Published in final edited form as:

Br J Dermatol. 2019 May ; 180(5): 1263–1264. doi:10.1111/bjd.17598.

Understanding racial disparities in mycosis fungoides through international collaborative studies

S. Geller¹, E. Lebowitz¹, M. Pulitzer², and P.L. Myskowski¹

¹Department of Medicine, Dermatology Service, New York, NY, USA

²Department of Pathology, Memorial Sloan Kettering Cancer Center and Weill Cornell Medicine, New York, NY, USA

DEAR EDITOR, Incidence rates of cutaneous T-cell lymphomas (CTCL) and mycosis fungoides (MF) are higher among African American (AA) than white individuals in the United States of America.¹ Population-based registries² and single center retrospective studies³ have shown that AAs present with earlier onset and more advanced disease in comparison to white patients.³ Searching our institution's cancer registry between 1992–2017 showed that the proportion of patients self-identified as black or AA was 13% of all patients with MF diagnostic codes. Our experience with 88 AA patients with newly diagnosed early-stage MF are in support of the previously reported demographic and clinical MF characteristics in the AA population.^{1–3} Median age at diagnosis was 47 years (interquartile range, 35–58 years) and female to male ratio was 1.4:1. 23.9% of AA patients presented with clinical stage IA, 67.0% - IB, and 9.1% - IIA. Hypopigmented lesions were noted in 59.1% of the patients and 35.2% presented solely with hypopigmented MF. Detailed immunohistochemistry results at the time of diagnosis were available in 61 cases, showing a CD8+ phenotype in 37.7% and a CD4+ phenotype in 62.3%.

AA race has been shown to be independently associated with shorter overall and disease-specific survival.² However, our understanding of the relationship between race and prognosis in MF is limited to small retrospective single-center cohorts and to population-based registries that lack diagnosis confirmation and are prone to misdiagnosis/misconducting.

The PROCLIP (PROspective Cutaneous Lymphoma International Prognostic Index) study is a large international cohort of patients with confirmed early-stage MF who are being followed with the aim of developing a prognostic index that may identify patients at risk of disease progression. A recent report by Scarisbrick et al. described the clinical characteristics of 348 early-stage MF patients enrolled in 29 centers and 15 countries.⁴ The analyzed patients' demographics included age and sex while race and ethnicity were not reported.

Racial disparity in MF is poorly understood and further studies are needed to delineate the role of race in MF. Large international prospective studies such as PROCLIP have the

potential to determine the prognostic implications of race and ethnicity in this complex disease.

Acknowledgments

Funding sources: This research was funded in part through the NIH/NCI Cancer Center Support Grant P30 CA008748.

References

1. Bradford PT, Devesa SS, Anderson WF, Toro JR. Cutaneous lymphoma incidence patterns in the United States: a population-based study of 3884 cases. *Blood*. 2009;113(21):5064–5073. [PubMed: 19279331]
2. Su C, Nguyen KA, Bai HX, et al. Racial disparity in mycosis fungoides: An analysis of 4495 cases from the US National Cancer Database. *J Am Acad Dermatol*. 2017;77(3):497–502.e492. [PubMed: 28645647]
3. Desai M, Liu S, Parker S. Clinical characteristics, prognostic factors, and survival of 393 patients with mycosis fungoides and Sezary syndrome in the southeastern United States: a single-institution cohort. *J Am Acad Dermatol*. 2015;72(2):276–285. [PubMed: 25458019]
4. Scarisbrick JJ, Quaglino P, Prince HM, et al. The PROCLIFI international registry of early stage Mycosis Fungoides identifies substantial diagnostic delay in most patients. *Br J Dermatol*. 2018.