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Treating Lymphoma of the Skin

If you've been diagnosed with a skin lymphoma, your health care team will discuss your options with you. It's important to weigh the benefits of each treatment option against the possible risks and side effects.

How is skin lymphoma treated?

Several types of treatment can be used for skin lymphoma. Some are directed only at the skin, and other treatments (called *systemic treatments*) can affect the whole body.

- [Skin-Directed Treatments for Skin Lymphomas](#)
- [Whole-Body \(Systemic\) Treatments for Skin Lymphomas](#)

Common treatment approaches

Which treatments are used will depend on the type of lymphoma and its stage, as well as other factors such as your overall health and preferences. Of course, treatment options are tailored to each person's situation.

- [Treatment for Specific Types of Skin Lymphoma](#)

Who treats skin lymphomas?

Based on your treatment options, you might have different types of doctors on your treatment team. These doctors could include:

- A **dermatologist**: a doctor who treats diseases of the skin
- A **hematologist**: a doctor who treats disorders of the blood, including lymphomas
- A **medical oncologist**: a doctor who treats cancer with medicines

- A **radiation oncologist**: a doctor who treats cancer with radiation therapy

You might have many other specialists on your treatment team as well, including physician assistants, nurse practitioners, nurses, nutrition specialists, social workers, and other health professionals.

- [Health Professionals Associated With Cancer Care](#)

Making treatment decisions

It's important to discuss all treatment options, including their goals and possible side effects, with your doctors to help make the decision that best fits your needs. You may feel that you need to make a decision quickly, but it's important to give yourself time to absorb the information you have learned. Ask your cancer care team questions.

If time permits, it is often a good idea to seek a second opinion. A second opinion can give you more information and help you feel more confident about the treatment plan you choose.

- [Questions to Ask About Lymphoma of the Skin](#)
- [Seeking a Second Opinion](#)

Thinking about taking part in a clinical trial

Clinical trials are carefully controlled research studies that are done to get a closer look at promising new treatments or procedures. Clinical trials are one way to get state-of-the-art cancer treatment. In some cases they may be the only way to get access to newer treatments. They are also the best way for doctors to learn better methods to treat cancer. Still, they're not right for everyone.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials.

- [Clinical Trials](#)

Considering complementary and alternative methods

You may hear about alternative or complementary methods that your doctor hasn't mentioned to treat your cancer or relieve symptoms. These methods can include vitamins, herbs, and special diets, or other methods such as acupuncture or massage,

to name a few.

Complementary methods refer to treatments that are used along with your regular medical care. Alternative treatments are used instead of a doctor's medical treatment. Although some of these methods might be helpful in relieving symptoms or helping you feel better, many have not been proven to work. Some might even be harmful.

Be sure to talk to your cancer care team about any method you are thinking about using. They can help you learn what is known (or not known) about the method, which can help you make an informed decision.

- [Complementary and Alternative Medicine](#)

Help getting through cancer treatment

People with cancer need support and information, no matter what stage of illness they may be in. Knowing all of your options and finding the resources you need will help you make informed decisions about your care.

Whether you are thinking about treatment, getting treatment, or not being treated at all, you can still get supportive care to help with pain or other symptoms. Communicating with your cancer care team is important so you understand your diagnosis, what treatment is recommended, and ways to maintain or improve your quality of life.

Different types of programs and support services may be helpful, and can be an important part of your care. These might include nursing or social work services, financial aid, nutritional advice, rehab, or spiritual help.

The American Cancer Society also has programs and services – including rides to treatment, lodging, and more – to help you get through treatment. Call our National Cancer Information Center at 1-800-227-2345 and speak with one of our trained specialists.

- [Palliative Care](#)
- [Find Support Programs and Services in Your Area](#)

Choosing to stop treatment or choosing no treatment at all

For some people, when treatments have been tried and are no longer controlling the cancer, it could be time to weigh the benefits and risks of continuing to try new treatments. Whether or not you continue treatment, there are still things you can do to

help maintain or improve your quality of life.

