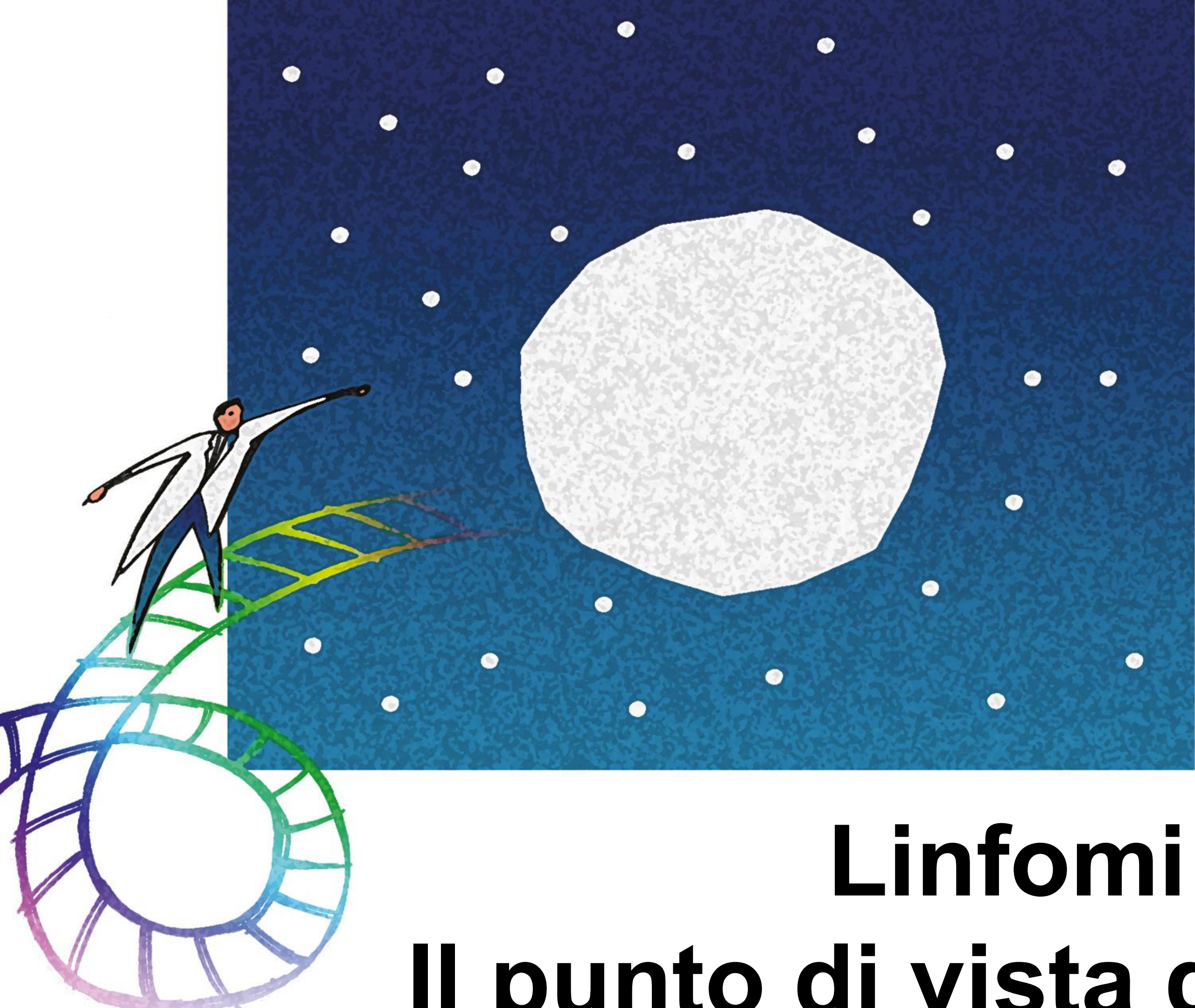




The young side of **LYMPHOMA**

gli under 40 a confronto

Reggio Emilia, Hotel Mercure Astoria
2-3 ottobre 2026

Linfomi Cutanei Il punto di vista del Trapiantologo

Mirko Farina

*Unit of Blood Diseases and Bone Marrow Transplantation
Cell Therapies and Research in Hematology Program
University of Brescia & ASST Spedali Civili of Brescia*



UNIVERSITY
OF BRESCIA



Sistema Socio Sanitario



Regione
Lombardia

ASST Spedali Civili

Disclosures of Name Surname

Company name	Research support	Employee	Consultant	Stockholder	Speakers bureau	Advisory board	Other
Bristol Myers Squibb			x				
Gilead			x		x		
Novartis			x				

Clinical case: Sézary syndrome after second-line treatment

68-year-old woman Stage IVA Non-bulky disease KPS 100%

JAN 2024

SÉZARY SYNDROME

Erythroderma
Severe pruritus
Blood involvement

Stage IVA

SEP 2024

ECP + peg-IFN

Eight ECP cycles; peg-IFN added
from cycle 5

5 DEC 2024

Mogamulizumab

Second-line treatment

JAN–MAR 2025

CLINICAL AND NODAL RESPONSE

22 Jan CT: cervical nodes
resolved; axillary and
inguinal nodes reduced

4 Mar CT: residual nodes
stable

NOV 2024

Progressive skin disease

Pruritus recurred; ECP and
peg-IFN discontinued



Pooling question

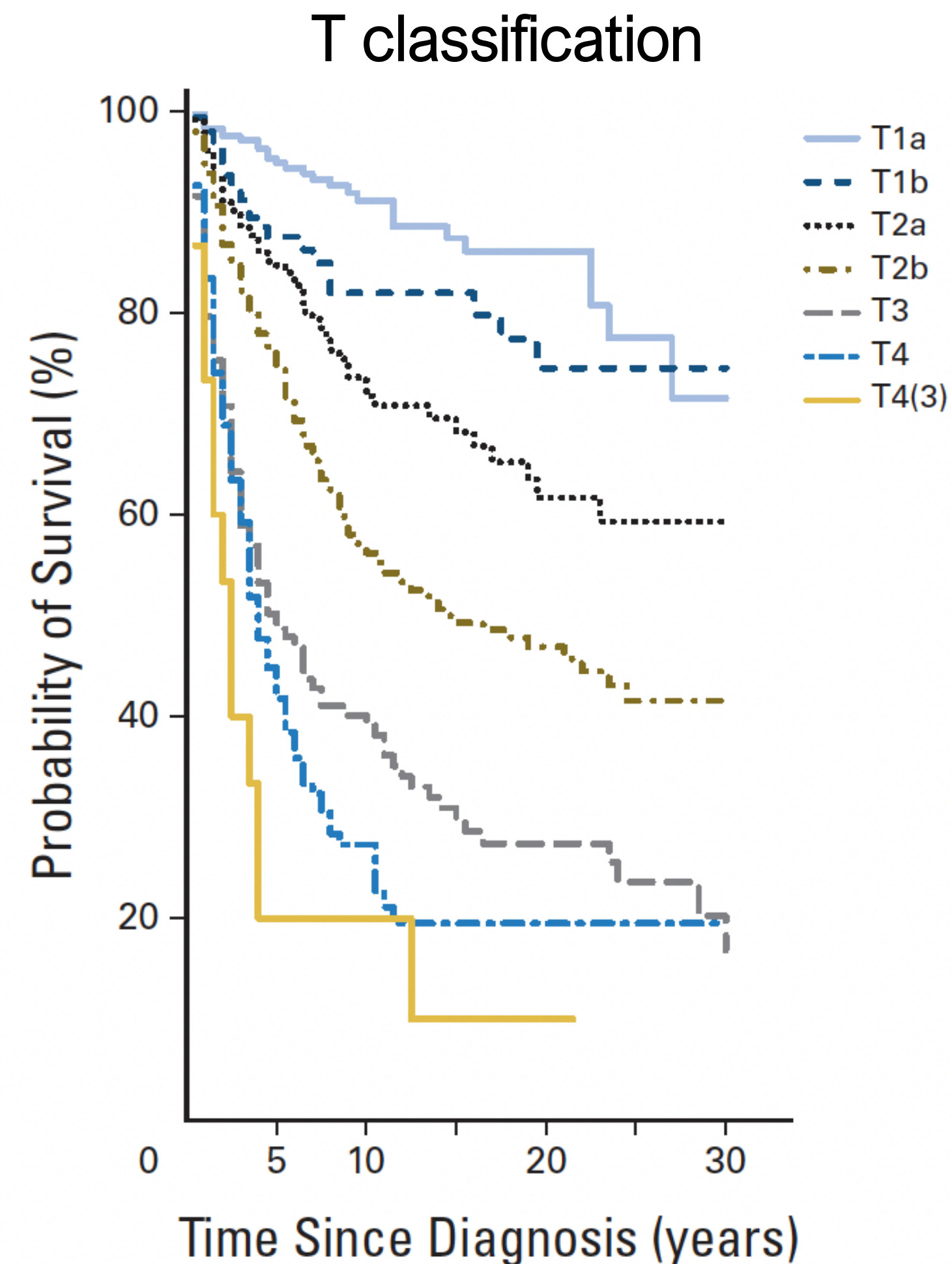
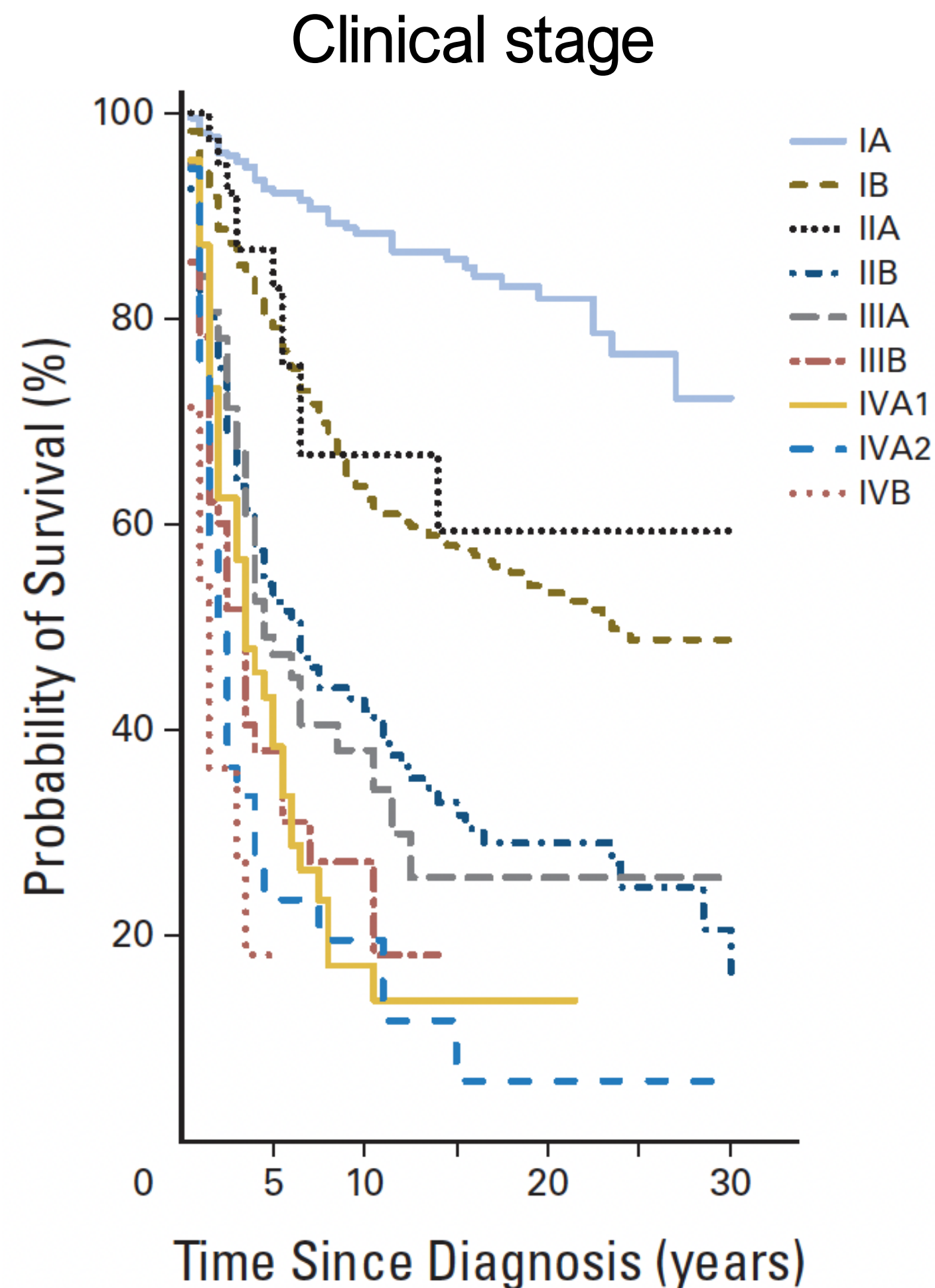
Domanda: **Che cosa fareste ora?**

Risposte:

- 1) **Proseguire con Mogamolizumab**
- 2) **Sospendere la terapia con Mogamolizumab vista la Risposta ottenuta**
- 3) **Autotrapianto di consolidamento**
- 4) **Trapianto allogenico di consolidamento**

Risposta corretta n° 4

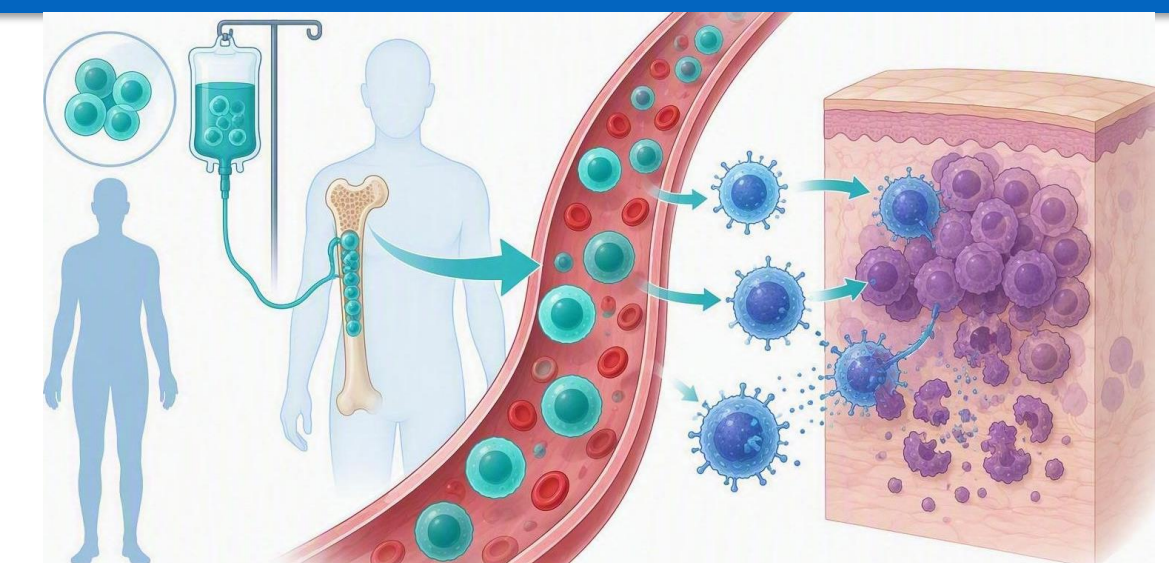
Life expectation in MF and in SS



- Advanced-stage CTCL is associated with dismal outcomes

- In advanced-stage CTCL, no currently available therapy provides durable disease control.

