (0.74, 1.58)	0.677
Ki 67 +ve >=20	0.85 (0.55, 1.32)	0.472

Retrospective Data as Prognostic Index

- By combining these 4 factors significant in a prognostic model
  - Stage IV
  - Age
  - Raised LDH
  - LCT in skin
- Divides patients into risk groups for disease progression
  - Low-risk = 0-1 factors
  - Intermediate-risk = 2 factors
  - High-risk = 3-4 factors
- Separated advanced cohort into
  - **Low-risk: n = 327** (IIB n=166, III n=134, IV n=27)
  - **Intermediate-risk: n= 329** (IIB n=91, III n=82, IV n=156)
  - **High-risk: n = 201** (IIB n=20, III n=4, IV n=177)

Retrospective Data as Prognostic Index; Kalpein Meier



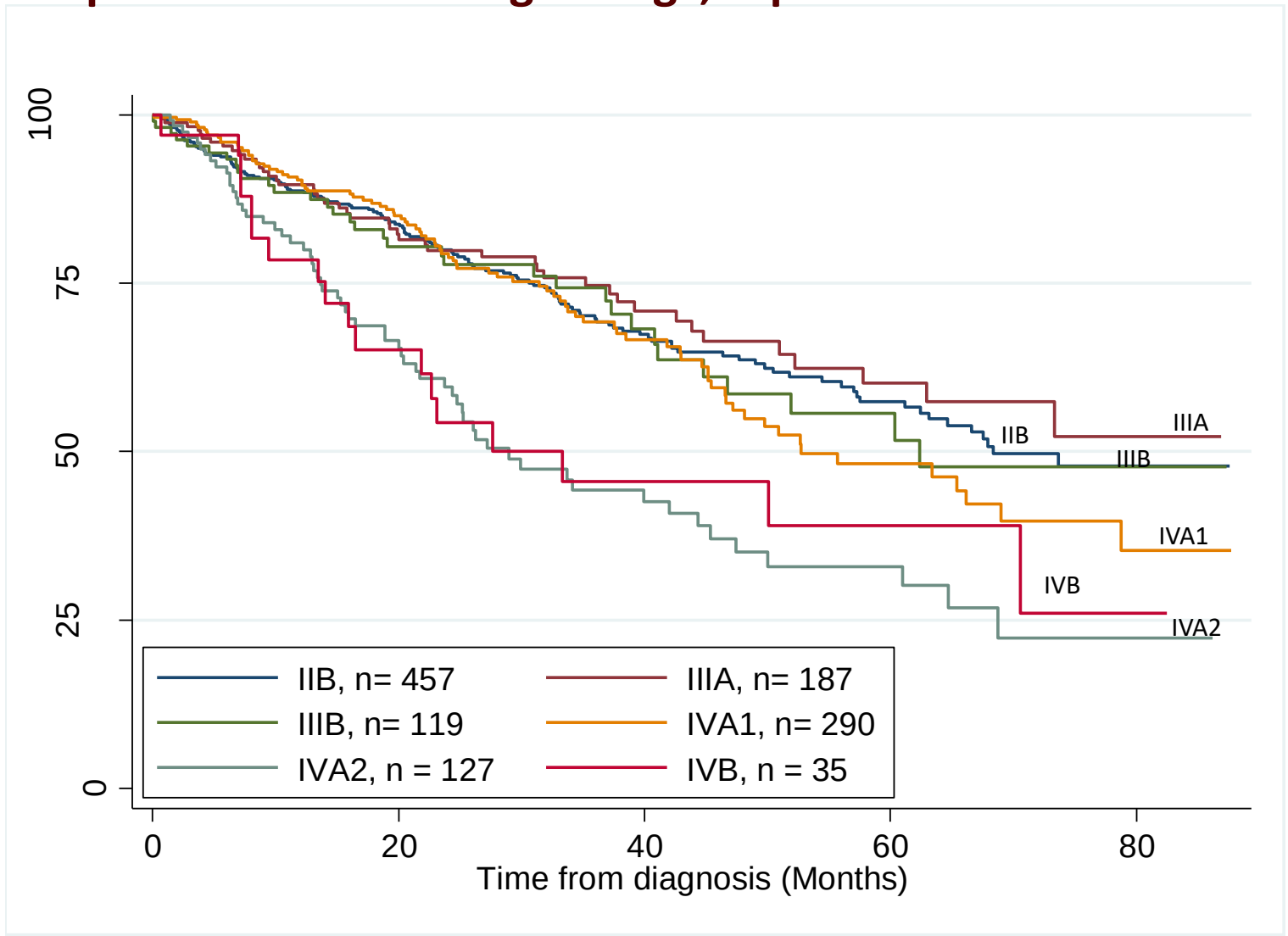
Excluded patients with missing age, stage, LDH and LCT from these analyses n=857 (IIB=277, III=220, IV=360)

4 Variables: age>60, LCT skin, raised LDH, stage IV

Low risk – 0-1 variable
Intermediate risk – 2 variables
High risk - 3-4 variables

Risk of poor survival (No risk factor)	N (deaths)	N IIB	N III	N IV	1-year survival	2-year survival	5-year survival	Median OS months	Hazard ratio (95% CI, p-value)
Low (0-1)	327(100)	166 (60%)	134 (61%)	27 (8%)	94%	87%	68%	NR	1
Intermediate (2)	329 (123)	91 (33%)	82 (37%)	156 (43%)	84%	72%	44%	46	2.09 (1.56, 2.80; p<0.001)
High (3-4)	201(100)	20 (7%)	4 (2%)	177 (49%)	85%	62%	27%	34	2.91 (2.15, 3.96; p<0.001)

Retrospective Data According to Stage; Kaplan Meier Survival



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Stage III n=320	0.98 (0.71, 1.35)	0.895
Stage IVA n=463	1.54 (1.08, 2.18)	0.016
Stage IVB n=35	1.80 (1.05, 3.11)	0.034

PROCLIPI

PROCLIPI Study

To test this prognostic index and other prognostic factors internationally and prospectively

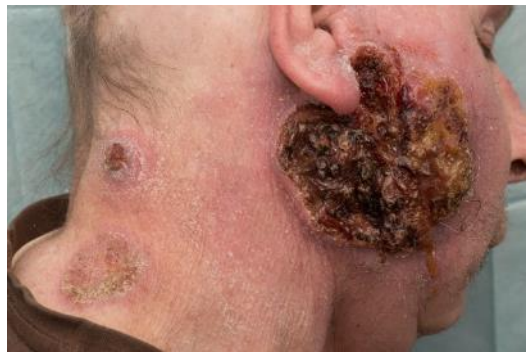
PROspective **C**utaneous **L**ymphoma **I**nternational **P**rognostic **I**ndex

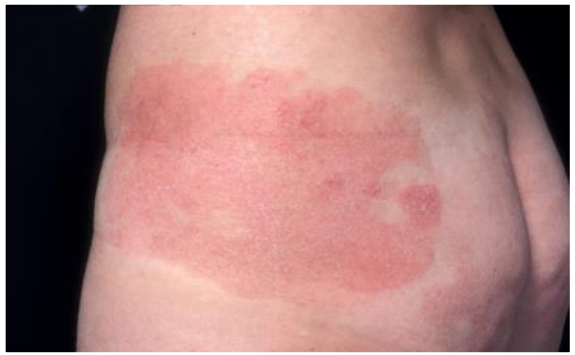
Julia Scarisbrick, Pietro Quaglino, Maarten Vermeer, Youn Kim
On Behalf of the EORTC Gp & Cutaneous Lymphoma International Consortium

PROCLIPI Steering Committee
Julia Scarisbrick, Birmingham, UK
Youn Kim, Stanford, US
Pierluigi Porcu, Philadelphia, US
Joan Guitart, NorthWestern, US
Miles Prince, Melbourne, Aus
Steve Horwitz, U Columbia, US
Pietro Quaglino, Turin, Italy
Maarten Vermeer, Leiden, NL
Robert Knobler, Vienna, Austria
Sean Whittaker, London, UK
Emmie Hodak, Tel Aviv, Israel
Lia Papadavid, Athens, Greece
Pablo Ortiz , Madrid, Spain
Martine Bagot, Paris, France
Rudi Stadler, Minden, Germany
Rein Willemze, Leiden, NL