Some people, especially if the cancer is advanced, might not want to be treated at all. There are many reasons you might decide not to get cancer treatment, but it's important to talk to your doctors and you make that decision. Remember that even if you choose not to treat the cancer, you can still get supportive care to help with pain or other symptoms.

- [If Cancer Treatments Stop Working](#)

The treatment information given here is not official policy of the American Cancer Society and is not intended as medical advice to replace the expertise and judgment of your cancer care team. It is intended to help you and your family make informed decisions, together with your doctor. Your doctor may have reasons for suggesting a treatment plan different from these general treatment options. Don't hesitate to ask him or her questions about your treatment options.

Skin-Directed Treatments for Skin Lymphomas

For many skin lymphomas (especially early-stage lymphomas), the first treatment is directed at the skin lesions themselves, while trying to avoid harmful side effects on the rest of the body. There are many ways to treat skin lesions.

Surgery

Surgery is not usually the only treatment for skin lymphoma, but it can be helpful in some situations. Surgery may be used to biopsy a skin lesion, lymph node, or other tissue to diagnose and classify a lymphoma. It might also be used to treat some types of skin lymphomas when there is only one or a few skin lesions that can be removed completely. Even then, other types of treatment may be used as well.

Radiation therapy

Radiation therapy uses high-energy rays to kill cancer cells. The treatment is much like getting an x-ray, but the radiation is stronger. The procedure itself is painless. Treatment might be given in just one dose or on several days, depending on how much of the skin is being treated.

The type of radiation used most often for skin lymphomas is called **electron beam radiation**. The beam of electrons only penetrates as far as the skin, so there are few side effects to other organs and tissues. The main side effect of electron beam therapy is a skin reaction similar to sun burn. For mycosis fungoides and Sezary syndrome covering a large part of the skin, electron beam therapy is sometimes given to the entire body. This is called **total skin electron beam therapy (TSEBT)**. Along with skin changes, this can sometimes cause loss of all hair on the body, and even the loss of fingernails and toenails.

Some thicker lymphomas that are not widespread (especially single lesions) are treated with high energy radiation (like x-rays or gamma rays) instead of electrons. This kind of radiation can penetrate deeper into the body. Because it can damage internal organs, the treatment is planned carefully so that most of the radiation goes only to the skin.

To learn more about radiation therapy, see [Radiation Therapy](#)¹.

Phototherapy (UV light therapy)

Ultraviolet (UV) light is the part of sunlight that causes sunburn and skin cancer. Phototherapy uses UV light to kill cancer cells in the skin. This is a useful treatment for some people with skin lymphomas that aren't very thick.

Two kinds of UV light – ultraviolet A (UVA) and ultraviolet B (UVB) – can be used to treat skin lymphoma. Both UVA and UVB treatments are given with special fluorescent lamps like those used in tanning salons. But the light used for treatment is carefully controlled so your doctor knows exactly which wavelength and dose of light you are getting to minimize the risk of burns. Treatments are given several times a week.

When UVA is used, it is combined with drugs called **psoralens**. This combination is referred to as **PUVA**. Psoralens are given as a pill about 2 hours before the treatment. The drug travels through the blood to reach cells throughout the body (including cells of skin lymphoma). When these cells are then exposed to UVA light, the drug is activated, killing them. Psoralens can cause some nausea. They can also make the skin and eyes very sensitive to sunlight (increasing the risk of severe skin burns and cataracts), so it is important to protect yourself from sunlight as much as possible in the days after treatment.

UVB is given without any extra medicines, and is generally used for thinner skin lesions.

Just like the UV light in sunlight, these treatments can cause sunburn and may raise the risk of skin cancer later in life, so doctors try to avoid giving too much UV light.

Topical medicines

Treatment that applies drugs directly to the skin is called **topical therapy**. It can be very helpful in treating many early skin lymphomas. When a drug is placed on the skin, its effects are concentrated on that spot, with much smaller amounts reaching the rest of the body. This can help limit side effects, especially for strong medicines such as some chemotherapy drugs.