Can hematopoietic stem cell transplantation provide durable disease control in CTCL?

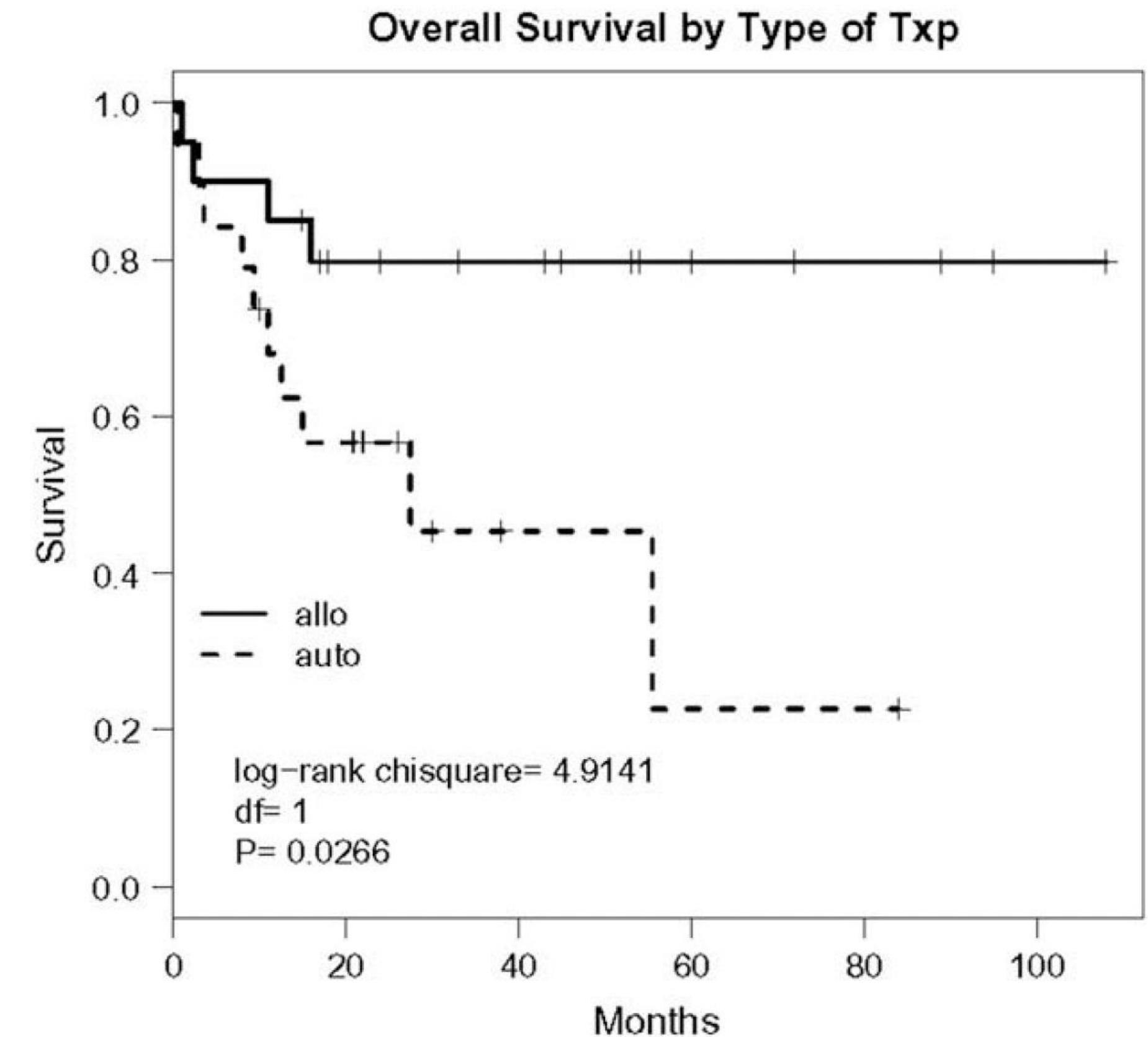


Agar et al., JCO 2010



Which Type of Hematopoietic Stem Cell Transplantation?

- Autologous HCT may achieve high response rates, but does not provide durable disease control
- Retrospective comparisons show superior overall survival with **allogeneic HCT**
- The sustained benefit of allo-HCT supports a clinically relevant graft-versus-lymphoma effect
- **Allogeneic HCT—not autologous HCT—is the preferred and potentially curative transplant strategy for CTCL.**



Allo-HCT: Heterogeneous Evidence, but a Consistent Clinical Signal

- | | | |
|---|---------------------------------|----------------------------------|
| 1 | Registry / retrospective series | durable remissions + GvL signal |
| 2 | Prospective single-arm cohorts | long-term OS with acceptable NRM |
| 3 | Meta-analysis | 557 patients • pooled outcomes |
| 4 | Controlled prospective study | CUTALLO • n=99 |

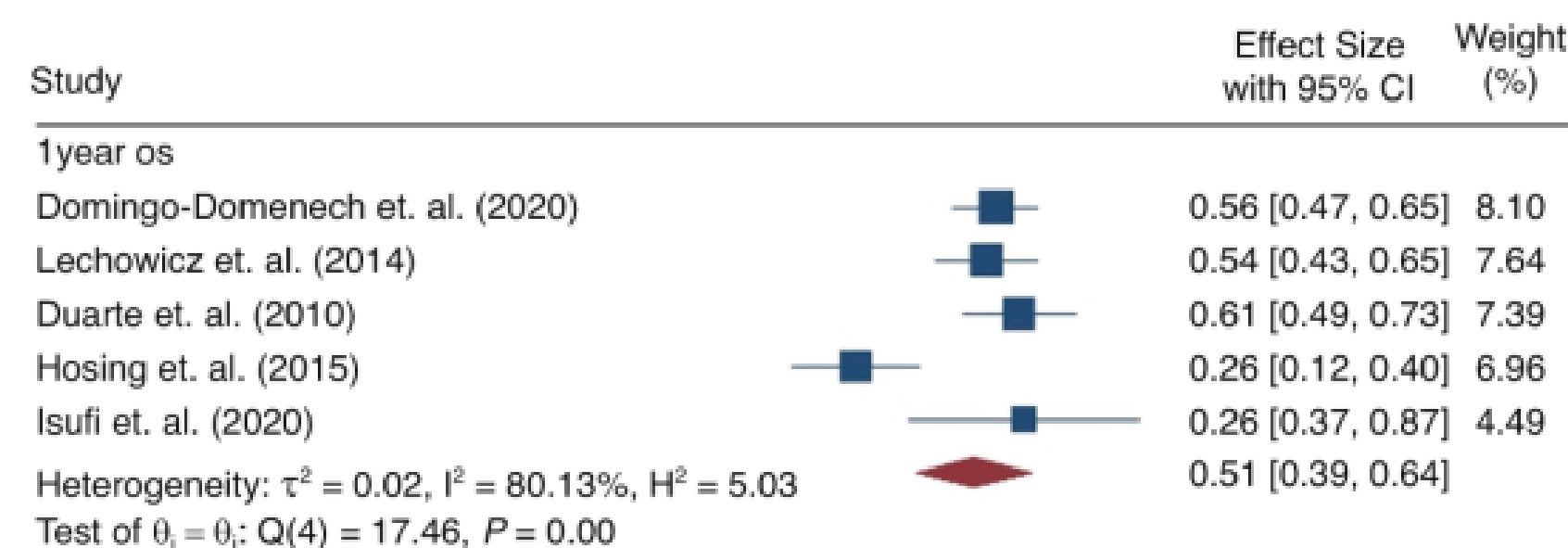
Damaj G, et al. *J Eur Acad Dermatol Venereol.* 2026
Goyal A, O'Leary D, Foss F. *Bone Marrow Transplant.* 2024
de Masson A, et al. *Lancet.* 2023



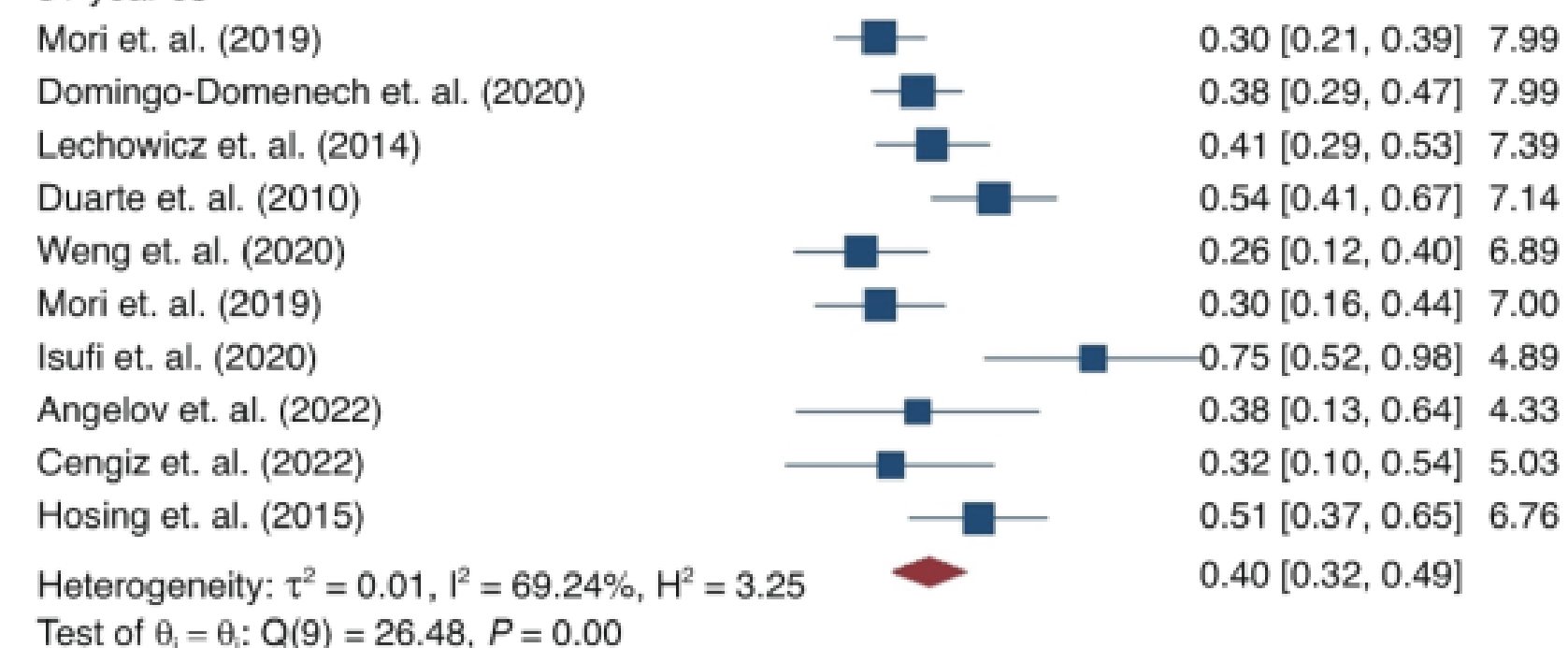
Across 15 studies, long-term disease control is achievable