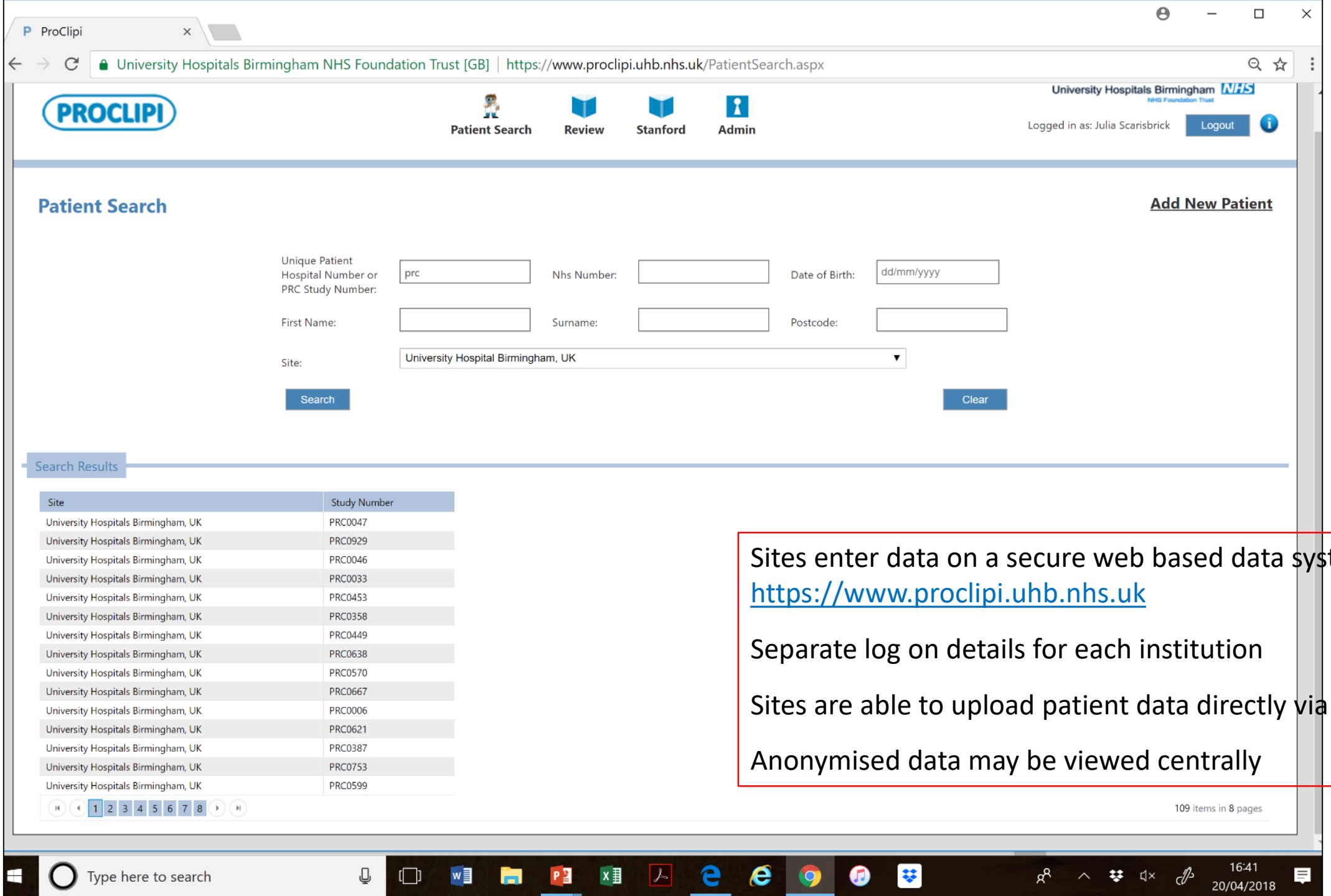
PROspective Cutaneous Lymphoma International Prognostic Index Study; *Opened July 2015*

- The purpose of PROCLIPI is to develop a PI in cutaneous lymphoma by collecting data at diagnosis and measuring against survival
  - Clinical
  - Pathological
  - Nodal
  - Haematological
  - Genotypic
  - Treatment
  - Biobank Material





- Prognostic variables will be tested against overall & progression free survival
- We will recruit a minimum of 1000 patients with early stage MF and 500 with advanced MF/SS over the 5 year study period, survival data for 10+ years
- 20% of patients to be used in the validation set



Sites enter data on a secure web based data system
https://www.proclipi.uhb.nhs.uk

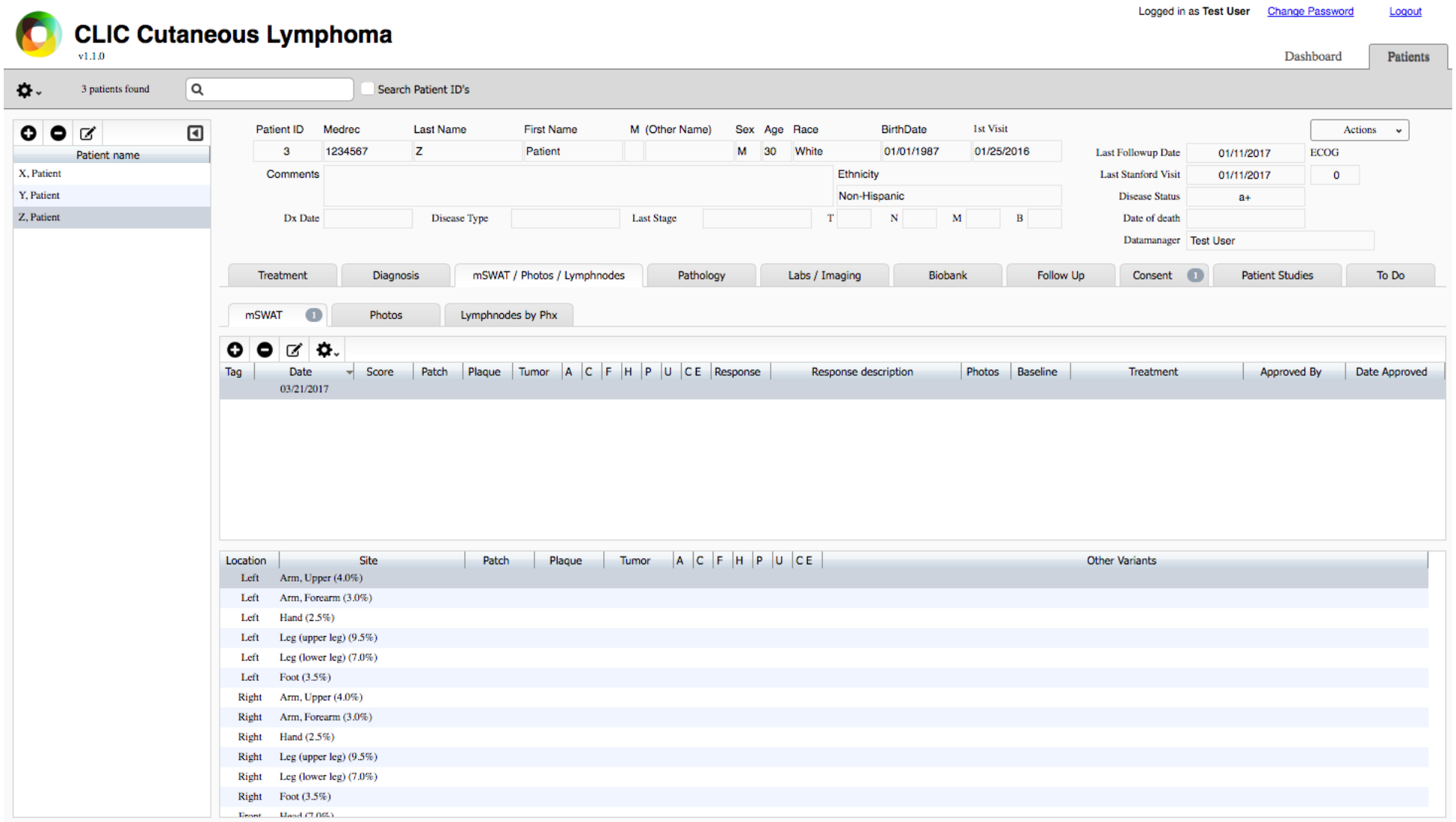
Separate log on details for each institution