Topical corticosteroids: These are drugs related to cortisol, a hormone made naturally in the body that can affect immune cells such as lymphocytes. Corticosteroid pills and injections into the blood have long been an important part of treating lymphomas.

Topical forms of these drugs can also be applied directly to the skin as ointments, gels, foams, and creams (usually once or twice a day), or injected directly into skin lesions (on a less frequent basis). This can be very helpful in treating skin lesions. When applied on or injected into the skin, less of the drug is absorbed into the body, resulting in fewer side effects. Long-term use of topical corticosteroids may cause the skin in that area to become thinner.

Topical chemotherapy drugs: Chemotherapy (chemo) drugs are strong medicines often given by mouth or injected into a vein to treat more advanced cancers, including advanced skin lymphomas. See [Whole-body \(Systemic\) Treatments for Skin Lymphomas](#).

Some chemo drugs can be used to treat earlier forms of skin lymphoma by putting them directly on the skin (usually in a cream, ointment, or gel). The drugs most often used to treat skin lymphoma include mechlorethamine (nitrogen mustard) and carmustine (BCNU). Possible side effects include redness, swelling, or irritation where the drug is applied, as well as an increased risk of other types of skin cancer in the area.

Topical retinoids: Retinoids are drugs related to vitamin A. They can affect certain genes in lymphoma cells that cause them to grow or mature.

Some retinoids, such as bexarotene (Targretin), come in a gel that can be applied directly to skin lesions. Possible side effects include redness, itching, irritation, and sensitivity to sunlight in the area where the drug is applied. These drugs can cause birth

defects, so they should not be used by women who are or could become pregnant.

Topical immune therapy: Imiquimod (Zyclara) is a cream that causes an immune system reaction when applied to skin lesions, which may help destroy them. This drug is used mainly to treat some other types of skin cancers, but some doctors may also use it to treat early forms of skin lymphoma. It can cause redness, itching, and irritation at the site where it is applied.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/radiation.html

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Whole-Body (Systemic) Treatments for Skin Lymphomas

Systemic treatments can affect the whole body. They are most useful for more advanced or quickly growing skin lymphomas. In some cases, a systemic treatment is combined with a [skin-directed treatment](#) or with another systemic treatment.

Photopheresis (photoimmune therapy)

This treatment is also called **extracorporeal photopheresis (ECP)**. It is sometimes used for T-cell skin lymphomas, especially [Sezary syndrome](#)¹. It is thought to work by killing some lymphoma cells directly and by boosting the body's immune response against other lymphoma cells.

The procedure is similar to donating blood, but instead of going into a collecting bag, the blood goes into a special machine that separates out the lymphocytes (including lymphoma cells). They are then treated with a psoralen (a light-sensitizing drug) and UVA light before they are mixed back in with the rest of the blood and infused back into the patient. Each procedure usually takes a few hours. Treatments are typically given for 2 days in a row, and then repeated every few weeks or so.

Side effects are usually minor. The most significant side effect is sensitivity to sunlight for about a day after each treatment, which might result in sunburn or other problems. It's very important to protect yourself from sunlight as much as possible during this time.

Systemic chemotherapy

Chemotherapy (chemo) uses strong drugs to treat cancer. When the drugs are injected into a vein or a muscle or taken by mouth, they enter the bloodstream and reach all areas of the body.

Systemic chemo is not often used for early skin lymphoma, but it may be used if the disease in the skin is more advanced and no longer getting better with other treatments. It can also be helpful if the lymphoma has spread to the lymph nodes, blood, or to other parts of the body.

Many chemo drugs can be useful in treating patients with skin lymphoma, including:

- Gemcitabine
- Liposomal doxorubicin (Doxil)
- Methotrexate
- Chlorambucil
- Cyclophosphamide
- Fludarabine
- Cladribine
- Pentostatin
- Etoposide
- Temozolomide
- Pralatrexate

Often a single drug is tried first, but sometimes combinations of drugs are used, like those used for lymphoma not involving the skin. For example, a chemo regimen called CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) may be used, often along with the monoclonal antibody rituximab (Rituxan), which is described below.

