

COMMENTARY

Decoding the impact of primary cutaneous B-cell lymphomas on patients' well-being

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Funding information

Swiss National Science Foundation, Grant/Award Number: IZLIZ3_200253/1; University of Lausanne; Fondation Recherche Cancer ISREC, Grant/Award Number: CCP 10-3224-9

Primary cutaneous B-cell lymphomas (CBCL), comprising about 25% of all primary cutaneous lymphomas, form a rare and varied group of non-Hodgkin lymphomas.¹ Despite their generally good prognosis, CBCL present unique challenges for both patients and clinicians. The European Academy of Dermatology and Venereology Task Force defines health-related quality of life (HRQoL) as the patient's assessment of the impact of disease and therapy on physical, psychosocial, and social well-being.² The visibility, emotional consequences and recurrent nature of primary cutaneous lymphomas emphasize their significant impact on HRQoL.³ Previous studies on cutaneous T-cell lymphoma patients and the PROspective Cutaneous Lymphoma International Prognostic Index study focused on mycosis fungoides and Sézary Syndrome patients, leaving HRQoL in CBCL patients largely unexplored.⁴

In a recent multicentric study from March 2021 to June 2022, Schirren et al.⁵ addressed this gap by investigating HRQoL in 100 CBCL patients in Germany, specifically focusing on three major subtypes: the indolent primary cutaneous marginal zone lymphomas (PCMZL) and primary cutaneous follicle centre lymphomas (PCFCL) and the rarer primary cutaneous diffuse large B-cell lymphomas (PCDLBCLt) with a more serious prognosis.

Using the Skindex-29 questionnaire and an investigator-designed 'CBCL-Questionnaire', the study explored relationships between HRQoL and various parameters, aiming to identify major influencing factors for therapeutic management and overall well-being. The overall HRQoL assessment

revealed a moderate impairment in emotions and functional subscales across all patients with different CBCL subtypes. Importantly, the initial staging process stood out as a source of emotional distress, highlighting the need for improved patient education to alleviate diagnostic phase anxiety (Figure 1).

Diving deeper into subtypes, emotional subscale impairment was linked to higher tumour stages, prolonged staging processes and subjective perceptions of disease worsening. Daily activity impairment independently impacted HRQoL, while feelings of prejudice or discrimination significantly contributed to higher emotional subscale scores.

The study further explored therapeutic strategies and their HRQoL impact. Interestingly, watchful waiting, a recognized first-line treatment option for indolent PCCBCL, was associated with impaired emotional aspects of HRQoL, particularly in PCMZL patients, comparable to intravenous rituximab therapy-related HRQoL impairment in PCFCL patients, emphasizing the psychological toll paid by patients. In line with this, regardless of prognosis, worries about dying were a prevalent concern among patients with CBCL, impacting HRQoL, particularly in PCMZL patients with a generally favourable prognosis. The points out that patient education on the indolent nature of their disease might alleviate distress.

In conclusion, Schirren et al.'s research provides nuanced insights into the HRQoL of CBCL patients, emphasizing emotional, psychosocial and functional challenges. The findings underscore the need for tailored patient education,

Linked article: A. E. C. Schirren et al. *J Eur Acad Dermatol Venereol* 2024;38:954–966. <https://doi.org/10.1111/jdv19799>.

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FIGURE 1 The moment of skin lymphoma announcement. Image generated by the author with AI Bing Image Creator and subsequently modified with Adobe® Photoshop® software.

addressing concerns related to disease prognosis, social perception and the emotional toll of diagnostic and treatment processes. The study advocates for a dedicated questionnaire for PCL patients, enhancing patient–doctor communication, refining therapeutic strategies and ultimately improving the well-being of individuals with cutaneous B-cell lymphomas.

ACKNOWLEDGEMENTS

Open access funding provided by Universite de Lausanne.

FUNDING INFORMATION

This work was supported by the Swiss National Science Foundation (IZLIZ3_200253/1 to EG), the University of Lausanne (SKINTEGRITY.CH collaborative research program to EG), and the Fondation Recherche Cancer ISREC (CCP 10-3224-9 to EG).

CONFLICT OF INTEREST STATEMENT

The authors have no conflict of interest to declare.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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How to cite this article: Bernard P, Guenova E. Decoding the impact of primary cutaneous B-cell lymphomas on patients' well-being. *J Eur Acad Dermatol Venereol.* 2024;38:794–795. <https://doi.org/10.1111/jdv.19952>