Sites are able to upload patient data directly via web

Anonymised data may be viewed centrally

CLIC CL App developed as data language platform, Stanford Program

‘CLIC CL Application’



- Securely installed at local server or computer
- Use as center’s own database

PROCLIPI UHB database & CLIC CL App share a data dictionary & allow data flow between data systems (data share agreements in place)

64 Registered PROCLIPI Centres

Principal Investigator	Centre Address
Sean Whittaker	St Thomas' Hospital, London, UK
Julia Scarisbrick	University Hospital Birmingham, UK
Maarten Vermeer	Leiden University Medical Centre, The Netherlands
Evangelia Papadavid	Athens University Medical School, Greece
Martine Bagot	Hospital St Louis, Paris, France
Emilia Hodak	Rabin Medical Center, Israel
Emilio Berti	University of Milano, Italy
Octavio Servitje	Hospital Universatari de Bellvitge, Barcelona, Spain
Rudolf Stadler	Johannes Wesling Medical Centre, Minden, Germany
Pietro Quaglino	University Of Turin (Torino), Italy
Reinhard Dummer	University Hospital Zurich, Switzerland
Miles Prince	Peter Maccallum Cancer Centre, Melbourne, Australia
Katerina Patsatsi	Aristotle University of Thessalonik, Greece
Marta Marschalko	Semmelweis University, Budapest, Hungary
Richard Cowan	Christie Hospital, Manchester UK
Teresa Estrach	Hospital Clinico, University of Barcelona
Pablo Oritz-Romero	Hospital 12 De Octubre, Madrid, Spain
Robert Knobler	University Of Vienna Medical School, Austria
John Frew	Newcastle Upon Tyne NHS Trust, Newcastle, UK
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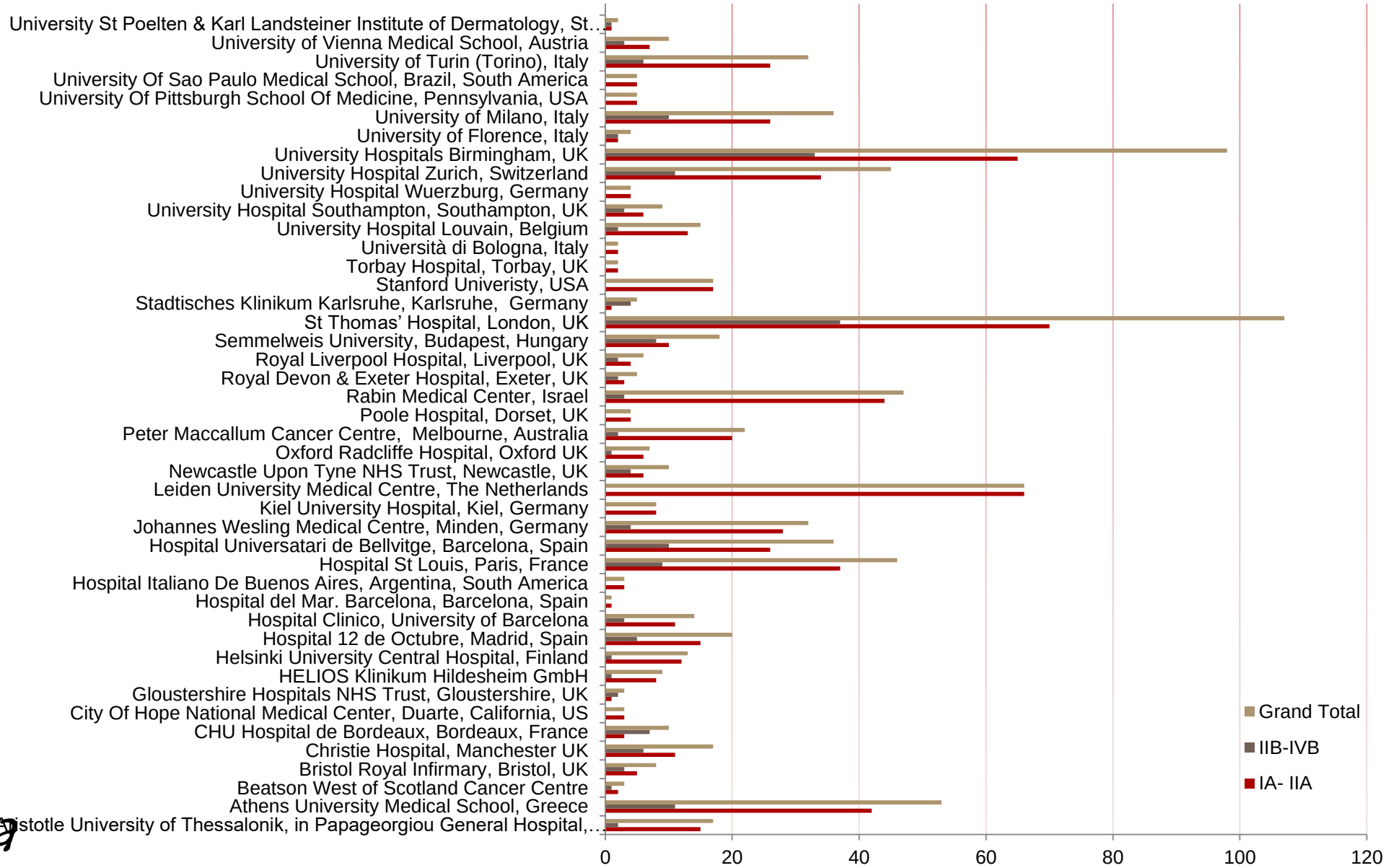
Giles Dunhill	Bristol Royal Infirmary, Bristol, UK
Dr Arvind Arumainathan	Royal Liverpool Hospital, Liverpool, UK
Ulrike Wehkamp	University Hospital Kiel, Kiel, Germany
Anne-Marie Busschots	University Hospital Leuven, Leuven, Belgium
Youn Kim	Stanford University Hospital, California, USA
Andrew Bates	University Hospital Southampton, Southampton, UK
Rachel Wachsmuth	Royal Devon & Exeter Hospital, Exeter, UK
Nicola Pimpinelli	University Of Florence, Italy
Rubeta Matin	Oxford Radcliffe Hospital, Oxford UK
Mike Bayne	Poole Hospital, Dorset, UK

Principal Investigator	Centre Address
Marion Wobser	University Hospital Wuerzburg, Germany
Detlev Klemke	Stadtisches Klinikum Karlsruhe, Karlsruhe, Germany
Kim Benstead	Gloustershire Hospitals NHS Trust, Gloustershire, UK
Pier Luigi Zinzani	Università di Bologna, Italy
Deborah Turner	Torbay Hospital, Torbay, UK
Pam Mackay	Beatson West Of Scotland Cancer Centre, Glasgow, UK
Franz Trautinger	University St Poelten, St Poelten, Austria
Jan Nicolay	Universitätsmedizin Mannheim, Mannheim, Germany
Jose Sanches	University Of Sao Paulo Medical School, Brazil, South America
Oleg Akilov	University Of Pittsburgh School Of Medicine, Pennsylvania, USA
Chalid Assaf	HELIOS Klinikum Krefeld, Germany
Claus-Detlev Klemke	University Medical Center Mannheim, Germany
Ramon Puiol	Hospital del Mar. Barcelona, Barcelona, Spain
Eve Gallop-Evans	Velindre Hospital, Cardiff, Wales, UK
Di Gilson	St James University Hospital, Leeds, UK
Francesco D Amore	Aarhus University, Denmark
Ilan Goldberg	Tel Aviv Sourasky Medical Center
Miguel A Piris	Hospital Universitario Marques de Valdecilla, Santander, Spain
Lorenzo Cerroni	Department of Dermatology, University of Graz, Austria
Ricardo Fernández	Medical University, Tennerife,
Rose Moritz	Universitätshautklinik Münster, Münster, Germany
Adam Forbes	Royal Cornwall Hospitals NHS Trust, Truro, Cornwall, UK
Eleanor James	Nottingham University Hospitals, Nottingham, UK.
Antonio Cozzio	St Gallen University Hospital, St Gallen, Switzerland
Salma Machan	Hospital Universitario Fundación Jimenez Diaz, Madrid, Spain
Joan Guitart	Northwestern University, Chicago, Illinois, USA
Ellen Kim	Hospital Of The University Of Pennsylvania, Philadelphia, US
Larisa Geskin	University Of Columbia, New York, USA
Paula Enz	Hospital Italiano De Buenos Aires, Argentina, South America
Ale Gru	University Of Virginia, Virginia, USA
Yang Wang	Peking University First Hospital, Beijing, China
Christiane Querfeld	City Of Hope National Medical Center, Duarte, California, US