Chemo treatments are given on different schedules, but usually they are repeated several times in cycles given 3 or 4 weeks apart. Most chemo treatments are given on an outpatient basis (in the doctor's office, clinic, or hospital outpatient department), but some require a hospital stay.

Patients often get chemo for 2 or 3 cycles and then have [tests](#)² (such as PET or CT scans) to see if it is working. If the first chemo regimen doesn't seem to be working, different drugs may be tried.

For more information about chemo for non-Hodgkin lymphoma, see [Non-Hodgkin Lymphoma](#)³.

Possible side effects of chemotherapy

Chemo drugs can cause side effects. These depend on the drugs used, their dose, and the length of treatment. Some common [side effects](#)⁴ include:

- Hair loss
- Mouth sores
- Loss of appetite
- Nausea and vomiting
- Diarrhea

- Increased chance of infection (from a shortage of white blood cells)
- Bleeding or bruising after minor cuts or injuries (from a shortage of platelets)
- Fatigue or shortness of breath (from a shortage of red blood cells)

These side effects usually go away after treatment is finished. If serious side effects occur, the chemo may have to be delayed or the doses reduced. There are often ways to lessen side effects. For example, drugs can be given to help prevent and reduce nausea and vomiting.

Although most side effects go away after chemo is stopped, some can be long-lasting or might not occur until months or years after treatment has ended. For example, drugs like doxorubicin can damage the heart. Other drugs can sometimes damage the kidneys, [nerves](#)⁵, or other organs. In rare cases, people develop leukemia several years later. Before you start chemo, ask your doctor or nurse what drugs will be used and what the side effects might be.

To learn more, see [Chemotherapy](#)⁶.

Targeted and biologic therapies

In recent years, many newer drugs have been developed to treat skin lymphomas. Some of these drugs target specific parts of lymphoma cells. Others work by boosting the body's immune system to attack lymphoma cells.

These drugs work differently from standard chemo drugs, which generally affect all fast-growing cells. They sometimes work when chemo drugs don't. They also tend to have different (and often milder) side effects than standard chemo drugs.

Vorinostat (Zolinza) and romidepsin (Istodax): These drugs are known as a **histone deacetylase (HDAC) inhibitors**. They are used to treat T-cell skin lymphomas, usually after other treatments have been tried. Side effects tend to be mild, but can include nausea, diarrhea, lowered blood cell counts, and effects on the rhythm of the heart. Vorinostat is a pill, taken once a day, whereas romidepsin is given as an infusion into a vein (IV), usually once a week.

Rituximab (Rituxan): This drug is a monoclonal antibody (a man-made version of an immune system protein that has a very specific target). This antibody attaches to CD20, a protein on the surface of most B lymphocytes, which causes the cells to die.

Rituximab can be used alone or with other drugs to treat B-cell skin lymphomas.

Treatments are usually given as IV infusions weekly or at longer intervals.

Common side effects are often mild but can include chills, fever, nausea, rashes, fatigue, and headaches, especially during the first infusion. Side effects are less likely with later doses. Rituximab can also increase a person's risk of infections. It can cause prior hepatitis B virus (HBV) infections to become active again, sometimes leading to severe liver problems or even death. Your doctor will probably test you for HBV before giving you this drug.

Brentuximab vedotin (Adcetris): Some skin lymphoma cells have the CD30 protein. This drug is an anti-CD30 antibody attached to a chemotherapy drug. The antibody acts like a homing signal, bringing the chemo drug to lymphoma cells, where it enters the cells and kills them.

Brentuximab can be used to treat some types of skin lymphoma, especially after other treatments have been tried. This drug is infused into a vein (IV), typically every 3 weeks.