a

Overall survival



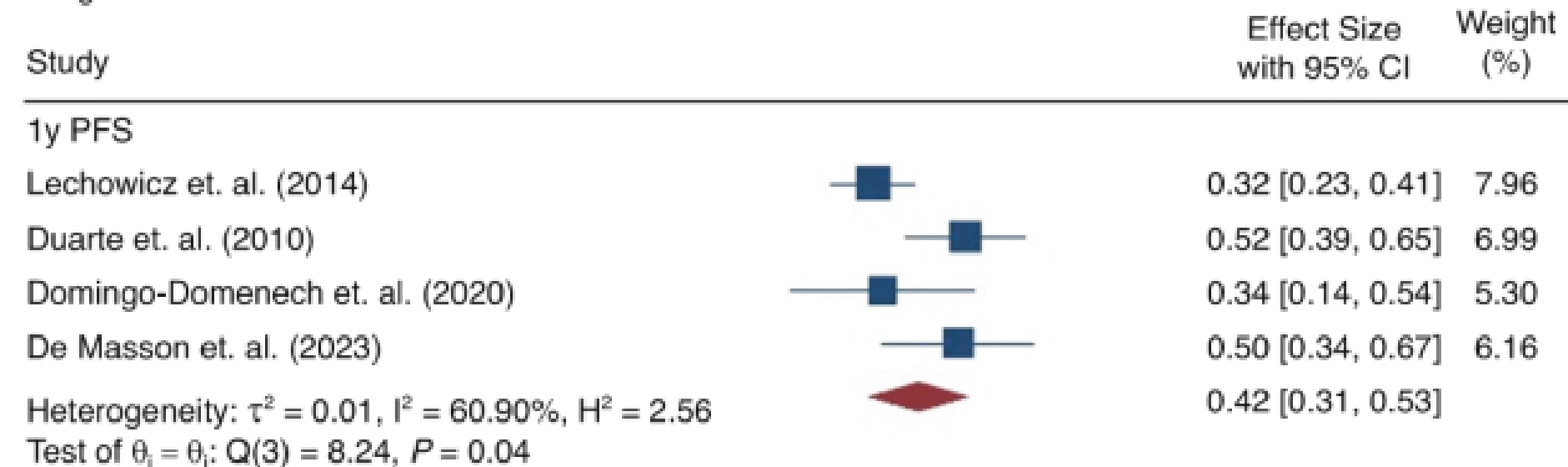
3+ year os



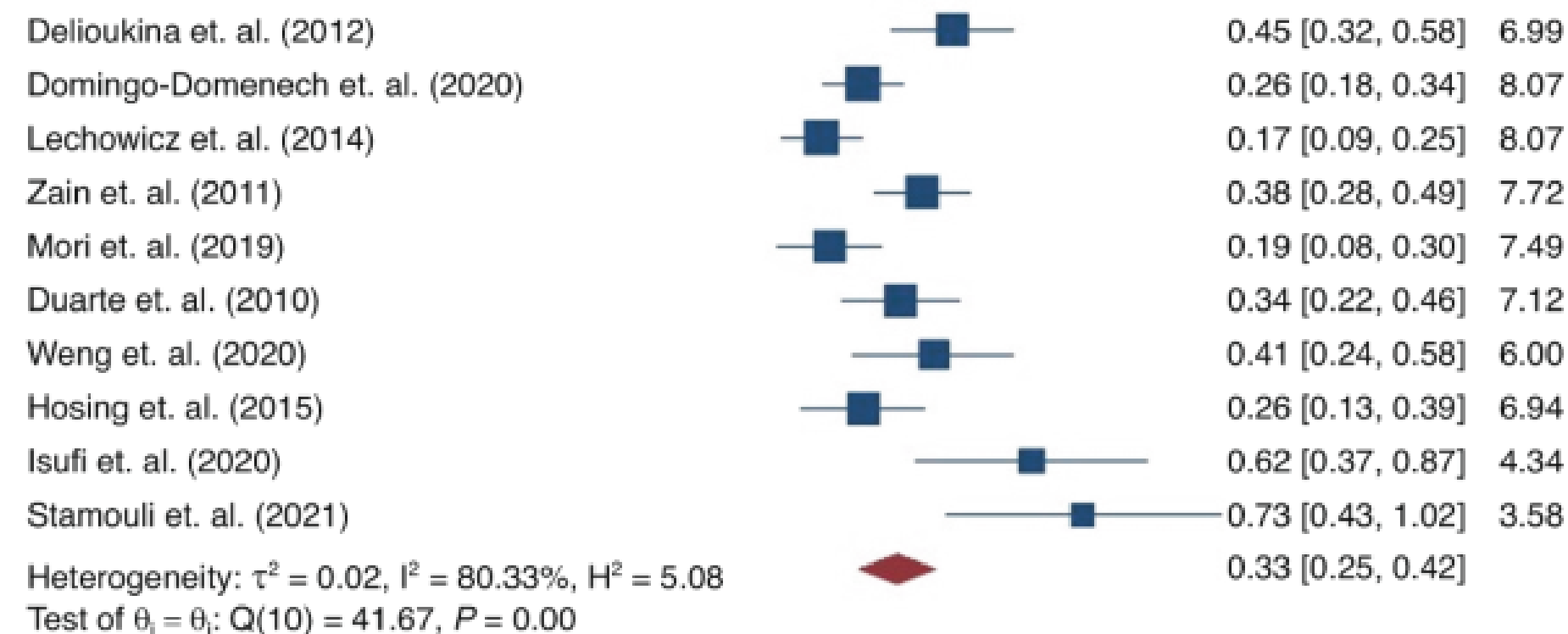
Random-effects REML model

b

Progression-free survival



3+y PFS



Overall

Random-effects REML model



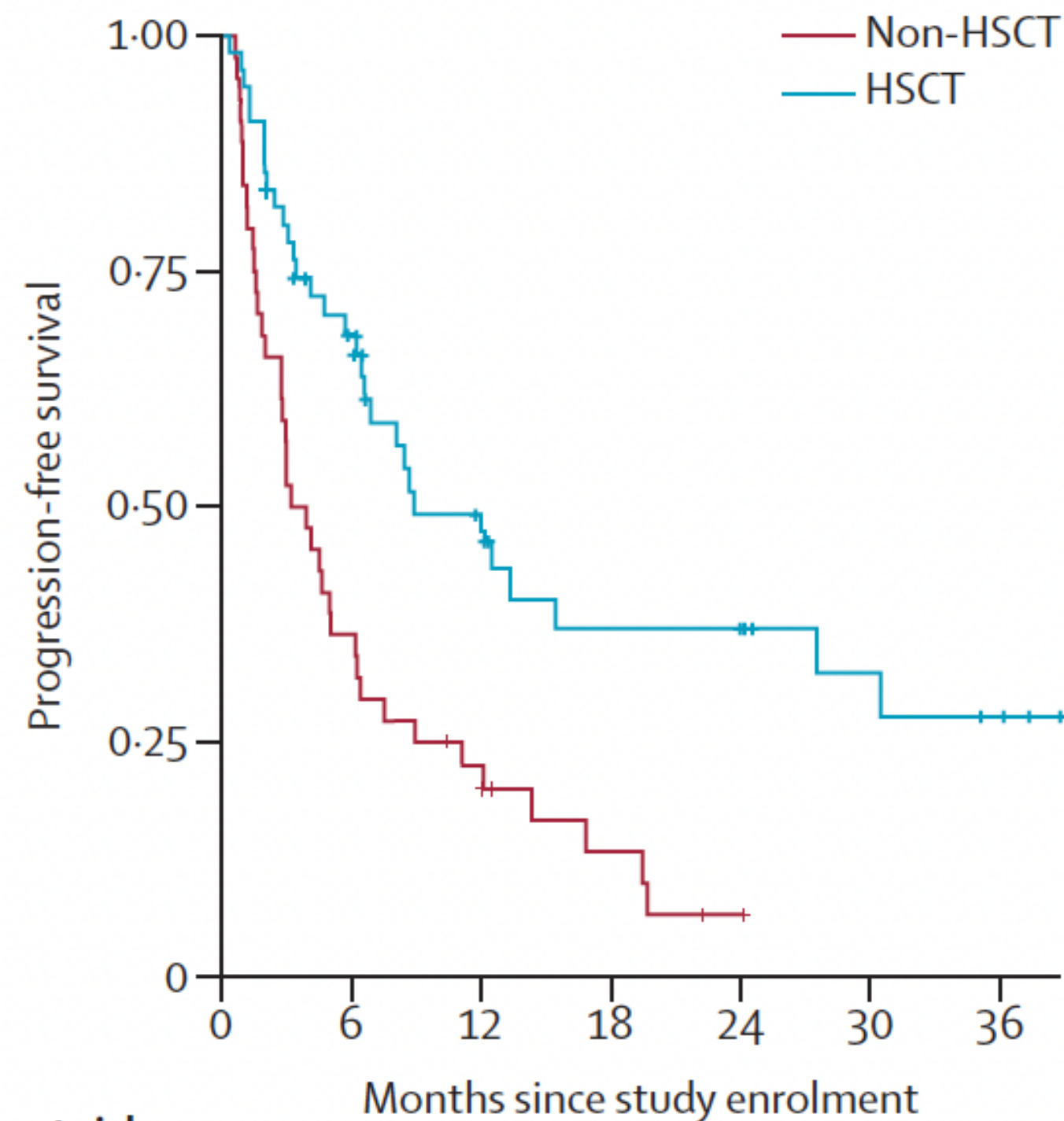
557
patients

40%
OS at ≥ 3 years

33%
PFS at ≥ 3 years

CUTALLO (*prospective study*): Allo-HCT prolongs PFS and OS

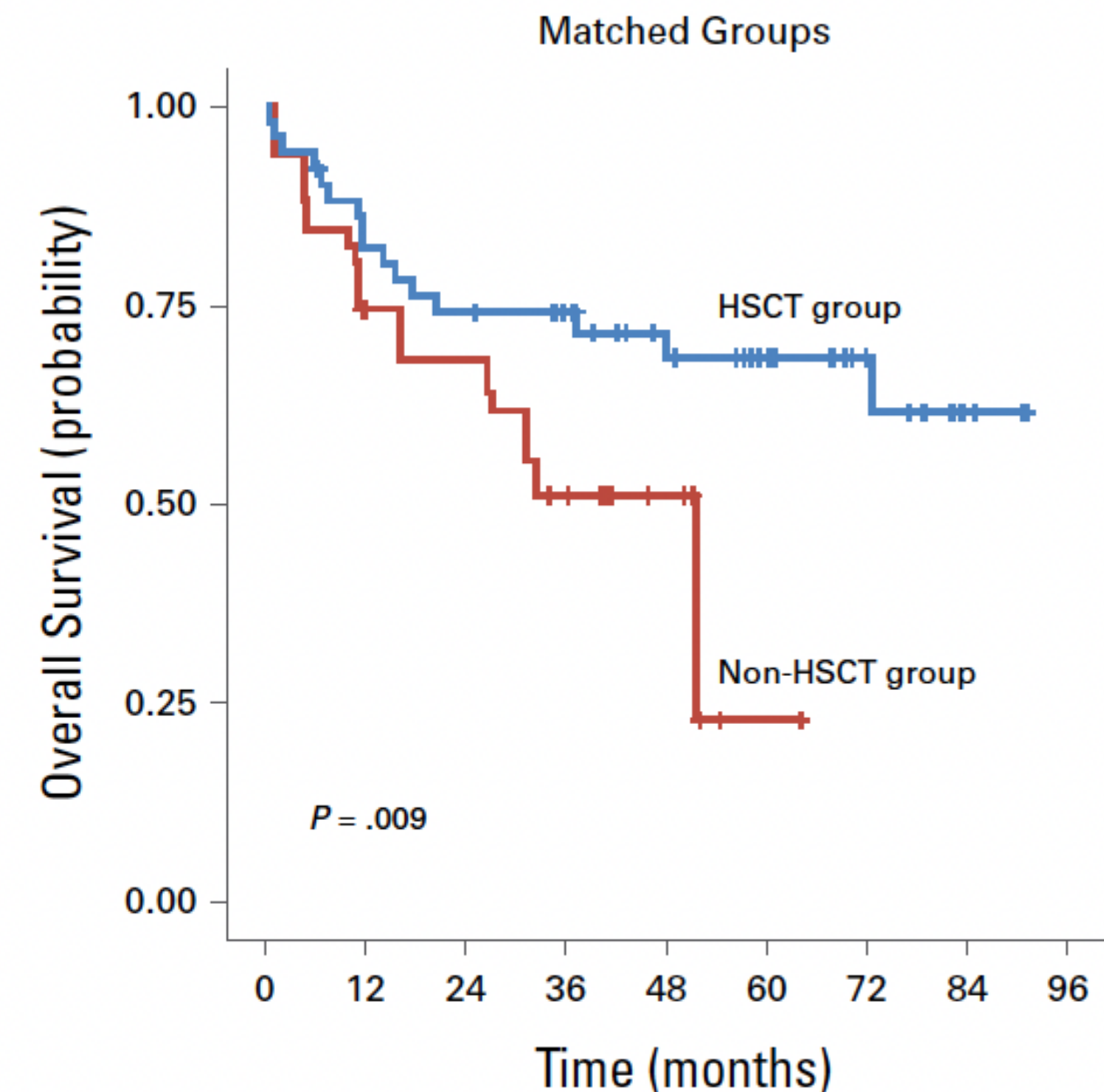
PFS



Number at risk							
Non-HSCT	44	16	9	4	1	0	0
HSCT	55	33	17	12	12	7	4

9 months vs. 3 months

OS



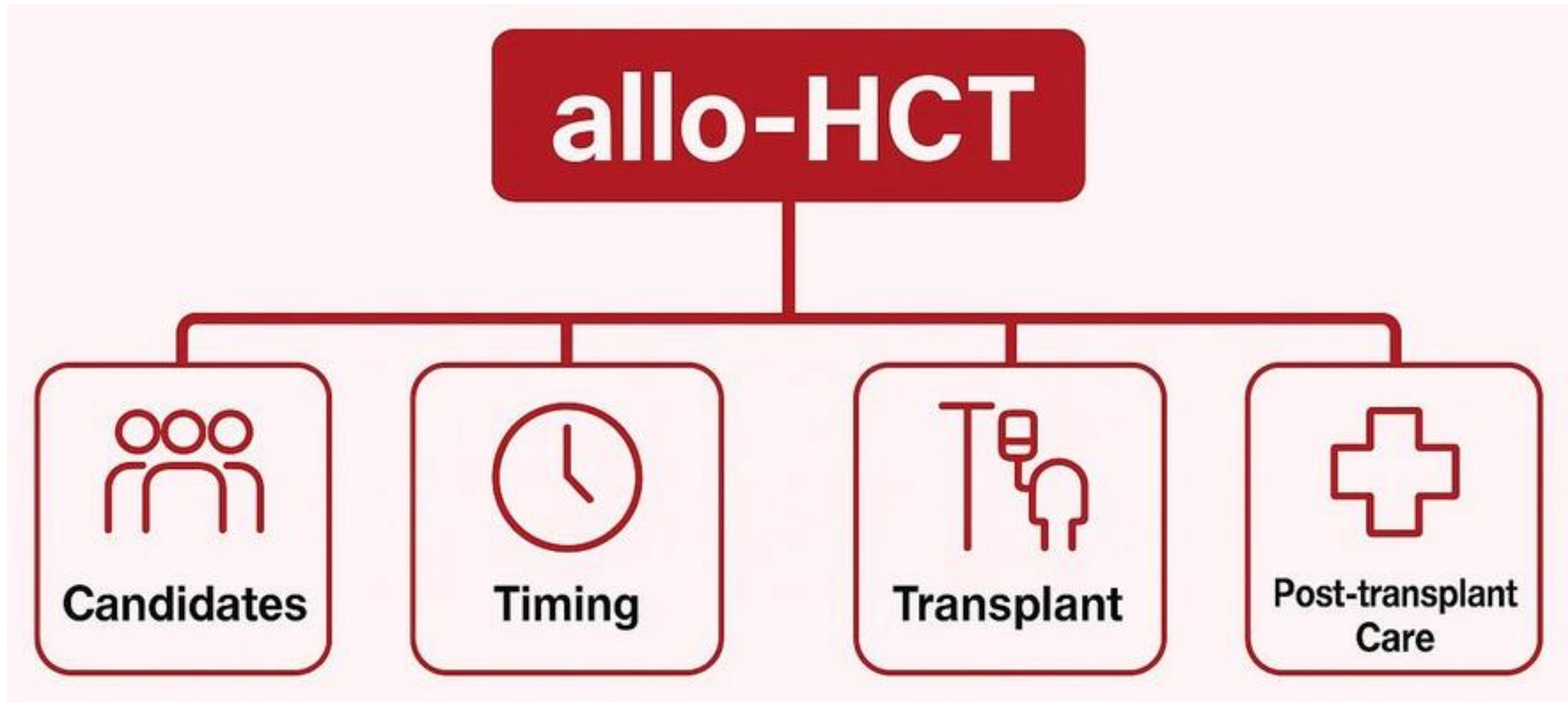
Number at risk									
Non-HSCT group	51	35	32	23	12	1	0	0	0
HSCT group	51	41	37	32	22	16	10	3	0