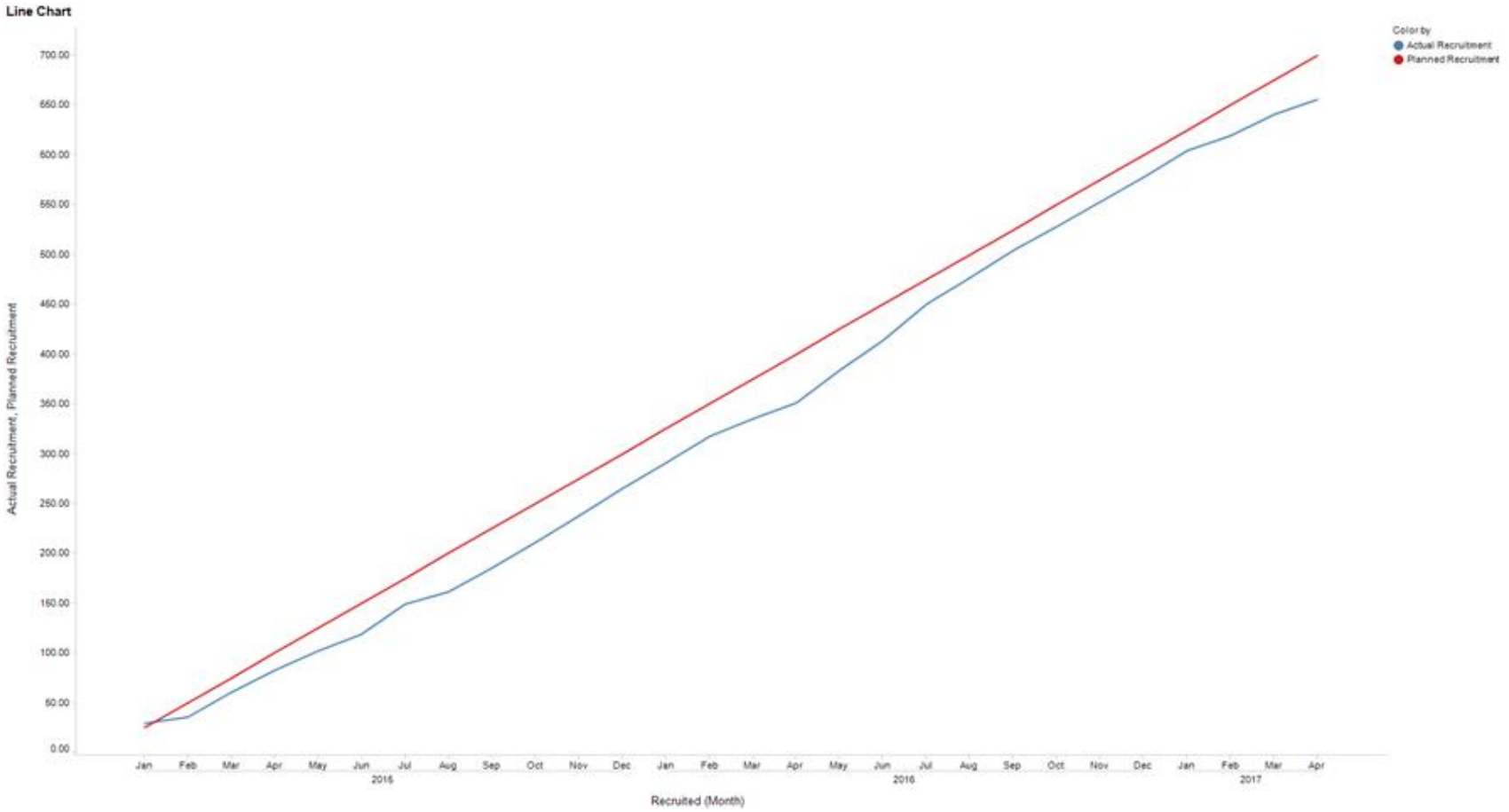
PROCLIPI: 879 patients recruited, 44 sites, from 18 countries, 4 continents



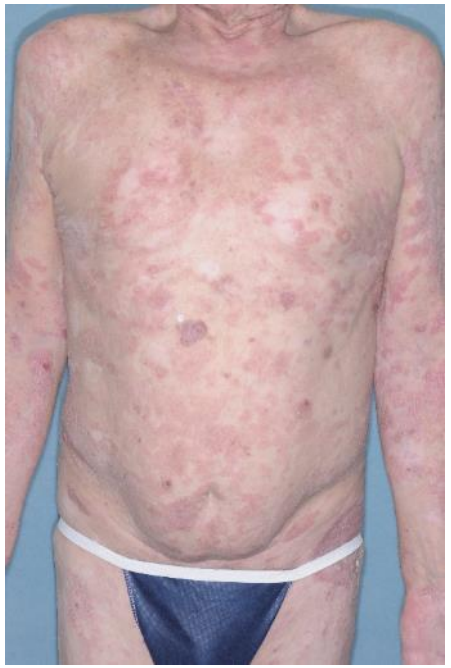
Spatz FoundationQa

Year 2: Planned PROCLIPI recruitment

Year 2: Actual PROCLIPI recruitment

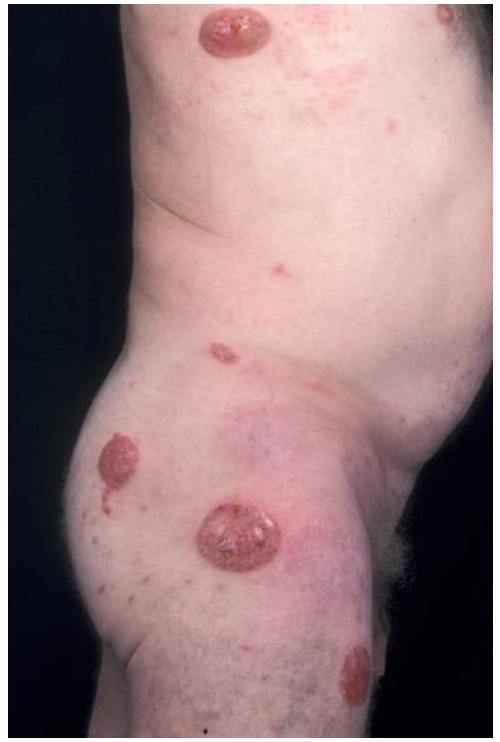


Stage of Patients n=879



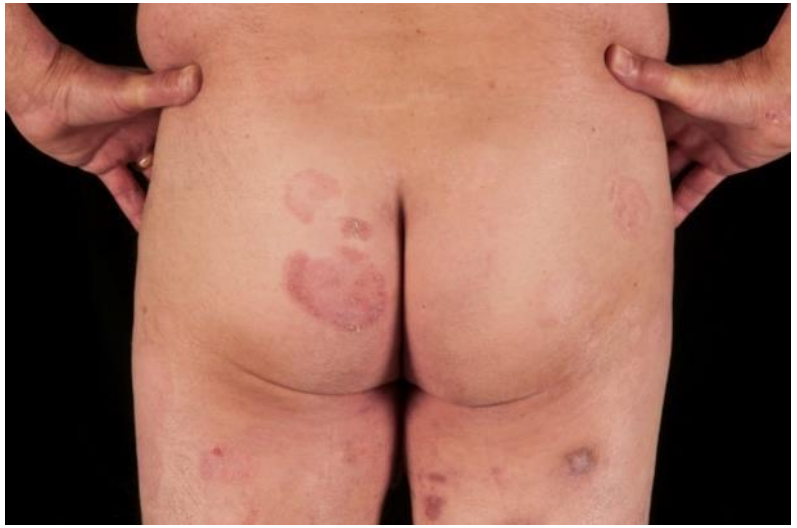
Early stage MF; IB

Overall Stage	**Number of Patients**	**%**
IA	323	48%
IB	314	46%
IIA	43	6%
Early Stage Disease	**680**	**77%**
IIB	70	35%
IIIA	27	14%
IIIB	29	15%
IVA(1)	41	21%
IVA(2)	25	13%
IVB	7	4%
Advanced Stage Disease	**199**	**23%**



