

Evidence Discussion (ONC 27.8)

Cutaneous Lymphomas and T cell Lymphomas

Initial Staging

FDG PET/CT fusion (PET with attenuation CT) is valuable for initial staging as patients with T cell lymphoma often have extranodal disease, which may be missed on body area specific diagnostic CTs. Noncontiguous nodes, Waldeyer ring, and GI/liver involvement is also common in T cell lymphomas, and may be difficult to distinguish on PET/CT fusion studies alone, thus our guidelines support the use of diagnostic quality, contrasted CTs when requested. To ensure correct staging and treatment stratification and prevent under- or over-treatment, in addition to PET/CT fusion imaging (NCI PDQ 2024, Horwitz 2024, Zelenetz 2024).

Treatment Response

Modality for restaging should be determined by which studies best illustrated disease at initial staging. PET/CT fusion imaging OR body area specific diagnostic quality, contrasted CTs are generally adequate for comparison to initial staging to assess response (Horwitz 2024) after 3-4 cycles and again at end of chemotherapy and at end of radiation. Imaging prior to 3-4 cycles may result in over- or under-treatment, and thus is not supported (Horwitz 2024, Zelenetz 2024).

Surveillance

There is no evidence illustrating an overall survival advantage in detection of relapse from imaging vs clinical detection, but data suggest better progression free survival after second line treatment in patients undergoing imaging surveillance (Lynch 2014). Considering these perspectives and to align with the NCCN, CT of viscera and all previously involved areas is supported every 6 months for 2 years, then annually for 5 years (Horwitz 2024). PET/CT surveillance is not supported as no survival improvement is noted with PET/CT surveillance, and it subjects patients to increased radiation, increased costs, and increased risk of invasive procedures for incidental findings, as the false positive rate in this setting is as high as 20 percent (Lynch 2014, Barrington 2016, ASCO 2024). CT is generally supported for suspected recurrence as well, with PET reserved for biopsy proven recurrence, by the same rationale.

References

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