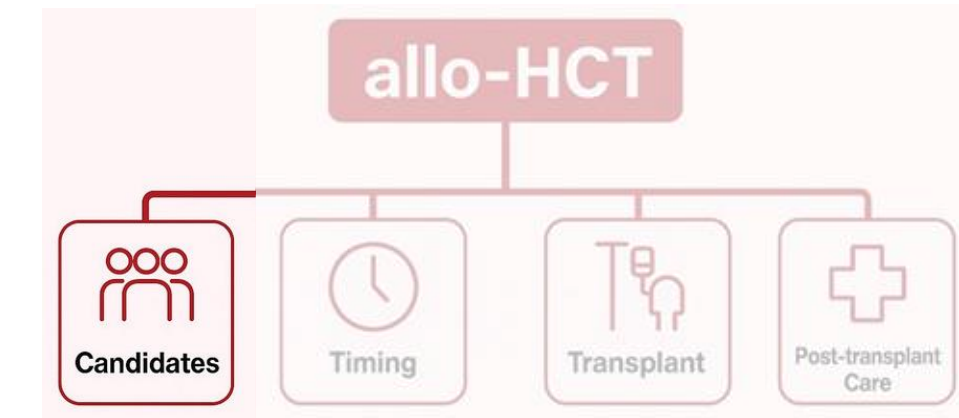
Not reached vs. 51.5 months

de Masson et al. Lancet 2023
de Masson et al. JCO 2025



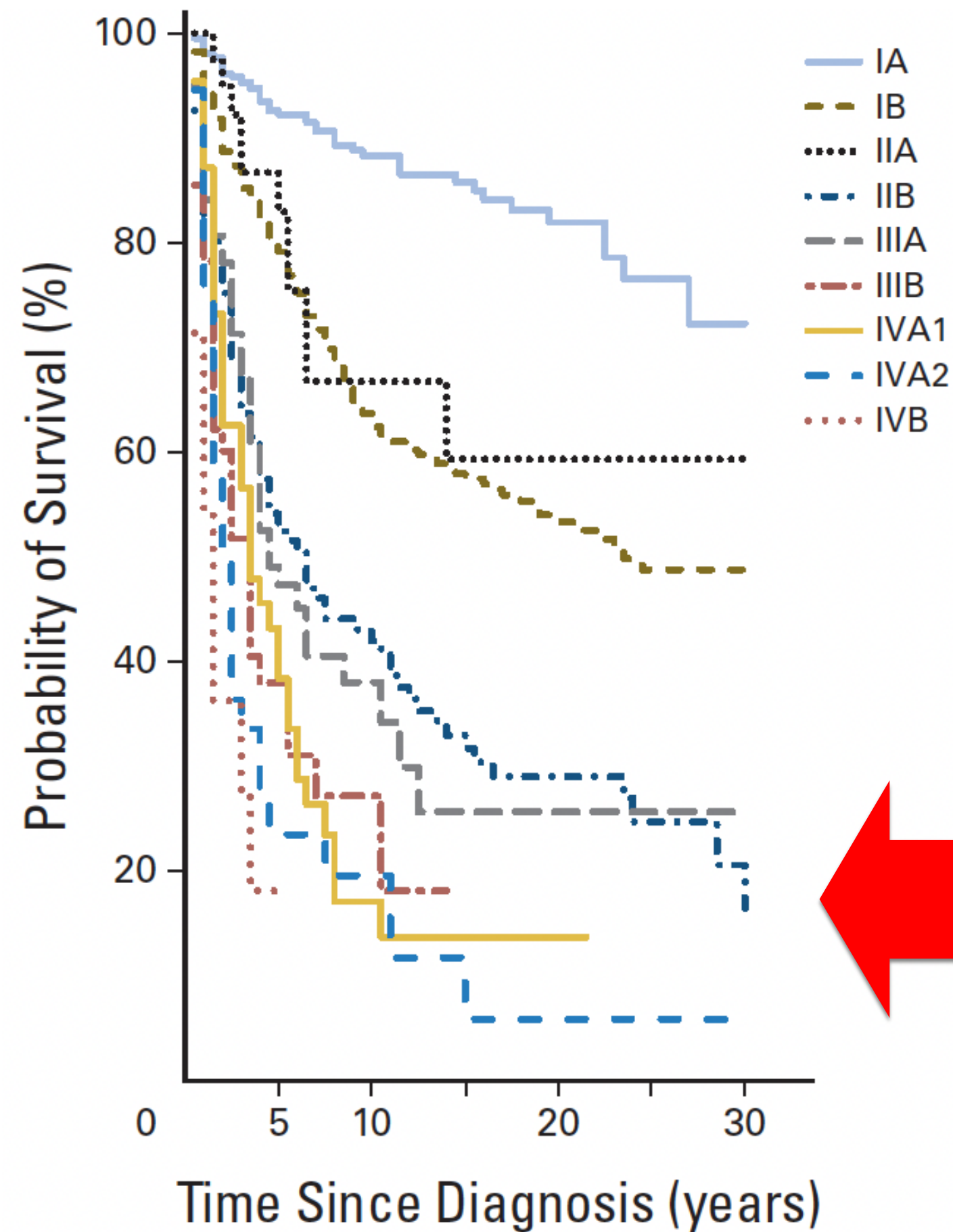
Allo-HCT in cutaneous T-cell lymphomas



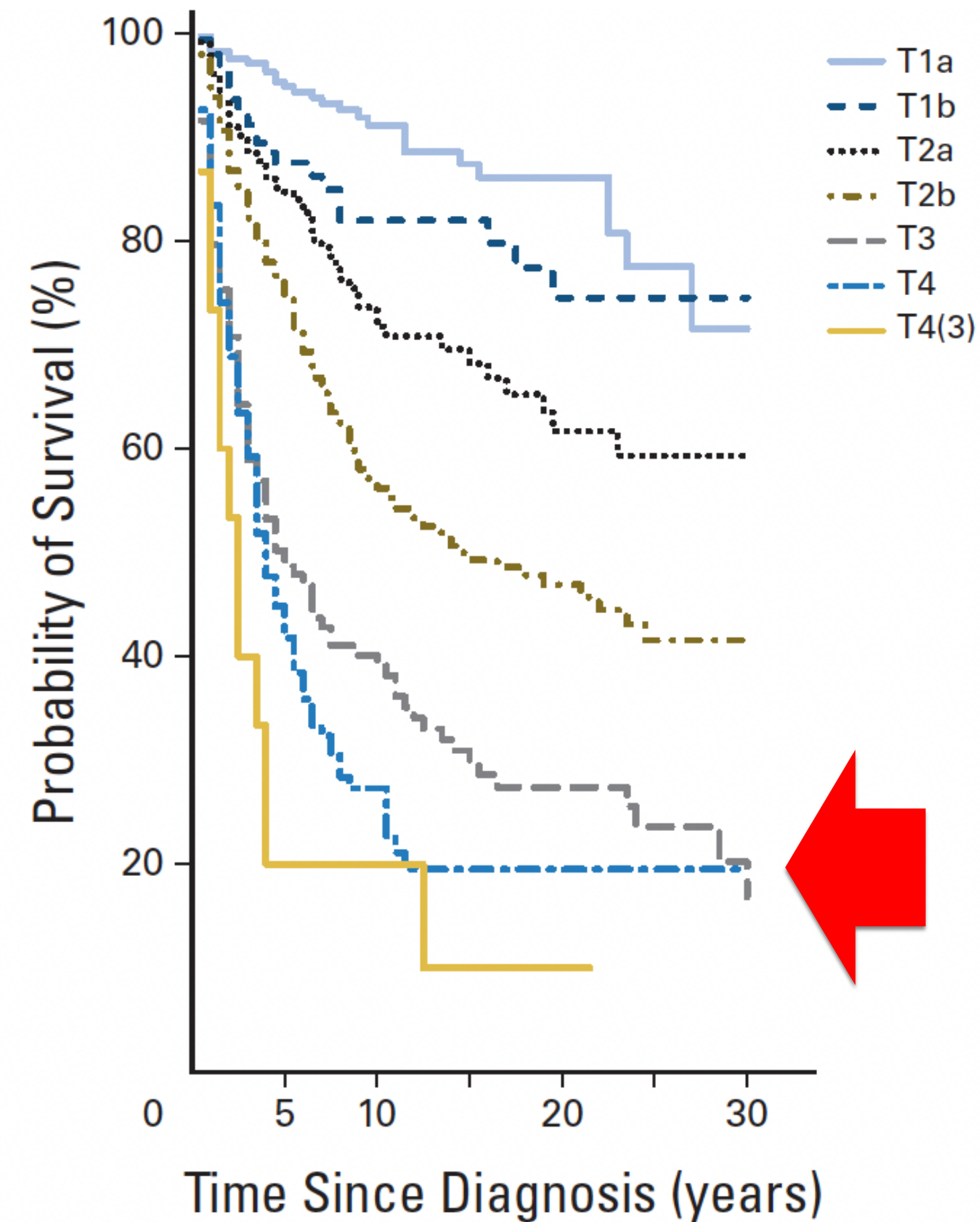


Life expectation in MF and in SS

Clinical stage

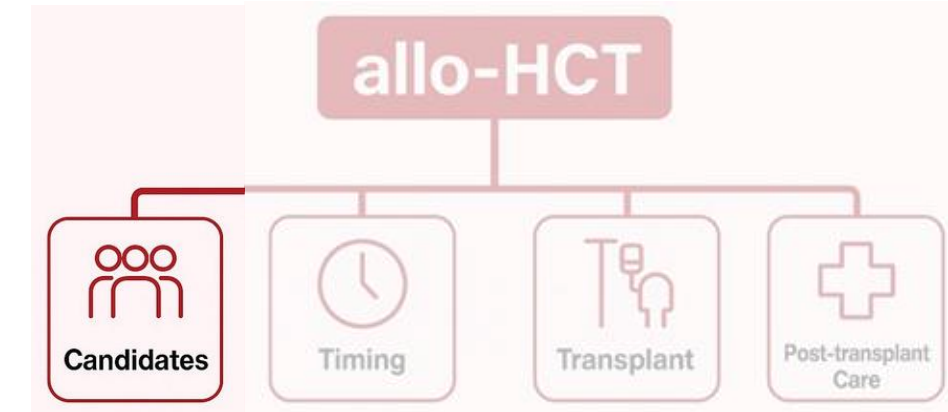


T classification



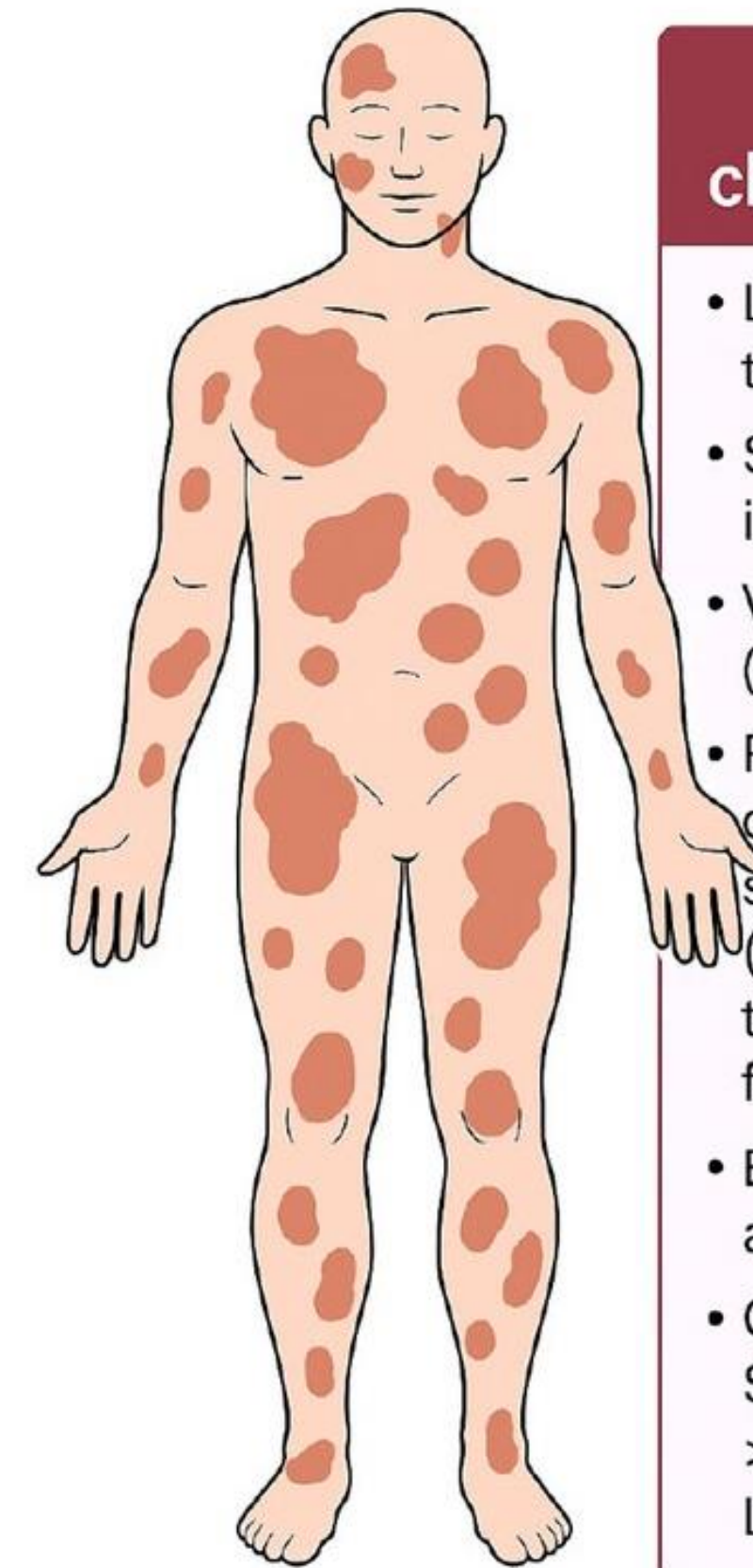
Characteristic	No.	%	Median Survival (years)	OS (%)		
				5 Years	10 Years	20 Years
Clinical stage						
IA	438	29.2	35.5	94	88	73
IB	583	38.8	21.5	84	70	52
IIA	40	2.7	15.8	78	52	47
IIB	167	11.1	4.7	47	34	21
IIIA	100	6.7	4.7	47	37	25
IIIB	56	3.7	3.4	40	25	NR
IVA1	67	4.5	3.8	37	18	15
IVA2	37	2.5	2.1	18	15	3
IVB	14	0.9	1.4	18	NR	NR

What Defines Advanced or High-Risk Disease?