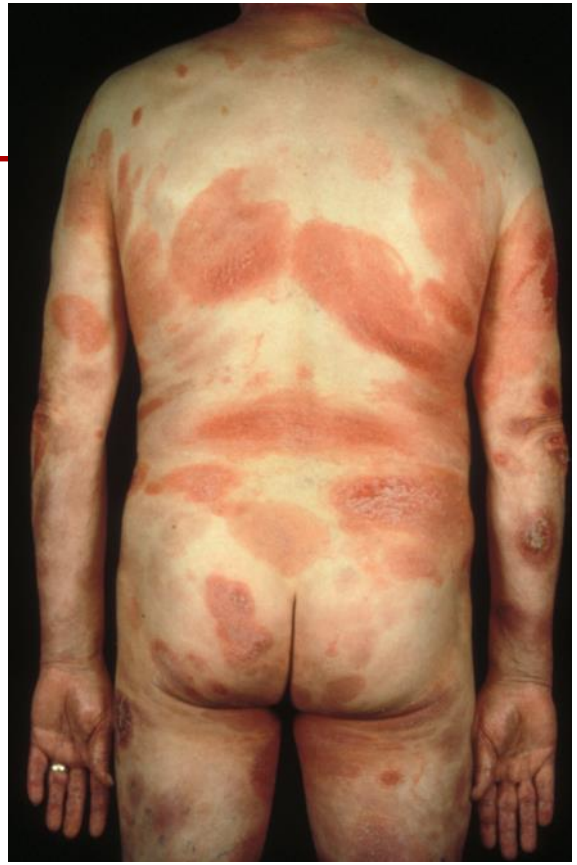
Late stage ‘tumour’ MF; IIB

Early stage data: 680 patients

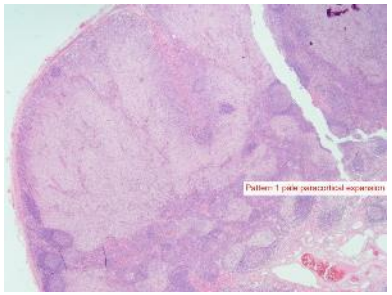


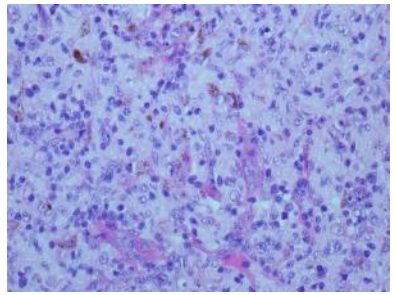
Stage IA; <10% patches & plaques
n=323 patients

Stage IB; >10% patches & plaques
n=314 patients



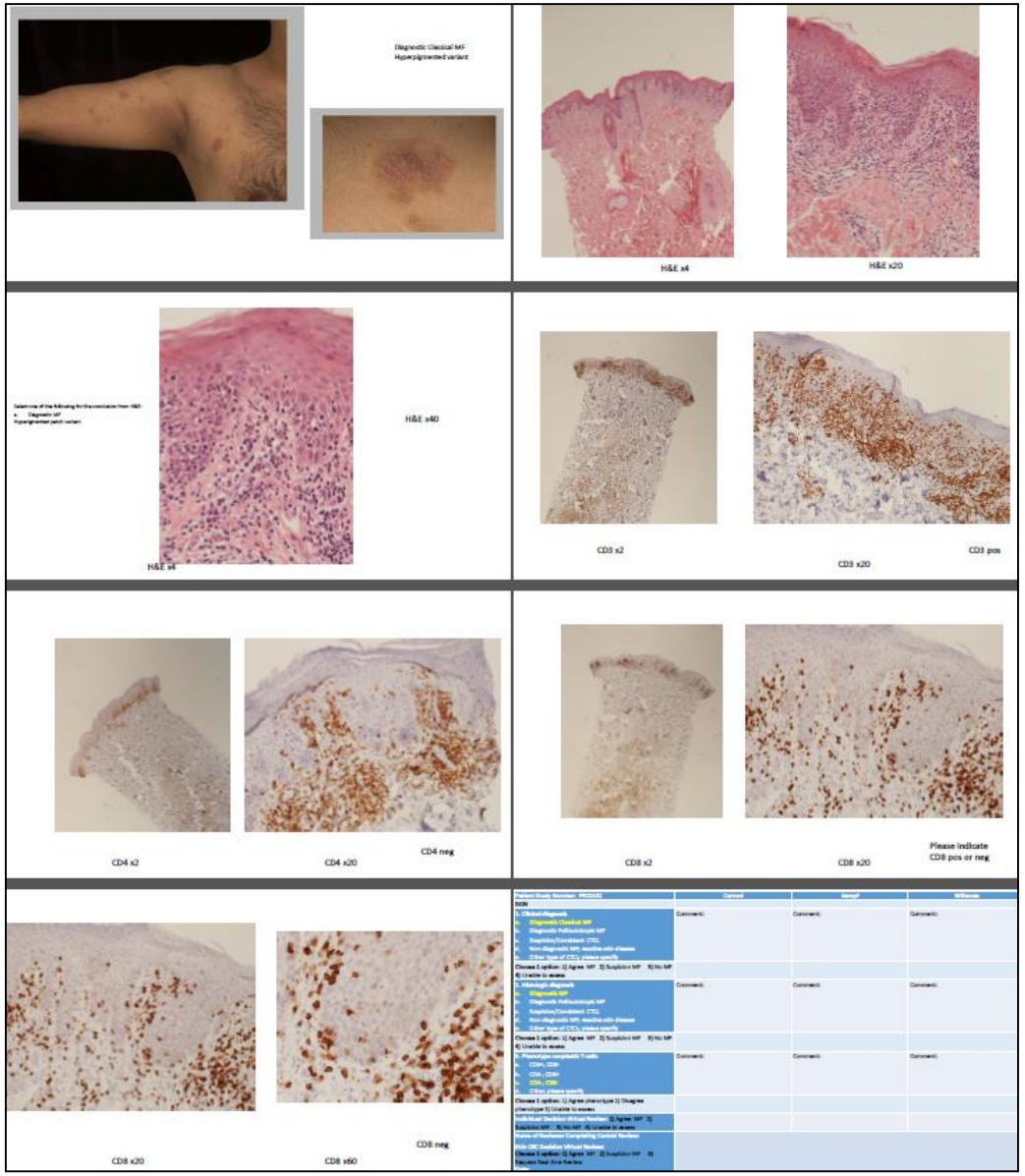
Stage IIA; Patches & plaques with enlarged lymph nodes showing dermatopathic changes or early involvement with MF (not effaced)
n=43 patients





Central Review of Early Stage: Clinical, histopathological & immunohistochemical

Virtual Central Review PDF



Central Review Team

Only patients passing central review will be included in the prognostic modelling - Early Stage review is Clinical, histopathological & immunohistochemical

Central Review Results:

378 undergone virtual central review

289 passed virtual review (76.4%) passed

89 (23.6%) failed

- 54 cases considered suspicious but non-diagnostic (opportunity for real-time review)
- 12 cases considered advanced MF
- 23 cases non diagnostic MF

