COMBINATION THERAPY WITH MOGAMULIZUMAB AND DA-EPOCH CHEMOTHERAPY IN REFRACTORY SÉZARY SYNDROME

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BACKGROUND

Sézary syndrome (SS) is a leukemic variant of cutaneous T-cell lymphoma, characterized by erythroderma, lymphadenopathy, and peripheral blood involvement. After failure of first- and second-line therapies, treatment options remain limited.

AIM

The aim is to evaluate the clinical efficacy and tolerability of mogamulizumab, a humanized anti-CCR4 monoclonal antibody, combined with DA-EPOCH polychemotherapy in a 67-year-old female patient with refractory SS following failure of methotrexate and doxorubicin monotherapy.

METHOD

We reviewed the clinical course of a patient treated for her dermatology and hematology clinic at a secondary-level hospital. Mogamulizumab was initiated as third-line therapy subsequent to disease progression. Due to a suboptimal clinical response, mogamulizumab was consequently combined off-label with DA-EPOCH chemotherapy. Clinical outcomes were assessed using PET/CT imaging, symptom evolution, pruritus control, and safety profile

RESULTS

Compared with the limited benefit observed with mogamulizumab monotherapy, the combination produced improved lesion regression and partial resolution of erythroderma. The patient also reported marked symptomatic relief, including reduced fatigue, improved functional status, and notably decreased pruritus. The latter was managed with the off-label use of aprepitant (80 mg daily for 3 days) and low-dose naltrexone (up to 4.5 mg daily). The patient successfully completed the planned cycles without dose delays or hospital readmissions, and the response was sustained at the next scheduled follow-up

CONCLUSION

In this heavily pretreated patient with Sézary syndrome, the off-label addition of DA-EPOCH chemotherapy to mogamulizumab provided enhanced clinical benefit compared with prior monotherapy regimens. Improvements were achieved in both metabolic and symptomatic parameters, including a significant reduction in pruritus and lymphadenopathy. These findings support further investigation of this combination as a therapeutic alternative in refractory SS, pending validation in larger clinical settings.