Common side effects can include nerve damage (neuropathy), low blood counts, fatigue, fever, nausea and vomiting, infections, diarrhea, and cough.

Mogamulizumab (Poteligeo): This is a monoclonal antibody that binds to CCR4, a protein often found in high amounts on T-cell lymphoma cells. Binding to these cells may slow their growth, as well as mark them for attack by the immune system.

Mogamulizumab can be used to treat mycosis fungoides or Sezary syndrome that has come back or is no longer responding to at least one other systemic treatment. This drug is given by infusion into a vein (IV), typically once a week or once every other week.

Common side effects can include rash, allergic-like reactions during infusions, fever, fatigue, diarrhea, muscle or bone pain, and upper respiratory infections. Less common but more serious problems can include severe skin reactions, infections, and autoimmune problems (in which the immune cells in the body attack other cells or organs).

Alemtuzumab: This monoclonal antibody targets the CD52 protein found on some lymphoma cells. When the antibody binds to this protein, it triggers the immune system to destroy the cell. This drug is given by injection either under the skin (subcutaneous) or into a vein (IV), usually several times a week.

Alemtuzumab works well against some types of skin lymphoma, but it can have serious side effects. Some people have allergic reactions to it, which can sometimes be serious.

It can also severely weaken the immune system, which can lead to serious or even life-threatening [infections](#)⁷ with germs that aren't usually a problem for healthy people.

Because of these risks, alemtuzumab is not often used to treat skin lymphomas, although it may be an option if the lymphoma comes back after other treatments.

Interferons: The interferons are hormone-like proteins normally made by white blood cells to help the immune system fight infections. Certain types of interferon can be made in the lab and given as medicine. Interferons can cause some types of skin lymphomas to shrink or stop growing. Usually they are injected under the skin several times a week.

People getting this treatment often have flu-like side effects, such as fatigue (which can be severe), fever, chills, headaches, muscle and joint aches, and mood changes. The side effects tend to be worse when higher doses are used.

Systemic retinoids

Retinoids are drugs related to vitamin A. Retinoids such as all-trans retinoic acid (ATRA), acitretin, isotretinoin (Accutane), and bexarotene (Targretin) can be used to treat some skin lymphomas, especially mycosis fungoides and Sezary syndrome. Bexarotene can be used as a [topical treatment](#) when only a few small skin lesions are present, but retinoids are often taken in pill form for skin lymphomas that are more widespread.

Side effects of systemic retinoids can include headache, nausea, fever, increased blood levels of triglycerides (fats), thyroid problems, and eye problems. Some retinoids can cause more serious side effects, like fluid buildup in the body. These drugs should never be given to a woman who is pregnant or who might become pregnant, as they can cause serious birth defects.

High-dose chemotherapy with stem cell transplant (SCT)

Stem cell transplants are sometimes used to treat lymphoma when standard treatments are no longer working. Doctors aren't yet sure exactly how well this type of treatment works for patients with skin lymphoma, but studies are now being done to find out, and it may become more common in the future.

The doses of chemotherapy drugs normally are limited by the side effects these drugs can cause. Higher doses can't be used, even if they might kill more cancer cells, because they would severely damage the bone marrow, where new blood cells are

made.

A stem cell transplant (also known as a bone marrow transplant) lets doctors give higher doses of chemotherapy (sometimes along with radiation therapy). This is because after getting high-dose chemo treatment, the patient receives a transplant of blood-forming stem cells to restore the bone marrow. The blood-forming stem cells used for a transplant can come either from the blood or from the bone marrow.

There are 2 main types of transplants, based on the source of the stem cells:

Allogeneic stem cell transplant: For this type of transplant, the blood-forming stem cells come from another person (instead of using the patient's own stem cells). The ideal donor is a relative (often a brother or sister) whose tissue type (HLA type) matches the patient's. This lowers the chance of having serious problems with the transplant. This is often the preferred type of transplant if it can be done, but it is often hard to find a matched donor. Another drawback is that side effects of this treatment might be too severe for many older patients.