Of 54 selected for Real-Time Central Review

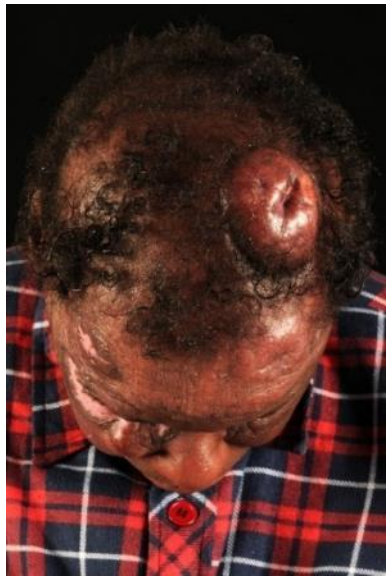
- 39 undergone real-time central review (NY 28.10.16, Zurich 24.11.17)
  - 18 passed
  - 21 failed (2advanced / 19 non-diagnostic)
- 15 awaiting central review (3?advanced / 12 ?non-diagnostic)

Overall central review pass rate was 307/363 = 84.6%

- 275 patients (83%) classical MF
- 57 patients (17%) folliculotropic MF
- 6 patients (2%) had large cell transformation

Overall pass rate = 84.6%

Late stage data: 199 patients

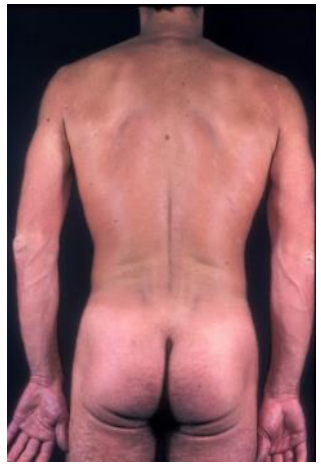


Stage IIB; tumour stage n=59 patients

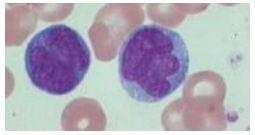
Erythroderma IIIA-IVA1

n= 68 patients

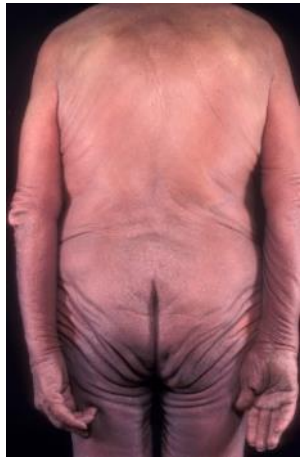
Stage IIIA; low blood tumour burden (B0) n=27 patients



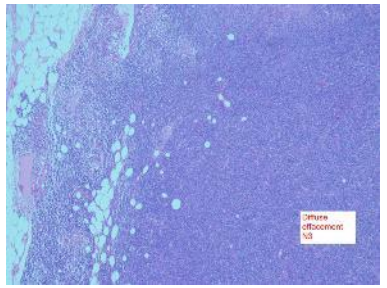
Stage IIIB; Moderate blood tumour burden (B1) n=29 patients



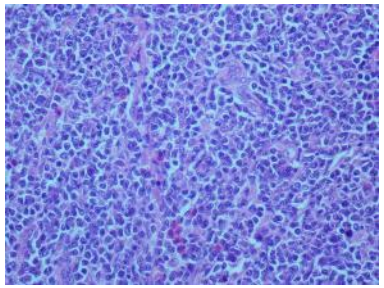
Stage IVA1; high tumour burden (B2) n=41 patients



Stage IVA2; Lymph nodes showing effaced lymph nodes n=25 patients



Stage IVB; Visceral disease n=7 patients



Central Review of Late Stage: histopathological & immunohistochemical

Central Review Team Late stage;

Dermatopathology Panel

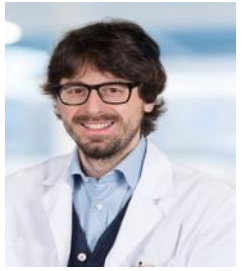

Melissa Pulitzer (MSKCC)


Joan Guitart (Northwestern)