Disease category	Definition
Advanced-stage CTCL	• Mycosis fungoides (MF) Stages IIB to IVB (according to ISCL/EORTC staging) • Sézary syndrome
High-risk advanced-stage CTCL	Presence of one or more poor prognostic features: • Large-cell transformation (LCT) • Significant nodal involvement (N3) • Visceral involvement (M1) • Relapsed or refractory disease after first-line systemic therapy (excluding methotrexate, retinoids and interferon) • Elevated serum LDH at diagnosis • CLIC high-risk group: Stage IV disease, age > 60, LCT, elevated LDH (≥2 risk factors)

Advanced-stage MF / SS



High-risk characteristics

- Large-cell transformation (LCT)
- Significant nodal involvement (N3)
- Visceral involvement (M1)
- Relapsed or refractory disease after first-line systemic therapy (excluding methotrexate, retinoids, and interferon)
- Elevated serum LDH at diagnosis
- CLIC high-risk group: Stage IV disease, age > 60, LCT, elevated LDH (≥ 2 risk factors)

Pooling question

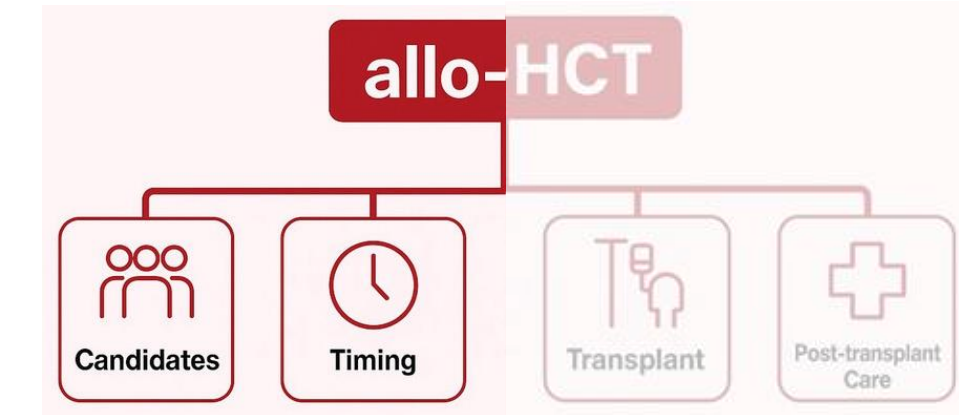
Domanda: **Quando prenderesti in considerazione una strategia terapeutica che includa il trapianto allogenico?**

Risposte:

- 1) Micosi Fungoide stadio I e II**
- 2) Micosi Fungoide stadio III**
- 3) Sindrome di Sézary**

Risposta corretta n° 3

Who should proceed to allo-HCT, and when?



Allo-HCT generally not indicated

Continue stage-appropriate therapy and reassess risk over time

Consider on an individual basis

After relapse or refractoriness to multiple systemic therapies

Proceed once a response is achieved

Use active therapy as a bridge and avoid delaying donor planning

Consider allo-HCT irrespective of treatment line

Early referral and donor search are integral to the treatment strategy

EARLY MF

Stage IA–IIA

SELECTED R/R

Stage IB–IIA

Eligible patients with
relapsed/refractory ADVANCED
MF

Stage IIB–III

HIGHEST RISK

LCT, Stage IV MF, Sézary syndrome

RARE AGGRESSIVE CTCL

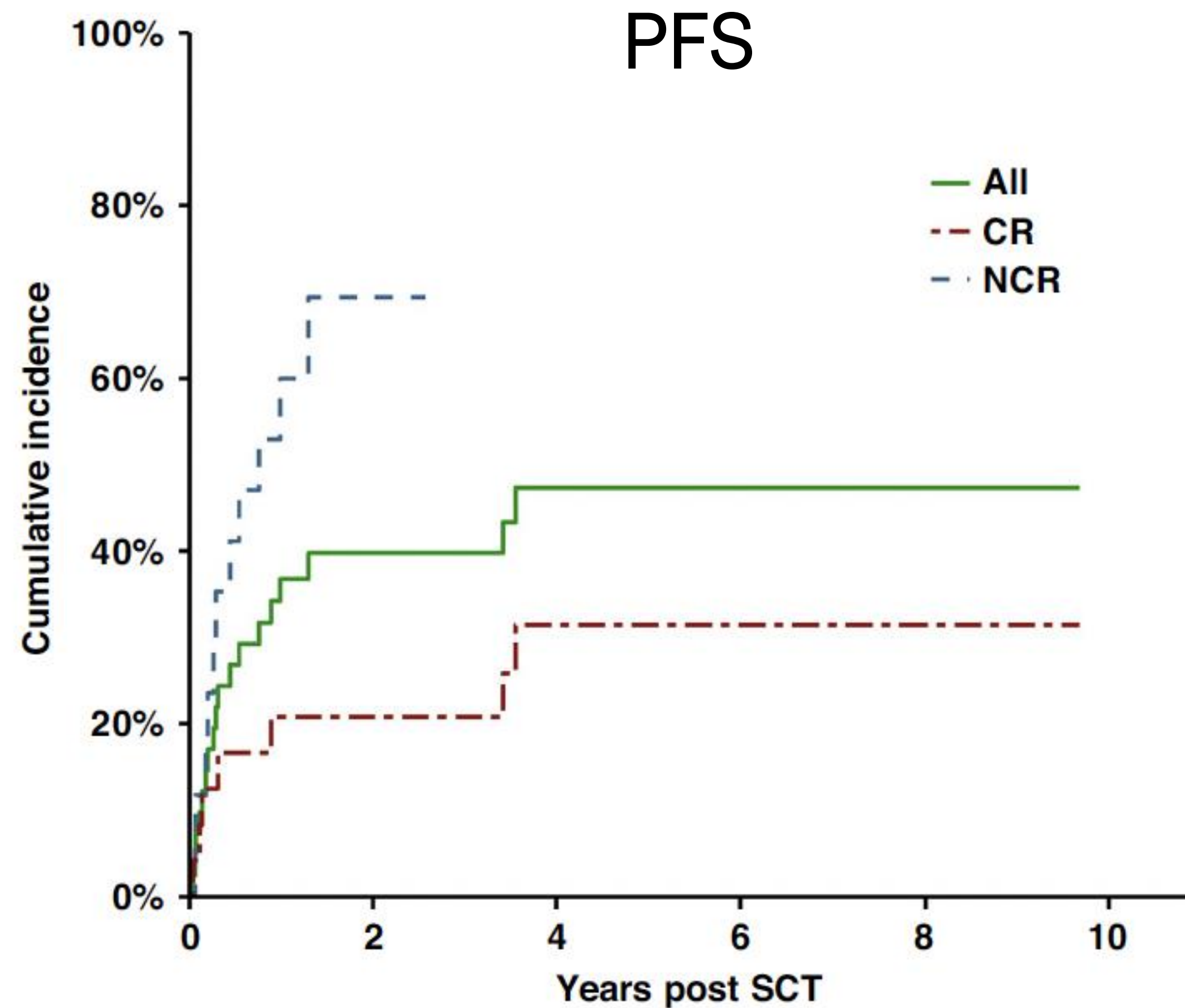
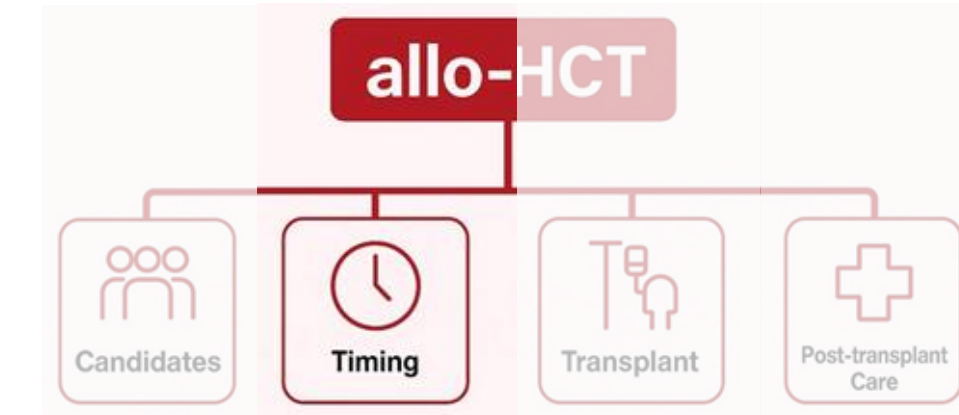
Primary cutaneous $\gamma\delta$ T-cell lymphoma

Primary cutaneous aggressive epidermotropic CD8⁺ T-cell lymphoma

**Initiate donor search
at diagnosis**

Consolidate with allo-HCT in CR or PR
after first-line therapy

Pre-transplant CR is the strongest actionable prognostic factor



20.8%

5-year relapse/progression in CR

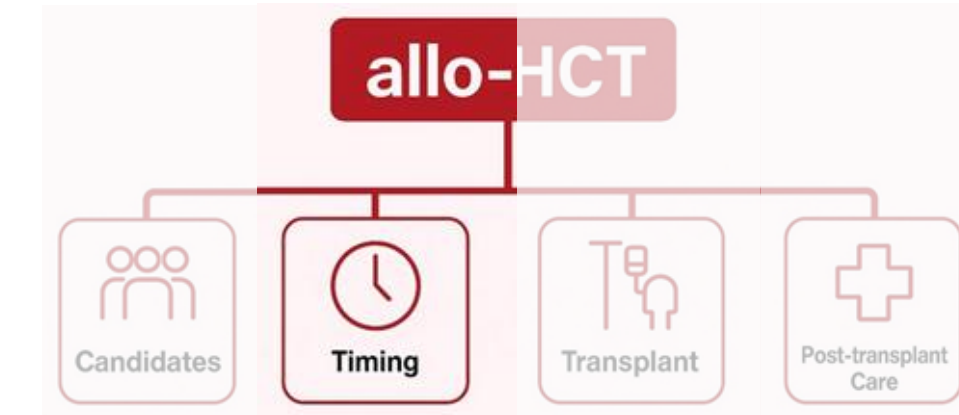
70.6%

without CR at transplant

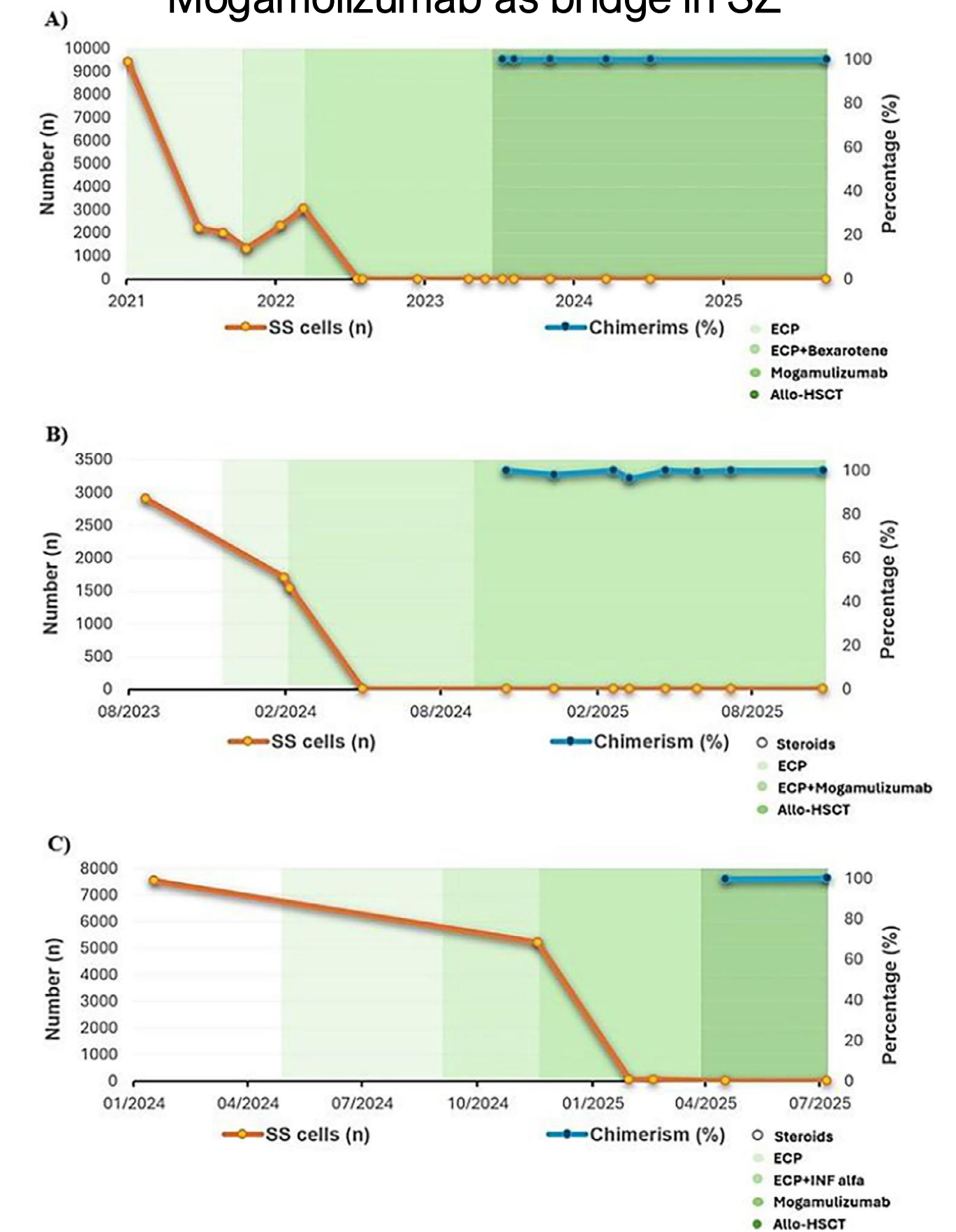
$p=0.006$

Bridging therapy

- Brentuximab vedotin (CD30+ disease)
- Mogamulizumab
- TSEBI
- Chemotherapy (single agent or poly-CT)
- Combined approaches



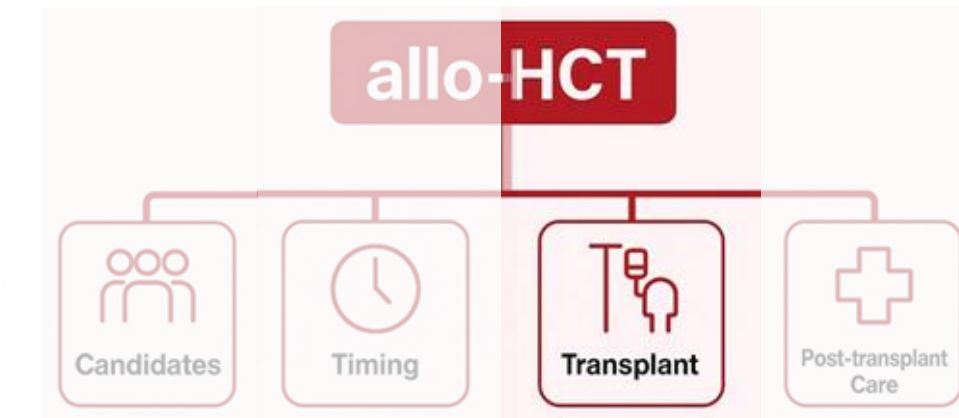
Mogamolizumab as bridge in SZ



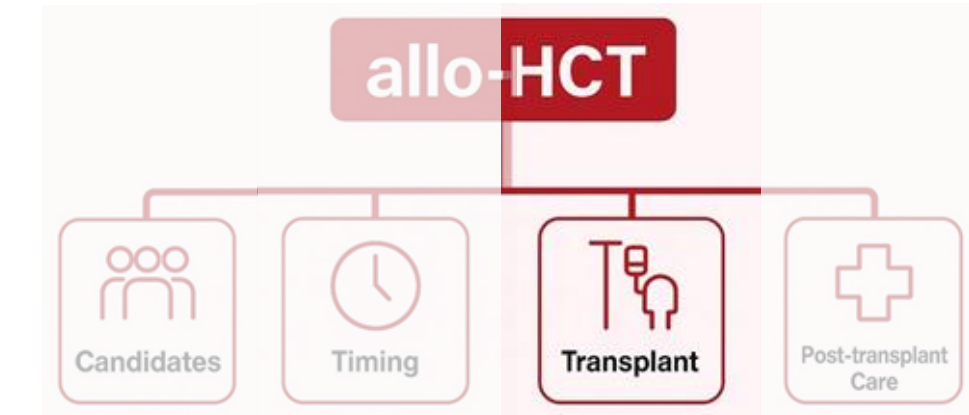
Damaj et al., J Eur Acad Dermatol Venereol. 2026
Maifredi et al., EJHaem 2026



