Systemic therapy of cutaneous T-cell lymphomas (mycosis fungoides and the Sezary syndrome)

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Authors' objectives
To review recent studies of systemic therapy for mycosis fungoides and the Sezary syndrome.

Searching
MEDLINE was searched from 1988 to 1994 for English language articles.

Study selection
Study designs of evaluations included in the review
Case series and randomised controlled trials (RCTs) were included.

Specific interventions included in the review
Cytotoxic chemotherapy: single-agent chemotherapy, combination chemotherapy, and interferons. In addition, adenosine analogues, retinoids, photopheresis (extracorporeal photochemotherapy), cyclosporin, monoclonal antibody therapy, immunoconjugates and interleukin-2, and miscellaneous therapies.

Participants included in the review
Patients with mycosis fungoides or the Sezary syndrome.

Outcomes assessed in the review
The objective response to treatment (complete response or partial response) was assessed.

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the authors performed the selection.

Assessment of study quality
The authors do not state that they assessed validity.

Data extraction
The data were extracted without making any judgements on the response criteria used in a study, or the patient numbers.

Methods of synthesis
How were the studies combined?
The numbers of partial and complete responders were summed within each group.

How were differences between studies investigated?
The studies were grouped according to therapeutic agent.

Results of the review
Miscellaneous: 5 studies.

Single-agent chemotherapy: 62% complete or partial responses from 526 patients. Combination chemotherapy: 81% complete or partial responses from 331 patients. Interferons: 55% complete or partial response from 367 patients. Adenosine analogues: 41% complete or partial response from 188 patients. Retinoids: 58% complete or partial response from 120 patients. Photopheresis: 58% complete or partial response from 111 patients. Cyclosporin: 32% complete or partial response from 19 patients. Monoclonal antibody therapy: 11% complete or partial response from 46 patients. Immunoconjugates and interleukin-2: 33% complete or partial response from 79 patients. Miscellaneous: 43% complete or partial response from 47 patients.

Authors' conclusions
Systemic therapy should be considered effective and palliative. Randomised trials are needed to evaluate therapeutic agents.

CRD commentary
The data included in the review are principally case series and have not been assessed for comparability of diagnosis, disease stage and other prognostic factors. The definitions of partial and complete response also are not standardised. It is, therefore, not possible to make valid comparisons of effectiveness between the agents, or with no treatment or other treatments. More RCTs are required to assess effectiveness.

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