Autologous stem cell transplant: In this type of transplant, a patient's own stem cells are removed from his or her bone marrow or blood. They are collected over several days in the weeks before treatment. The cells are frozen and stored while the person gets treatment (high-dose chemo and/or radiation) and are then reinfused into the patient's blood. Autologous transplants are not used much for skin lymphomas.

A stem cell transplant is a complex treatment that can cause life-threatening side effects. If the doctors think a person might benefit from a transplant, it should be done at a cancer center where the staff has experience with the procedure and with managing the recovery phase.

To learn more about stem cell transplants, including how they are done and their potential side effects, see [Stem Cell Transplant for Cancer](#)⁸.

Hyperlinks

1. www.cancer.org/cancer/skin-lymphoma/about/types-of-skin-lymphoma.html
2. www.cancer.org/cancer/skin-lymphoma/detection-diagnosis-staging/how-diagnosed.html
3. www.cancer.org/cancer/non-hodgkin-lymphoma.html
4. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects.html
5. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/peripheral-neuropathy.html

6. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/chemotherapy.html
7. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/low-blood-counts/infections.html
8. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/stem-cell-transplant.html

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Treatment for Specific Types of Skin Lymphoma

The treatment of skin lymphoma is based mainly on the [type of lymphoma](#)¹, as well as its location and its [stage](#)² – how far it has spread. But other factors, such as your overall health, can also affect your treatment options. Talk to your doctor if you have any questions about the treatment plan he or she recommends.

The treatments mentioned in this section fall into 2 main groups:

- [Skin-directed treatments](#)
- [Whole-body \(systemic\) treatments](#)

T-cell lymphomas

Mycosis fungoides (MF)

Many forms of treatment can be used for MF.

Skin-directed treatments: For early stages of MF, treatments are aimed at the skin. Options may include:

- Phototherapy with ultraviolet (UV) light (either UVB light or UVA combined with drugs called *psoralens*, known as PUVA)
- Topical chemotherapy with BCNU or nitrogen mustard
- Topical corticosteroid ointments or injections
- Topical retinoids (vitamin A-like drugs), such as bexarotene
- Topical imiquimod
- Local radiation treatments if there is only one or a few lesions
- Total skin electron beam therapy (TSEBT) if MF covers most of the skin

Sometimes more than one type of skin-directed treatment is used.

Systemic (whole-body) treatments: Mycosis fungoides might stay just in the skin for many years. But eventually it might spread, which might require systemic treatment. Several types of treatment can be used, such as:

- Retinoids (taken by mouth)
- Targeted drugs like vorinostat (Zolinza) or romidepsin (Istodax)
- Photopheresis
- Interferons
- Brentuximab vedotin (Adcetris)
- Mogamulizumab (Poteligeo)
- Low-dose methotrexate (a chemo drug)

Chemotherapy (usually with a single drug) or other medicines might be other options, but they are often reserved for lymphomas that are no longer responding to the treatments above. If single chemo drugs are not effective, combinations of drugs (similar to those used for other types of [non-Hodgkin lymphoma](#)³) might be recommended.

More than one type of treatment might be used at the same time. This could include combinations of skin-directed and systemic treatments (such as TSEBT plus photopheresis) or combined systemic treatments (such as an oral retinoid plus interferon).

Many people can be helped by these treatments, sometimes for many years, but they rarely cure the lymphoma. If other treatments are no longer working, a [stem cell transplant](#)⁴ may be an option. Newer treatments are also being studied, so it might be worth considering entering a [clinical trial](#)⁵.

Sezary syndrome

The [systemic treatments](#) used for advanced MF are also used to treat Sezary syndrome. This disease usually has spread beyond the skin at the time it is diagnosed, so [treatments directed only at the skin](#) are less useful than in MF (although some might still be part of treatment).