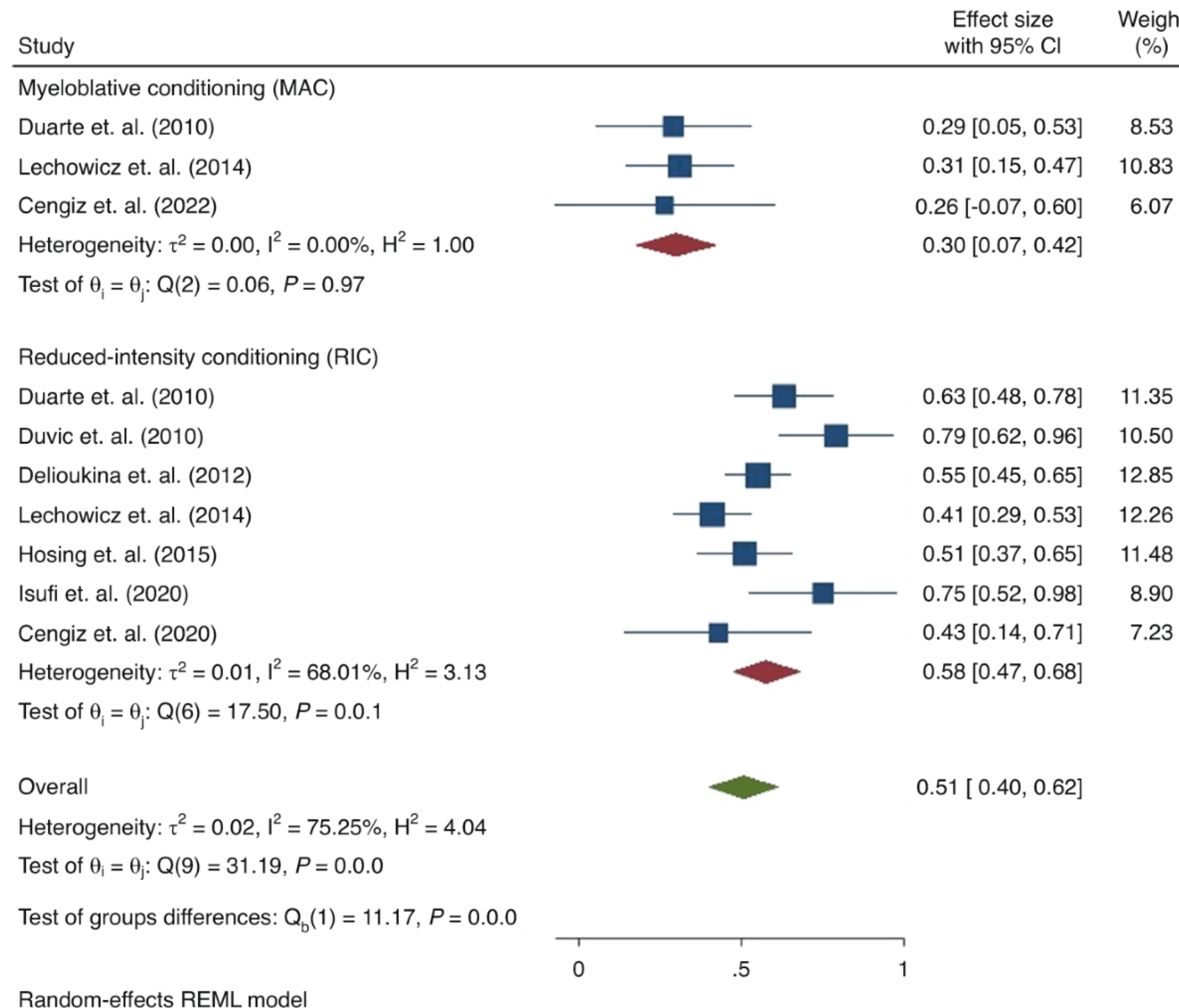
Allo-HCT and Conditioning Regimens in Cutaneous T-Cell Lymphomas



Ref	Subtype N° of patients	Prospective/retrospective/ phase	Treatment/conditioning	NRM	PFS	OS
Duarte et al. 2010	36 MF 24 SS	Retrospective	44 RIC 25 TCD	1 y; 20% 2 y; 22%	1 y; 42% 3 y; 34%	1 y; 66% 3 y; 54%
Duvic et al. 2010	19	Prospective	RIC	NA	NA	Median not reached at 19 mo
Delioukina et al. 2012	11	Prospective	RIC	2 y; 22%	2 y; 47%	2 y; 55%
Lechowicz et al. 2014	SS 129	Retrospective	83 RIC 46 MAC	1 y; 19% 5 y; 22%	1 y; 31% 5 y; 17%	1 y; 54% 5 y; 32%
De Masson et al. 2014	37	Retrospective	25 RIC 12 MAC	2 y; 18%	2 y; 31%	2 y; 57%
Hosing et al. 2015	MF 30 SS 17	Prospective	RIC	3 y; 17%	4 y; 26%	4 y; 51%
Weng et al. 2020	MF 13 SS 22	Prospective Phase II	TSEB/TLI/ATG	2 y; 14%	3 y; 41%	3 y; 26%
Ritchie et al. 2020	SS:4 MF:11 ALCL:2	Retrospective	TSEB/TLI/ATG	2 y; 7%	-	1 y; 87% 2 y; 79%
Domingo-Domenech et al. 2021	113	Prospective	76% RIC	5 y; 28%	5 y; 26%	5 y; 38%
Stamouli et al. 2021	MF 8 SS 2	Retrospective	Low-dose TBI fludarabine-Cy	12% (mFU 20 mo)	51 mo	51 mo
Elliott et al. 2021	MF 17 SS 9	Retrospective	2 MAC 24 RIC	17%	-	-
De Masson et al. 2023	55	Prospective	RIC	10%	Median 9 mo	Median not reached at 12 mo
Onida et al. 2024 (abstr)	MF 40 SS 23	Retrospective	Low-dose TBI, fludarabine, melphalan	5 y 14%	5 y DFS 33%	5 y 53%



Reduced-intensity conditioning is the preferred platform



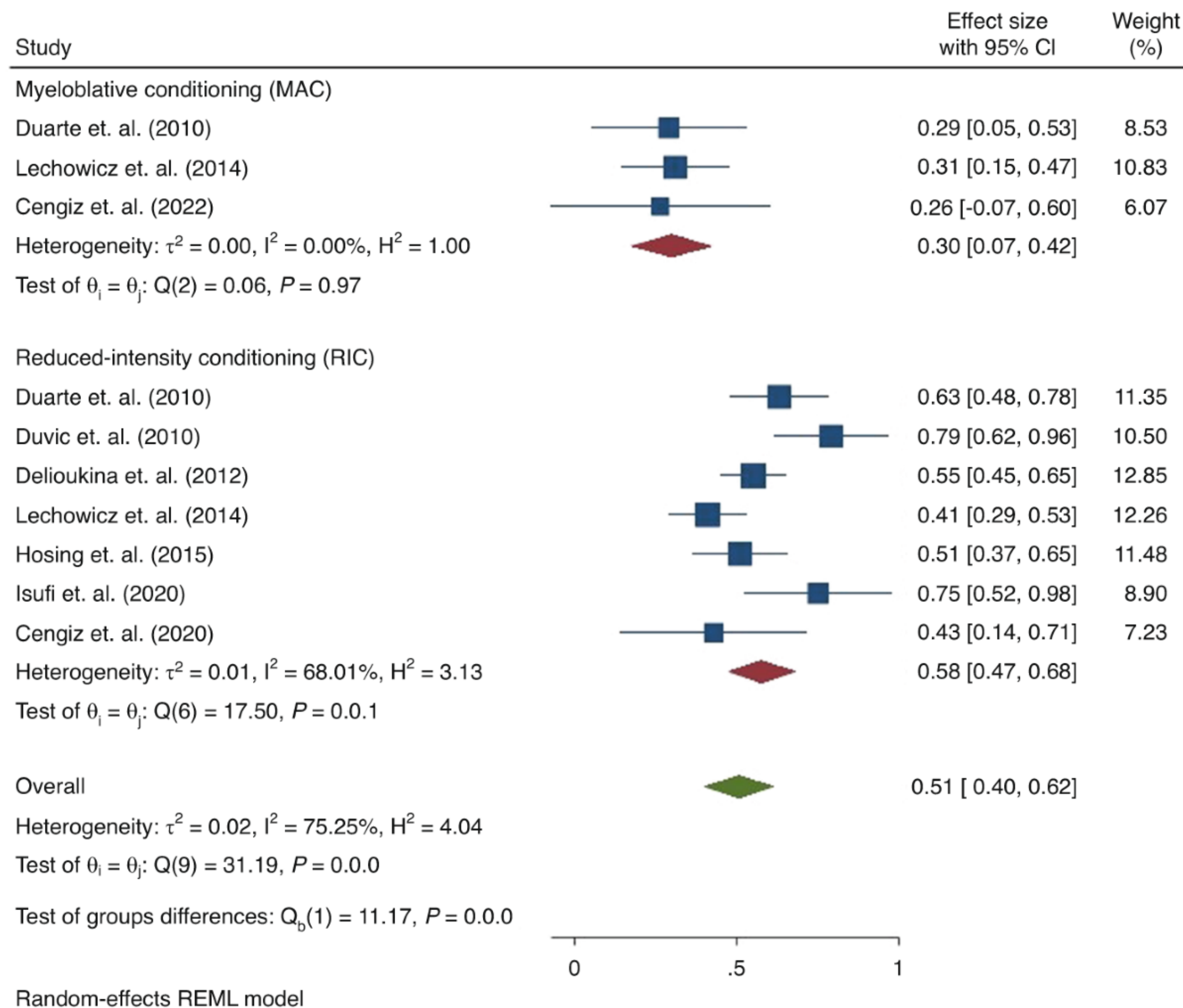
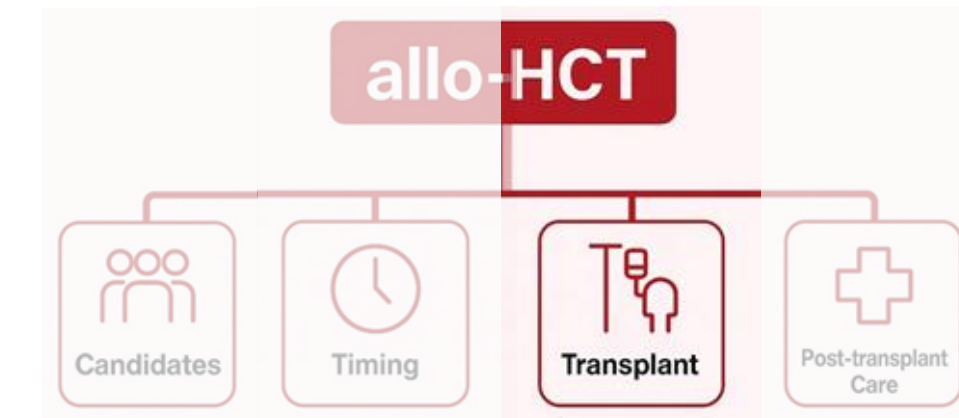
58%
pooled OS with RIC

30%
pooled OS with MAC

p<0.001

No specific RIC regimen has proven superior: use the center's established platform

