MEDICAL THERAPIES AND PHARMACOLOGY

RECALCITRANT CUTANEOUS CD30+ LYMPHOPROLIFERATIVE DISORDER RESPONDING TO BRENTUXIMAB VEDOTIN

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Background: Brentuximab vedotin (Adcetris) is a chimeric monoclonal antibody-drug conjugate which targets CD30+ cells. The anti-CD30 antibody (cAC10) is conjugated to a microtubule-disrupting agent, monomethyl auristatin E. A phase II clinical trial demonstrated 100% efficacy in using brentuximab to treat 20 patients with LyP lesions in the setting of solitary disease or mixed CD30+ lymphoproliferative disorders. The most common adverse effect included both reversible and irreversible peripheral neuropathy in 67% of patients. Fatigue, nausea, loose stools, and hypersensitivity reactions were additionally reported during the study.

Observation: The patient is a 64-year-old woman who presented with recurrent, self-resolving papular eruptions with multiple biopsies displaying findings consistent with lymphomatoid papulosis (LyP). Previous treatments included topical corticosteroids, narrowband phototherapy, acitretin, and methotrexate. She had previously been treated for cutaneous anaplastic large cell lymphoma (ALCL) with radiation therapy to the left breast and axilla with substantial response. Treatment was initiated with brentuximab vedotin for recalcitrant LyP-like eruptions. She received initial infusion with rapid resolution of skin lesions over several weeks. She developed diarrhea, nausea, loss of taste, and muscle cramping one week following infusion. A second infusion was planned for three weeks following initial administration but was not given secondary to resolution of lesions. Patient had not reported an additional outbreak of lesions in over three months since receiving her initial infusion.

Key message: Brentuximab vedotin is an effective treatment for symptomatic LyP in solitary disease or mixed CD30+ lymphoproliferative disorders. This agent should be considered in recalcitrant disease or when alternative systemic agents may not be tolerated. The most common and often dose-limiting adverse effect is peripheral neuropathy which is generally considered reversible following cessation of agent. Treatment guidelines recommend lower and less frequent dosing. Relapse is common following discontinuation of treatment although with the potential for response following repeat administrations.