Photopheresis may be helpful in treating the disease, as may retinoids, such as bexarotene. The targeted drugs vorinostat (Zolinza) and romidepsin (Istodax) might also be used, as might interferon, brentuximab vedotin (Adcetris), or mogamulizumab (Poteligeo). Chemotherapy or alemtuzumab can also be useful, but these are usually reserved for lymphomas that are no longer responding to other treatments. A stem cell transplant might be another option if other treatments are no longer working.

As with advanced MF, these treatments are often helpful for a time, but they rarely result in a cure. Newer treatments are now being studied, so it might be worth considering entering a [clinical trial](#)⁶ of one of these.

Primary cutaneous anaplastic large cell lymphoma (C-ALCL)

This lymphoma usually stays confined to the skin. It can come back after treatment, but it seldom spreads inside the body and is rarely fatal. If it's not causing symptoms, it can often be monitored closely without needing to be treated right away. The skin lesions may even go away on their own, without any treatment.

If treatment is needed, options depend on how extensive the lymphoma is:

- For single skin lesions (or small groups of lesions), surgery and/or radiation therapy are the most common options.
- If there are skin lesions in several places, chemotherapy (often methotrexate, taken as a pill) or the targeted drug brentuximab vedotin (Adcetris) are typical first options. Other chemotherapy, targeted therapy, or retinoid drugs might also be options, as well as radiation therapy.

If the lymphoma comes back in the same place after treatment, often the same treatment can be used again. If one treatment is no longer helpful, another can be tried.

If the lymphoma spreads to the lymph nodes or (rarely) internal organs, then systemic chemotherapy or brentuximab vedotin (Adcetris) is often used. Radiation therapy might also be an option.

Lymphomatoid papulosis

This disease often comes and goes on its own and usually has such a good outlook that treatment isn't needed right away, especially if the lesions aren't causing any symptoms. If treatment is needed, options depend on how extensive the lymphoma is:

- If there are only a few skin lesions, phototherapy and topical corticosteroids are the most common treatments.
- If the lesions are more extensive, skin-directed treatments (such as phototherapy or topical chemotherapy or retinoids) or systemic treatments (such as oral retinoids or low-dose methotrexate) are other options.

More intensive systemic therapies are rarely needed.

Subcutaneous panniculitis-like T-cell lymphoma

Patients with this rare type of lymphoma can live a long time and generally have an excellent outlook. Although chemotherapy and radiation have been used successfully in the past, the disease can often be controlled for long periods with just corticosteroids.

Primary cutaneous peripheral T-cell lymphoma, rare subtypes

Primary cutaneous gamma/delta T-cell lymphoma tends to grow and spread very quickly. It is treated with systemic chemotherapy using a combination of drugs, but even with treatment it can be hard to control.

Primary cutaneous CD8+ aggressive epidermotropic cytotoxic T-cell lymphoma usually grows quickly and is treated with systemic chemotherapy using a combination of drugs. Even with treatment, it can be hard to control.

Primary cutaneous acral CD8+ T-cell lymphoma tends to grow slowly, and can usually be treated effectively with surgery or radiation therapy. It can sometimes come back, but it can often be treated again in a similar manner.

Primary cutaneous CD4+ small/medium T-cell lymphoproliferative disorder sometimes goes away on its own. If treatment is needed, it can usually be done with surgery or radiation therapy, or by injecting a corticosteroid into the tumor. People with this lymphoma generally have a good outlook, especially if they have only one tumor.

Some of these lymphomas can be hard to treat effectively, so [clinical trials](#)⁷ studying newer forms of treatment might be good options.

B-cell lymphomas

Primary cutaneous marginal-zone B-cell lymphoma or Primary cutaneous follicle-center lymphoma

These types of lymphoma can sometimes be watched without treatment until problems develop, but usually treatment is recommended.

For lymphomas that are in one spot or only a few spots close together, initial treatment is usually radiation therapy or surgery. Other options might include topical medicines such as corticosteroids, chemotherapy, bexarotene (Targretin), or imiquimod (Zyclara); or injected corticosteroids. If the lymphoma does not go away completely, one of the other treatments can be tried.