Carlos Torres Cabala MD Anderson


Maxime Battistella, Paris


Werner Kempf, Zurich


Helmut Beltraminelli, Zurich


Joya Pawade, Bristol UK

Haematopathology Panel


Andrew Feldman, Mayo


Nancy L Harris, MGH

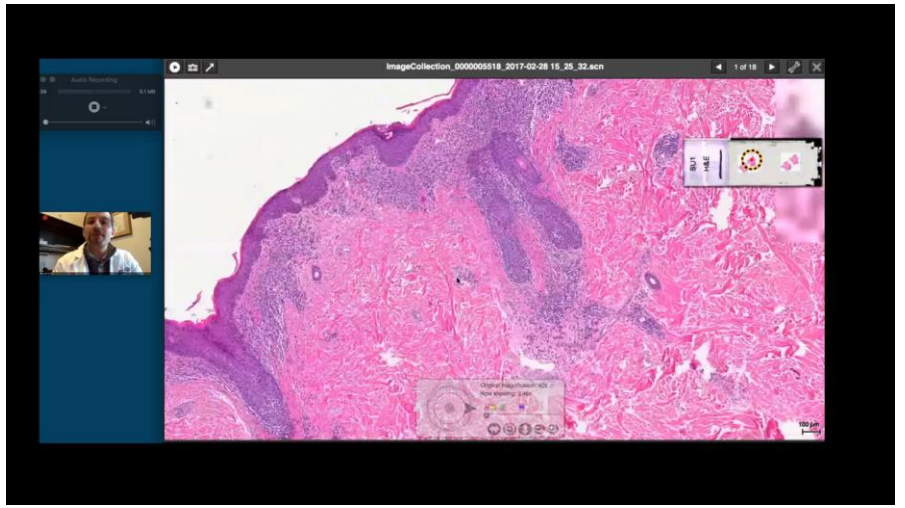

Miguel Angel Piris, Madrid

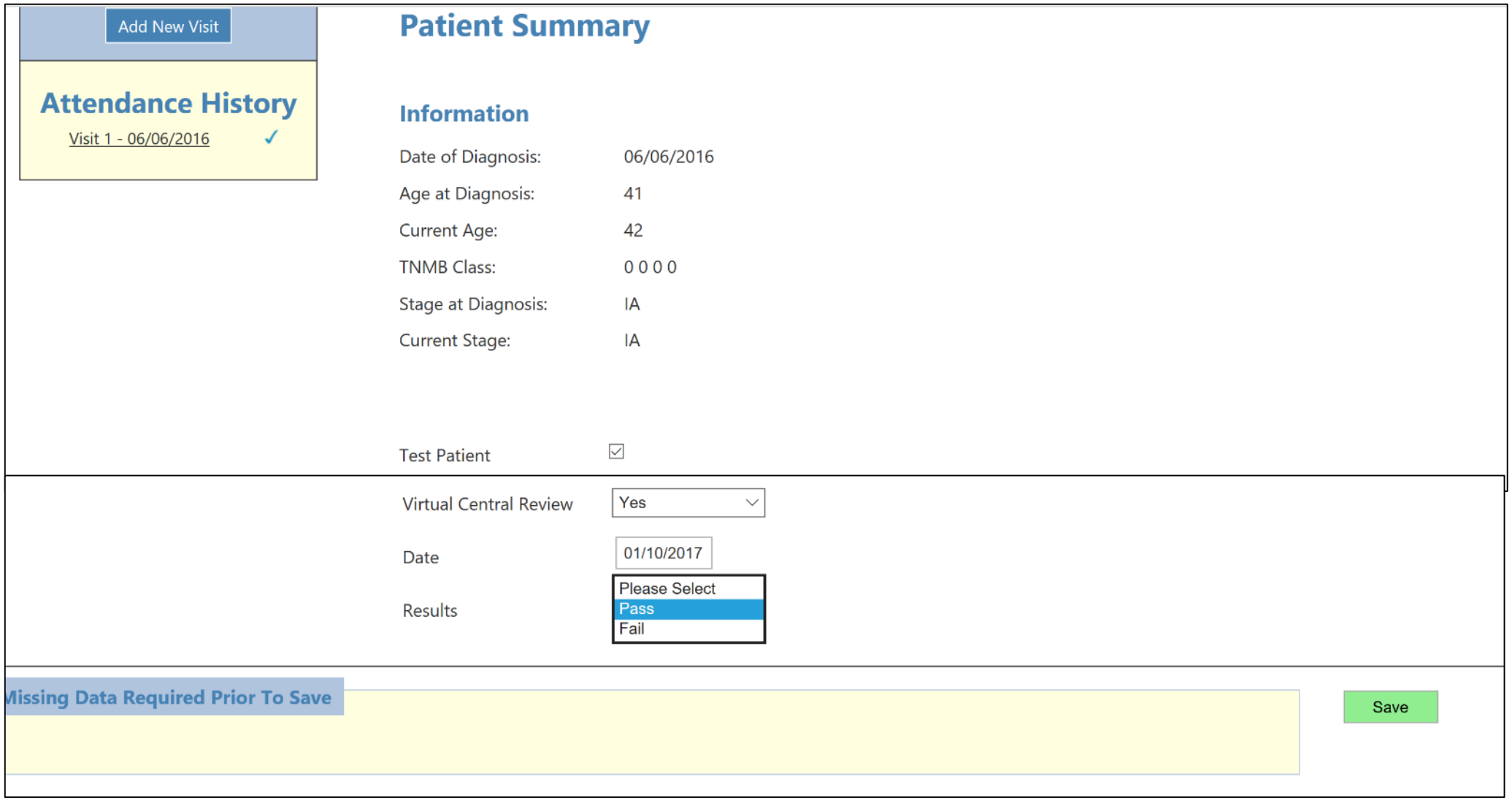

Maxime Battistella, Paris

‘Virtual Central Review’

- Slide scanning
  - Analysis of whole slide for H&E and IHC
  - Library and biorepository
  - Digital analysis capability
  - Easy to share virtual microscopy

Consensus Webinars




Add New Visit
Attendance History
Visit 1 - 06/06/2016
Patient Summary
Information
Date of Diagnosis: 06/06/2016
Age at Diagnosis: 41
Current Age: 42
TNMB Class: 0 0 0 0
Stage at Diagnosis: IA
Current Stage: IA
Test Patient
Virtual Central Review
Yes
Date
01/10/2017
Results
Please Select
Pass
Fail
Missing Data Required Prior To Save
Save

Clinical Data on 879 patients*

*Includes patient data not yet receiving central review

	IA	IB	IIA	IIB	IIIA	IIIB	IVA(1)	IVA(2)	IVB	All Patients
Number of Patients	323	314	43	70	27	29	41	25	7	879
Classical Mycosis Fungoides	273 (84.5%)	252 (80.3%)	31 (72.1%)	48 (68.6%)	14 (51.9%)	5 (17.2%)	3 (7.3%)	9 (36.0%)	3 (42.9%)	638 (72.6%)
Folliculotropic Mycosis Fungoides	43 (13.3%)	56 (17.8%)	10 (23.3%)	22 (31.4%)	3 (11.1%)	2 (6.9%)	1 (2.4%)	3 (12.0%)	1 (14.3%)	141 (16.0%)
Sezary Syndrome	(0.0%)	1 (0.3%)	2 (4.7%)	(0.0%)	10 (37.0%)	22 (75.9%)	37 (90.2%)	13 (52.0%)	3 (42.9%)	88 (10.0%)
Median age years (IQR)	55 (43, 67)	58 (47, 69)	65 (52, 74)	66 (54, 79.8)	65 (53, 70.5)	68 (57, 78)	67 (59, 71)	65 (57, 73)	48 (36, 64.5)	60 (47, 70)
Male:Female	1.9:1	1.5:1	2.6:1	1.8:1	1.7:1	1.4:1	2.2:1	1.1:1	2.5:1.0	1.7:1.0
Diagnostic Delay: Median duration MF-like lesions, months	30 (12, 72)	36 (14, 84)	28 (11, 63)	24 (12, 48)	59(23, 131)	24 (12, 36)	38 (21, 51)	41 (29, 72)	15 (5, 39)	36 (12, 72)

- Median age early stage (IA-IIA) is 57 years which is significantly younger than late stages IIB-IVB at 66 years ($p<0.0001$)
- There was no significant difference between duration of MF like lesions in IA versus IB disease ($p=0.1739$) or in early (34 months) versus late disease at 36 months ($p=0.9715$)

PRC0247

PROCLIPI

Clinical | Blood | Skin Biopsy | Lymph Nodes | Bone Marrow | Other Visceral | Clonality | Treatments | Fed Biobank | Death | Exploratory | QOL Skindex 29

Add New Visit

Attendance History

Visit 6 - 15/09/2017 ✓
Visit 5 - 01/11/2015 ✓✓
Visit 4 - 12/07/2015 ✓✓
Visit 3 - 14/07/2015 ✓✓
Visit 2 - 02/07/2015 ✓✓
Visit 1 - 01/07/2015 ✓✓

Patient Summary

Information

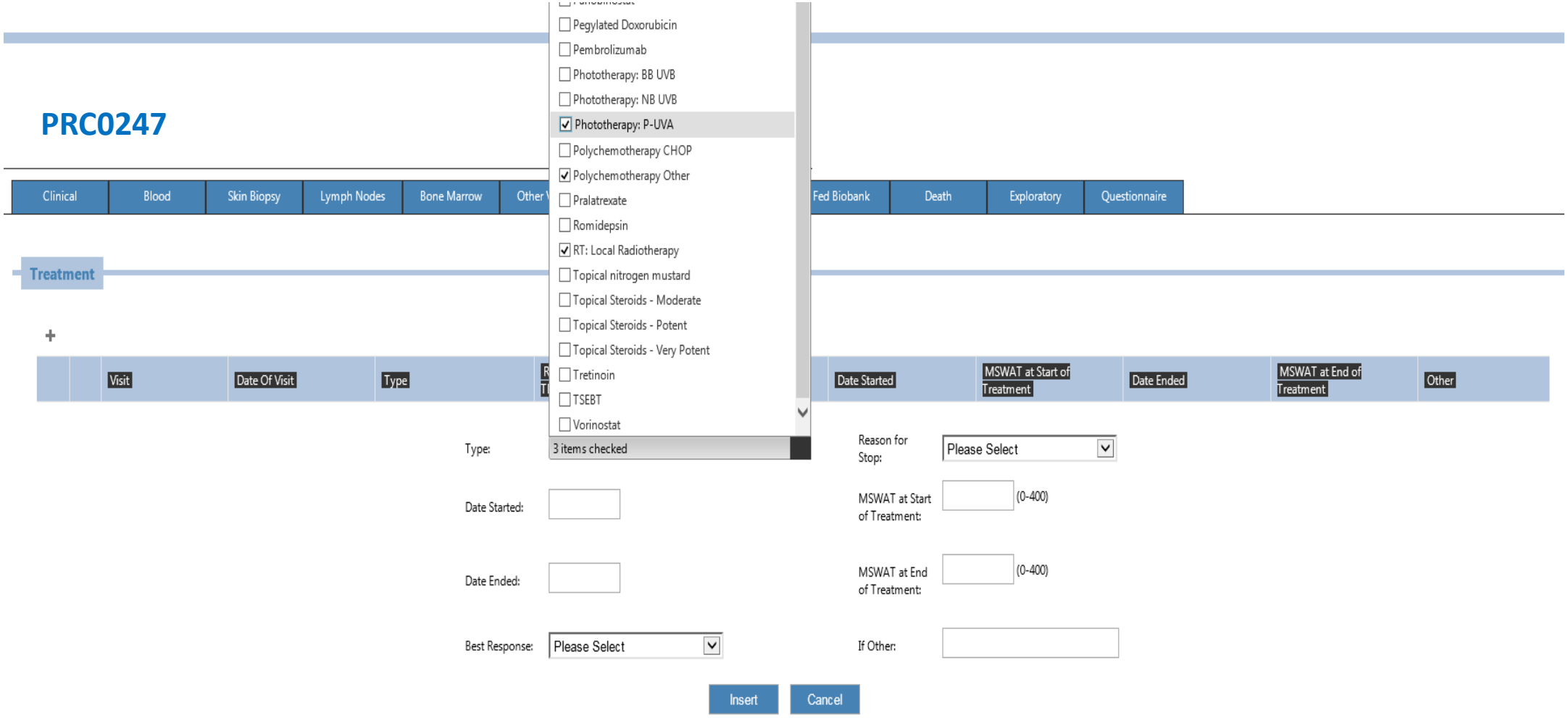
Date of Diagnosis:	01/07/2015
Age at Diagnosis:	73
Current Age:	75
TNMB Class:	4(3) 0 0 2
Stage at Diagnosis:	IIIA
Current Stage:	IVA(1)
Date of Death:	21/02/2017
Survival from Diagnosis:	2 year(s)
Test Patient	☐
Lost to Follow-up	☐
Date of Lost to Follow-up	
Withdraw Consent	☐
Date of Withdraw Consent	

