MEDICAL THERAPIES AND PHARMACOLOGY

EFFECTIVE TREATMENT WITH PRALATREXATE IN TWO JAPANESE CASES OF REFRACTORY MYCOSIS FUNGOIDES.

Mika Teraishi [(1)] - Tokuko Oguro [(1)] - Ema Kusume [(1)] - Haruka Kobashi [(1)] - Ai Fujioka [(1)] - Mayuko Yamamoto [(1)] - Hideki Nakajima [(1)] - Shigetoshi Sano [(1)]

Kochi Medical School, Kochi University, Department Of Dermatology, Nankoku, Japan [(1)]

Background: Mycosis fungoides (MF) is the most prevalent form of cutaneous T-cell lymphoma (CTCL). MF at advanced-stage with a poor prognosis requires systemic therapies, however, the best treatment is yet to be determined. Pralatrexate, a folic acid analogue metabolic inhibitor, has been approved in many countries for the treatment of relapsed or refractory peripheral T-cell lymphoma. Studies in U.S. demonstrated that pralatrexate was capable of providing long-term responses in patients with advanced-stage CTCL. However, Japanese CTCL patients treated with pralatrexate has not been reported as yet.

Observation: We here report two cases of refractory MF at stage IIB (T3N0M0B0) treated with pralatrexate. Patient 1 and 2 were men of 58- and 60-year-old, respectively. Both patients had been previously treated with multiple therapies including topical corticosteroids, phototherapy, oral bexarotene, interferon gamma, oral etoposide, sobuzoxane, vorinostat, mogamulizumab targeting CCR4+ lymphoma cells, and brentuximab vedotin targeting CD30+ in large cell transformation. They were introduced with intravenous pralatrexate 30 mg/m2 (once per week for 6 weeks; 7-week cycle) together with intramuscular vitamin B12 0.5 mg injection once for 4 weeks and oral folic acid 1.25 mg once a day. In patient 1, tumors in his face regressed and ulcerated after 1 cycle of pralatrexate in combination with ionizing radiation therapy. He received 2 cycles of pralatrexate leading to a partial response. In patient 2, being given only 5 doses of pralatrexate until now, reduction in tumor burden was observed after 3 doses of pralatrexate suggesting a partial response. Mild adverse reactions occurred in both patients such as mild anemia and nausea in patient 1, nausea and general fatigue in patient 2, while severe adverse reactions were not noted in both.

Key message: Pralatrexate can be an effective treatment for advanced-stage MF with minimal toxicity.