Reduced-intensity conditioning is the preferred platform



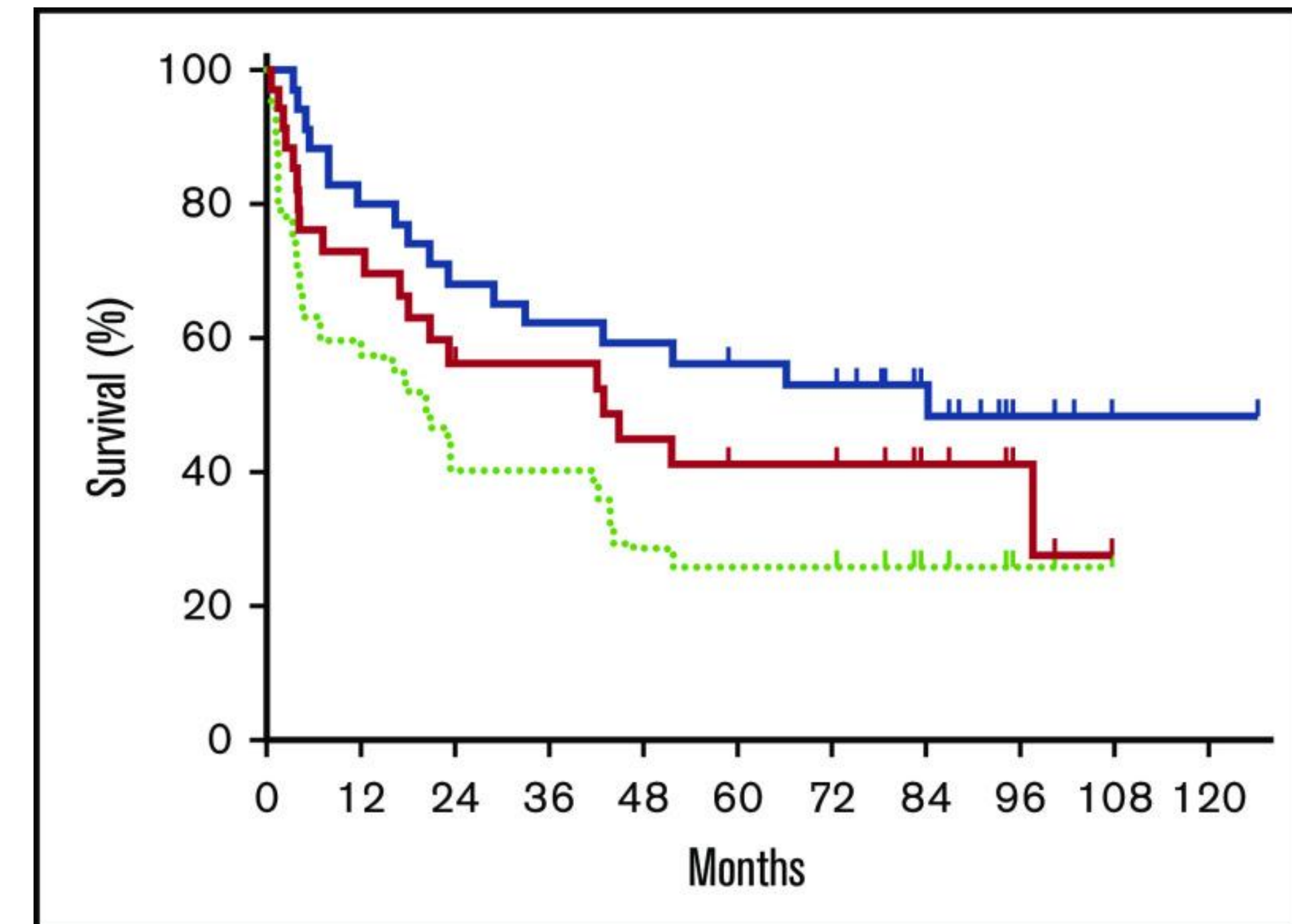
58%

pooled OS with RIC

30%

pooled OS with MAC

$p < 0.001$



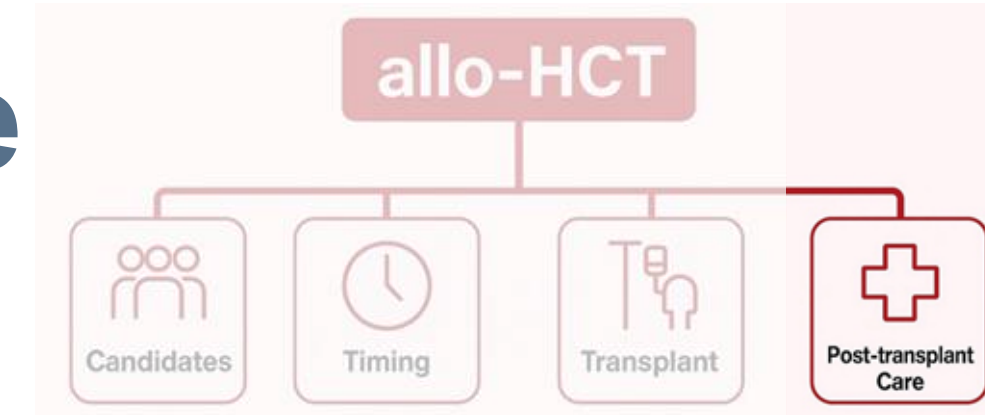
A nonmyeloablative strategy can preserve GvL while limiting early NRM (OS_5ys: 56%; NRM_2ys: 14%)

No specific RIC regimen has proven superior: use the center's established platform

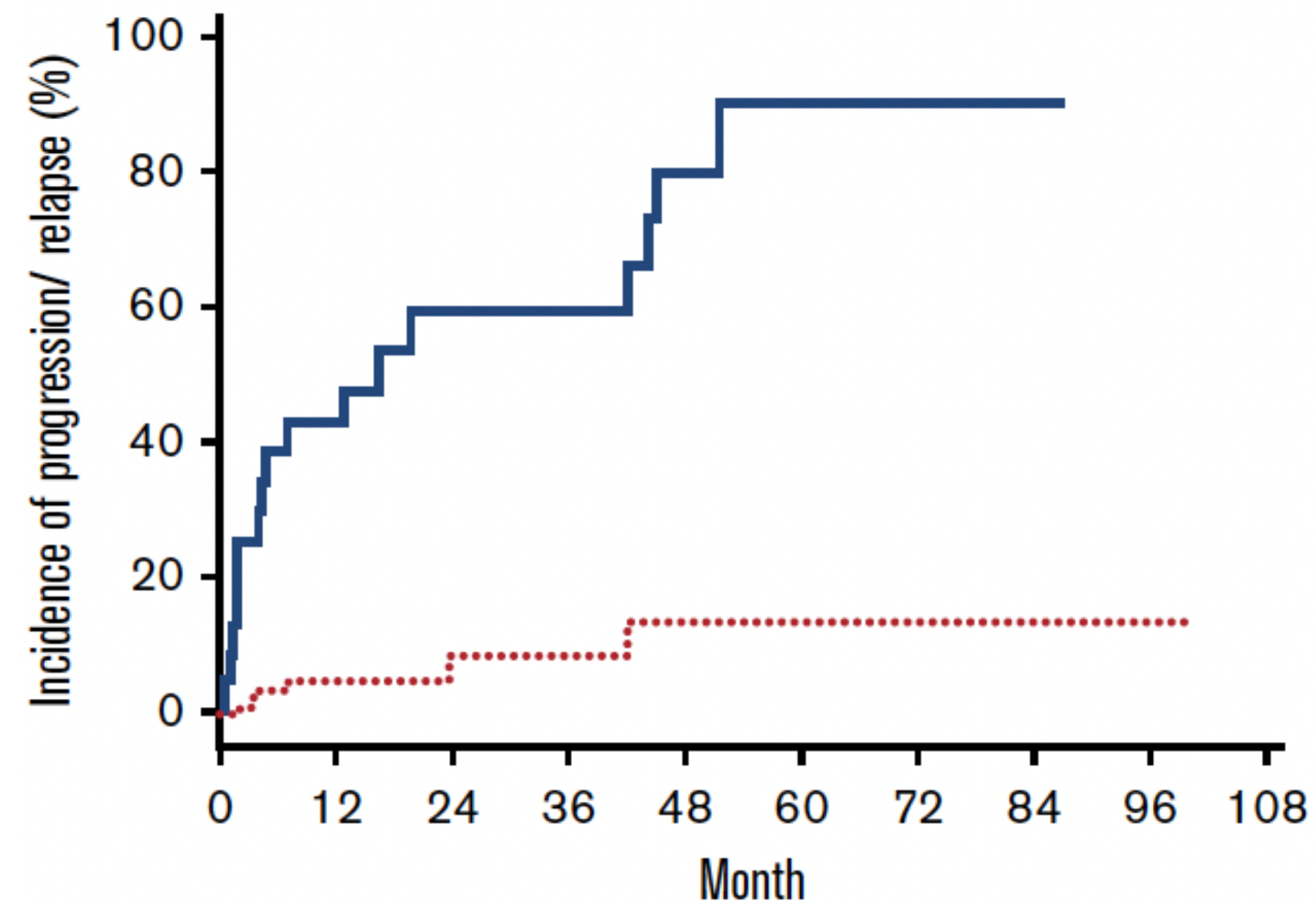
Weng et al., Blood Adv 2020
Goyal et al BMT 2024



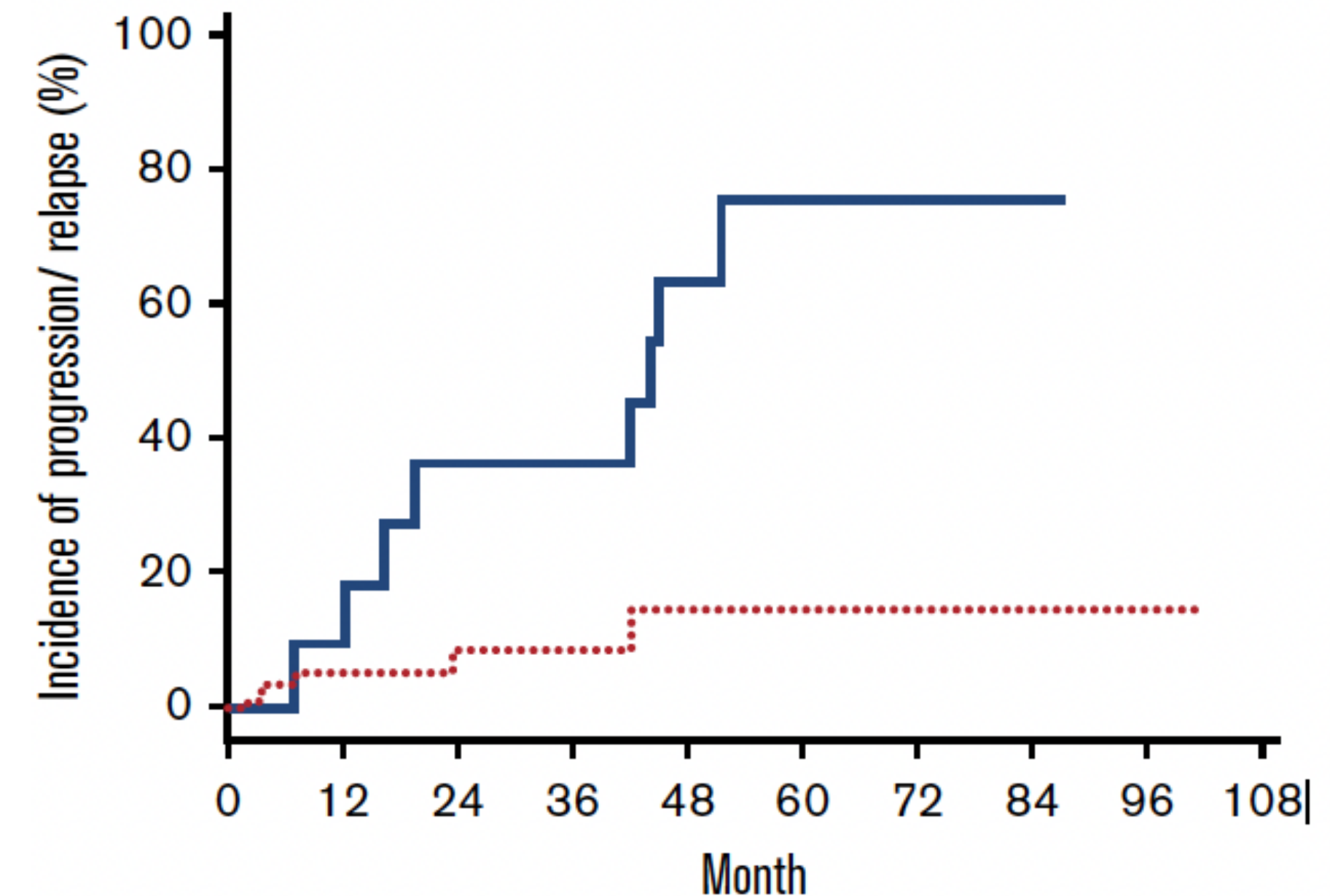
Patients who achieved MRD negativity had better outcome



