



SKIN CANCER (OTHER THAN MELANOMA)

## **RISK OF MYCOSIS FUNGOIDES IN PSORIASIS PATIENTS**

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**Introduction:** Psoriasis has been associated with different comorbidities and risk of malignancies among which also hematologic malignancies. Moreover, in the last years patients that developed mycosis fungoides (MF; cutaneous T-cell lymphoma, CTCL) after systemic treatment for psoriasis have been reported. Early MF may present with overlapping clinical features of psoriasis and misclassification between both diseases is possible.

**Objective:** To review the risk for psoriasis patients to develop MF.

**Materials and Methods:** A systematic search of the English literature.

**Results:** In total, 88 publications were evaluated. The relative risk of developing MF in psoriasis patients has been assessed only by few studies with different results (HR ranging 4.34-13.63; SIR ranging 15.1-19.3), on different populations and with different methodologies, basing both diagnosis of psoriasis and MF only upon a retrospective administrative code or interviews. Severe psoriasis patients have been defined by receiving systemic therapies, not by PASI. A misclassification between psoriasis and MF might have occurred with overestimation of the risk. In fact, the absolute risk for psoriasis patients to develop a lymphoma is low, with 1 event calculated on 5823 patients. Moreover, also studies that did not found a risk significantly increased of hematologic malignancies in patients with psoriasis have been published. Last, 23 case reports of MF onset after biological therapies (6 adalimumab, 5 infliximab, 5 etanercept, 2 ustekinumab, 2 apremilast, 1 efalizumab, 1 secukinumab, 1 alefacept) for psoriasis have been published and in most cases a misclassification between psoriasis and MF might have occurred. Additionally, 8 cases of MF diagnosed after biological therapy for rheumatoid arthritis, ankylosing spondylitis or seronegative arthritis have been reported.

**Conclusions:** The risk of developing MF in psoriasis patients should be reconsidered in large prospective studies on selected psoriasis patients with diagnosis histologically confirmed and stratified for severity of psoriasis and therapies.