Treatment

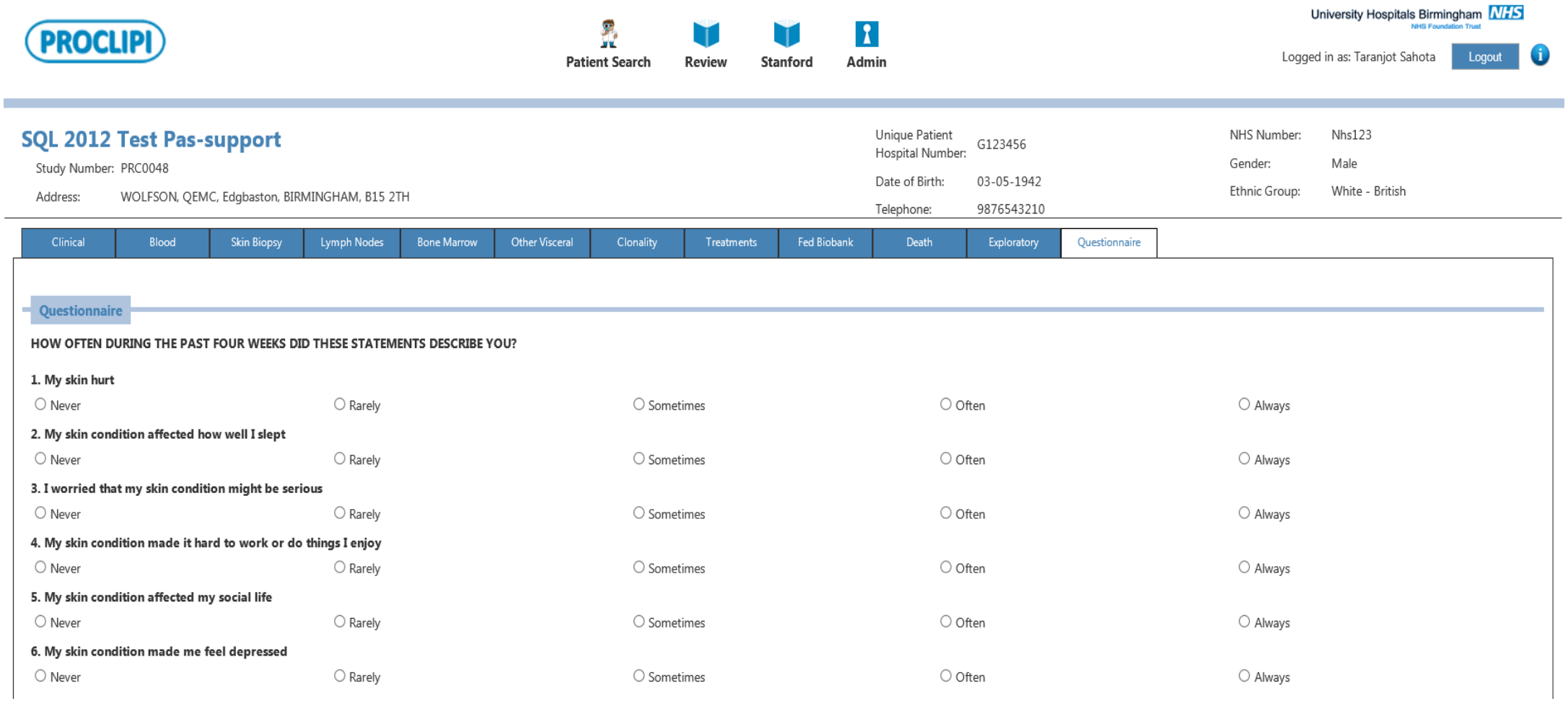
Visit	Date Of Visit	Type	Reason for Stopping Therapy	Best Response	Date Started	Date Ended	Other
1	01-07-2015	Interferon alfa	Stage Progression	PR	01-07-2015	09-07-2015	
3	14-07-2015	Interferon alfa	No Response	SD	01-02-2015	01-07-2015	
5	01-11-2015	Phototherapy: NB UVB	Treatment Course Complete	CR	01-05-2015	01-07-2015	testttt

Treatment:

Added ability to select more than 1 treatment with same start date:



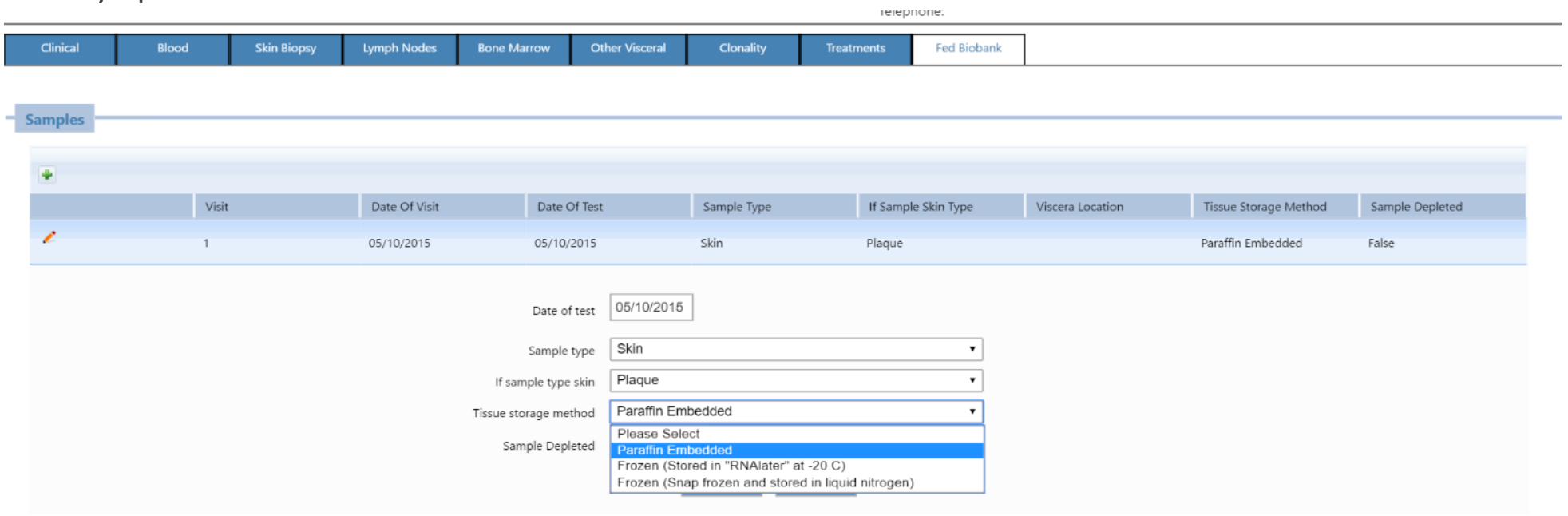
QOL Questionnaire Tab for Skindex-29



PROCLIPI Federated Biobank

- Biobank material is registrered on the database, but *all material remains on site*
- Centers are responsible for medical ethical issues
- Material to be registrered
  - Skin (paraffin, fresh frozen)
  - Blood (PBMC, serum)
  - Lymph node & other viscera

Registered;
312 patients (35%) with 688 samples



'Working together for improved research'

CLIC
CUTANEOUS LYMPHOMA INTERNATIONAL CONSORTIUM

PROCLIPI

EORTC
European Organisation for Research and Treatment of Cancer

NATIONAL CANCER INSTITUTE

International Society for Cutaneous Lymphomas
ISCL

EADV

UK CLG
UK Cutaneous Lymphoma Group

USCLC
United States Cutaneous Lymphoma Consortium

CANCER RESEARCH UK

Michael and Corie Koss, Haas Family Foundation

Drs. Martin and Dorothy Spatz Charitable Foundation