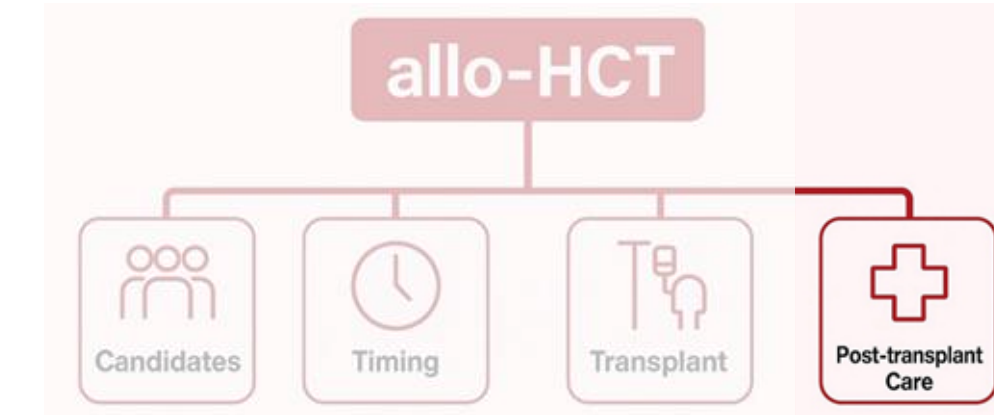
All patients



Patients in CR



Long-term management

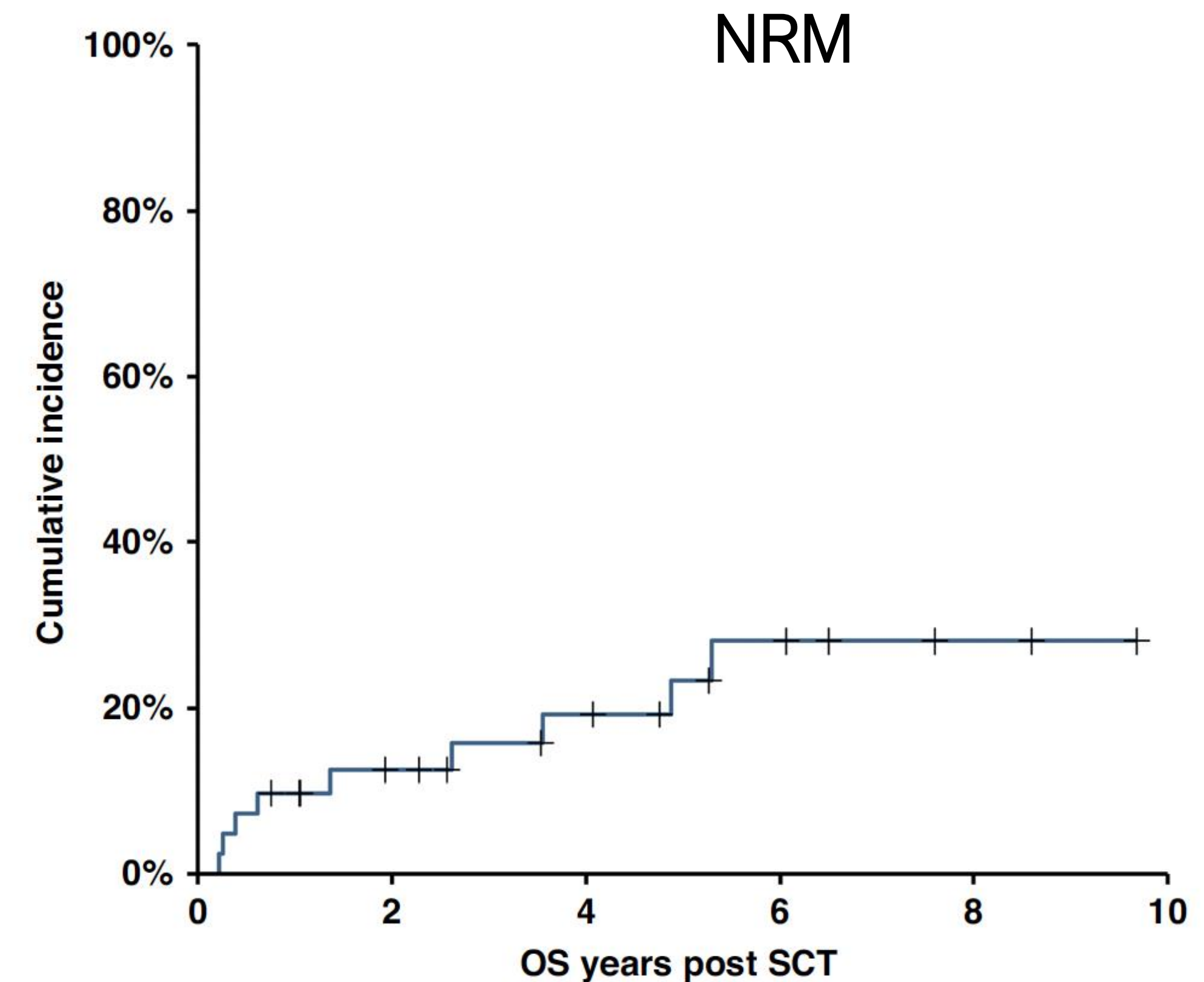


Post-transplant monitoring

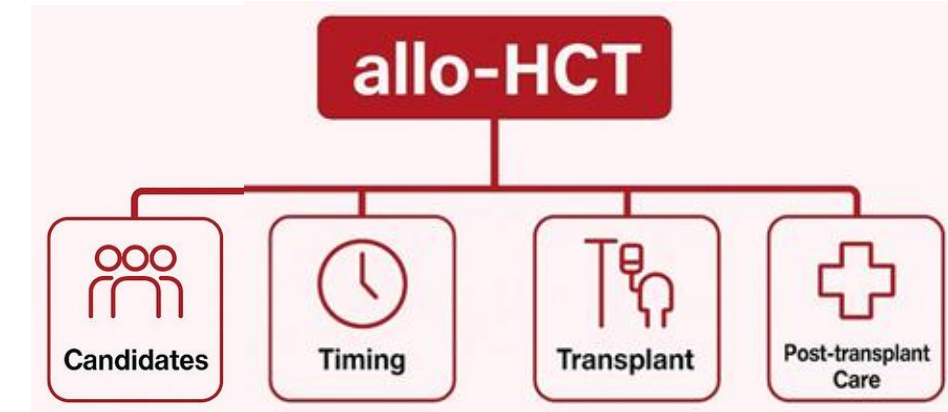
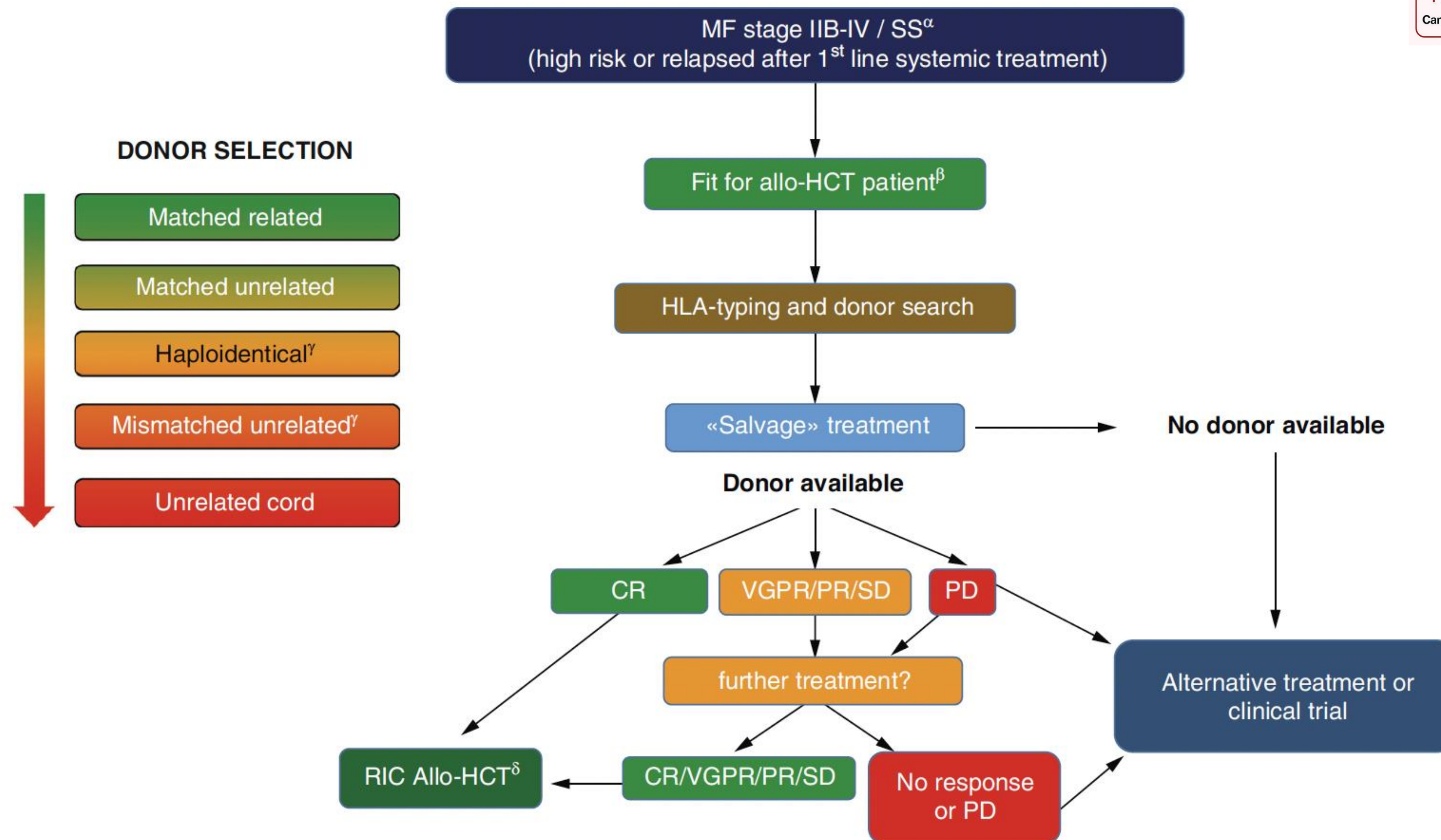
- standard monitoring with blood and marrow patient/donor chimerism analysis
- MRD detection by blood TRC and flow-cytometry (in case of blood involvement)
- Maintenance therapies not recommended outside clinical trial

Post-transplant relapse management

- Immune suppressor tapering $\pm$ DLI
- Topical treatment, RT, TSEBI
- systemic agents (e.g. IFN, BV for CD30+) for extensive disease relapse

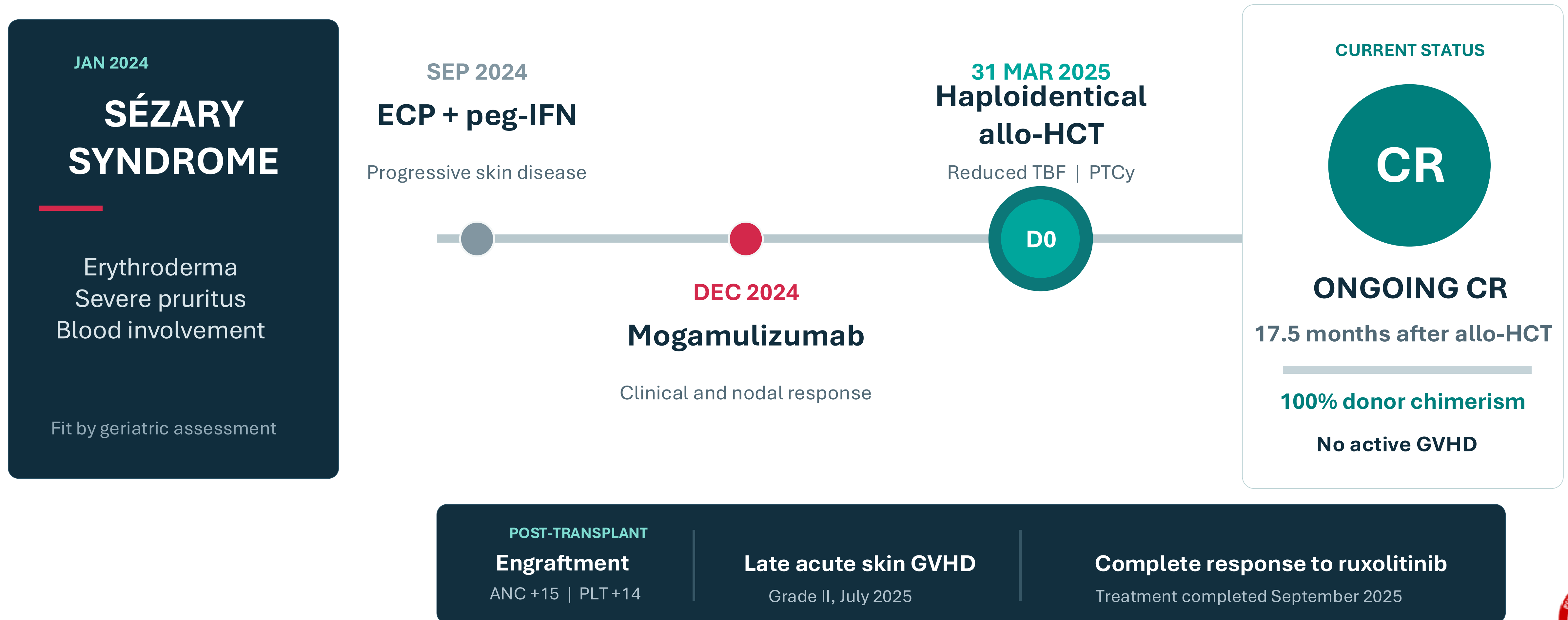


Proposed ALGORITHM for the management of CTCL

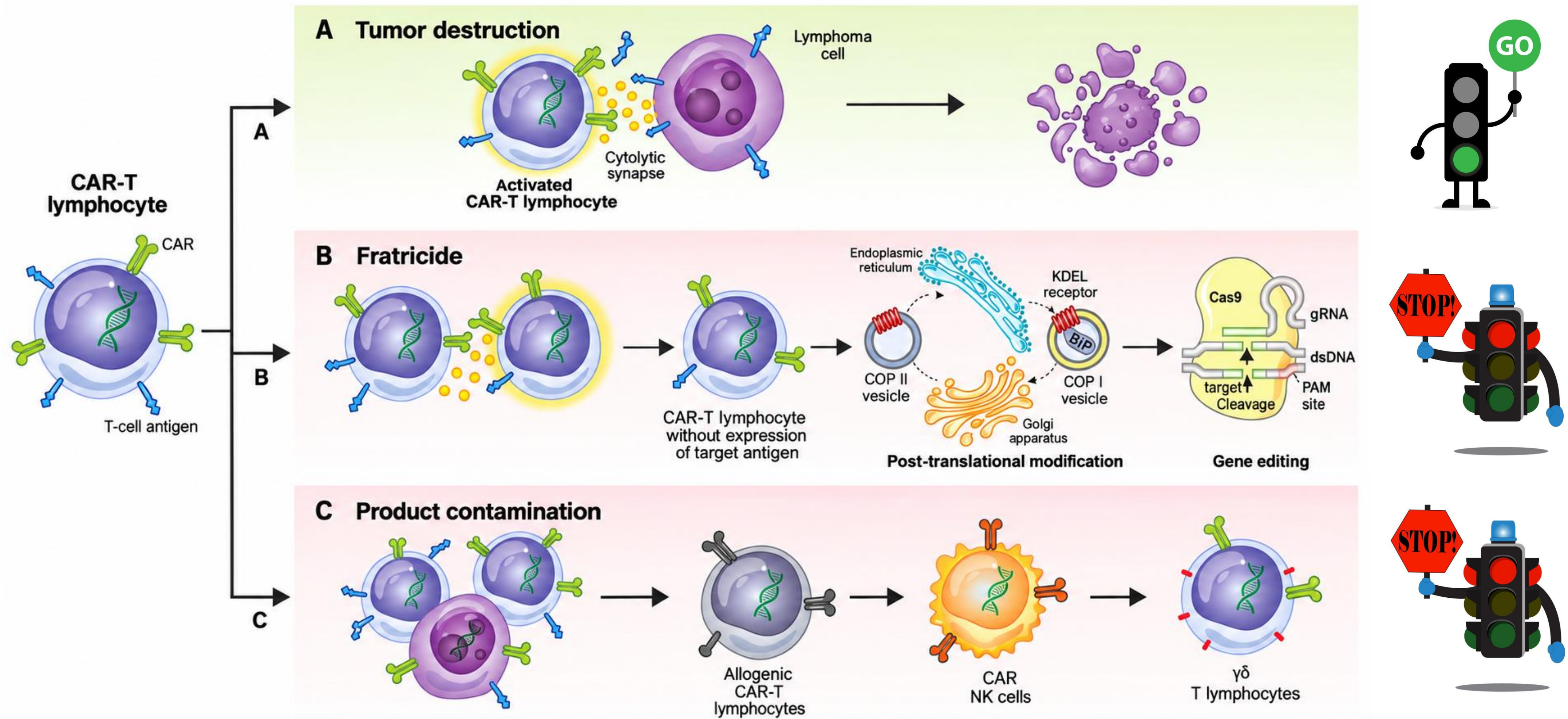


Clinical case: Sézary syndrome: from progression to durable control

68-year-old woman | Stage IVA | Non-bulky disease | KPS 100%



Challenges in CAR T-cell therapy for CTCL



Adapted from Goyal & Foss, *Exp Review of Anticancer Therapy*, 2024

Acknowledgements



UNIVERSITY
OF BRESCIA



Chair of Hematology
Unit of Blood Disease and
Bone Marrow Transplantation

Sistema Socio Sanitario



Regione
Lombardia
ASST Spedali Civili

D. Russo

*Unit of Bone Marrow
Transplantation*

M. Malagola

F. Bonatti

D. Avenoso

P. Clementi

G. Magliano

S. Maifredi

E. Morello

V. Radici

L. Donatoni

*Nocivelli
Research Lab*

S. Bernardi

A. Cavalleri

A. Leoni

F. Re



CAR-T Team Re-Lo (Lombardia Orientale)



Sistema Socio Sanitario



Regione
Lombardia
ASST Spedali Civili



UNIVERSITY
OF BRESCIA

Sistema Socio Sanitario
Regione Lombardia
ASST Crema



Sistema Socio Sanitario
Regione Lombardia
ASST Cremona



Sistema Socio Sanitario
Regione Lombardia
ASST Garda



Sistema Socio Sanitario
Regione Lombardia
ASST Mantova



Asuit
Azienda Sanitaria Universitaria Integrata del Trentino