For lymphomas that have spread over larger parts of the skin, treatment options include

rituximab (Rituxan), topical medicines (such as corticosteroids, chemotherapy, bexarotene, or imiquimod), injected corticosteroids, or radiation therapy. Systemic chemotherapy (sometimes with rituximab), like that used for other slow-growing B-cell lymphomas, can also be used if there are many lesions.

If the lymphoma has spread to lymph nodes or internal organs, it is treated like follicular lymphomas found in other parts of the body, typically with a combination of chemotherapy and rituximab (see [Non-Hodgkin Lymphoma](#)⁸ for more details).

Primary cutaneous diffuse large B-cell lymphoma, leg type

These lymphomas might look like they involve only a small area of the skin at first, but the disease is often more widespread than it first appears. The treatment of choice is rituximab (Rituxan) along with systemic chemotherapy. Often the regimen called R-CHOP (rituximab plus cyclophosphamide, doxorubicin, vincristine, and prednisone) is given, but other chemo combinations can also be used. If the lymphoma is in only one or a few areas, radiation therapy directed at the tumors is often used as well. For people who can't tolerate chemotherapy, radiation therapy alone may be given.

If the lymphoma has spread to the lymph nodes or other organs, treatment is the same as that used for diffuse large B-cell lymphomas (DLBCLs) found in other parts of the body, which is usually R-CHOP, with or without radiation therapy (see [Non-Hodgkin Lymphoma](#)⁹ for more details).

If the lymphoma keeps growing or comes back after treatment

Some skin lymphomas respond well to treatment, but others might not. If this happens, other types of treatment can often be tried. But as more treatments are tried, they may be less likely to work or more likely to cause side effects.

When a cancer comes back after treatment it is called [recurrent](#)¹⁰ or relapsed. In general, if a skin lymphoma comes back it tends to be in the skin. If this is the case, [skin-directed therapies](#) that haven't been used yet may be effective.

Some skin lymphomas eventually spread inside the body as well. Often, the lymph nodes are the first site of relapse. After that, the lymphoma might spread to organs such as the liver or spleen, and bone marrow. Different types of [systemic treatments](#) may be helpful in this situation. Chemotherapy is often used, especially if a person hasn't had chemo before. Depending on the type of lymphoma and which treatments a person has had before, other drugs, such as vorinostat (Zolinza), romidepsin (Istodax), brentuximab vedotin (Adcetris), or mogamulizumab (Poteligeo), might also be options. A stem cell

transplant may be another option at some point.

Advanced skin lymphomas are very hard to cure. Different systemic treatments may be effective for some time. But in general, the more treatments a person has had, the less likely it is that the next treatment will be helpful.

A good option for some people might be to consider [clinical trials](#)¹¹ of treatments that work in new ways. Many newer treatments are now being studied. For more info, see [What's New in Skin Lymphoma Research?](#)¹²

If newer or more aggressive treatments are no longer working, at some point a person might want to think about treatments aimed more at relieving the symptoms of the lymphoma. This approach is called [palliative care](#)¹³.

The treatment information given here is not official policy of the American Cancer Society and is not intended as medical advice to replace the expertise and judgment of your cancer care team. It is intended to help you and your family make informed decisions, together with your doctor. Your doctor may have reasons for suggesting a treatment plan different from these general treatment options. Don't hesitate to ask him or her questions about your treatment options.

Hyperlinks

1. </cancer/skin-lymphoma/about/types-of-skin-lymphoma.html>
2. www.cancer.org/cancer/skin-lymphoma/detection-diagnosis-staging/staging.html
3. www.cancer.org/cancer/non-hodgkin-lymphoma/treating/chemotherapy.html
4. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/stem-cell-transplant.html
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10. www.cancer.org/treatment/survivorship-during-and-after-treatment/understanding-recurrence.html
11. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html
12. www.cancer.org/cancer/skin-lymphoma/about/new-research.html
13. www.cancer.org/treatment/treatments-and-side-effects/palliative-care.html

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