EORTC
European Organisation for Research and Treatment of Cancer

The future of cancer therapy

EORTC-CLTG

2024 ANNUAL MEETING

LAUSANNE

09–11 OCTOBER 2024

Lausanne, Switzerland

Beaulieu Conference Center

Scientific Program

last update September 16th 2024

www.eortc-cltg.org

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Dear Colleagues and Friends,

We are excited that the Olympic Capital Lausanne will host the 2024 European meeting on skin lymphoma and inflammatory mimickers (EORTC CLTG 2024 ANNUAL MEETING). This renowned European Congress with international participation will be held from October 9th to 11th, 2024 at the BEAULIEU CONFERENCE CENTER in Lausanne, Switzerland.

At the core of this gathering resides a pivotal objective – to facilitate the convergence of experts, delegates, and sponsors from Europe and around the globe, all convened to deliberate upon the latest advancements in skin lymphoma as well as the common ground between malignant and benign skin inflammation's research, diagnostics and treatment.

We aim to spark conversations that pinpoint key research areas and priorities. Plus, we're addressing current patient care challenges and raising the bar for clinical practices. This event is a place for diverse minds to come together, collaborate, and find fresh solutions to today's problems.

We look forward to welcoming you in Lausanne!

Emmanuella Guenova
Congress President & EORTC-CLTG Secretary

Evangelia Papadavid
EORTC-CLTG President

SCIENTIFIC PROGRAM

WEDNESDAY, OCTOBER 9th

12:00 – 13:00	**LUNCH AND POSTER VIEWING**
13:00 – 13:30	**INDUSTRY-SUPPORTED SYMPOSIUM 1** (not affiliated with the main CME program)
13:30 - 13:35	**CONGRESS OPENING** ***Emmanuella Guenova, Evangelia Papadavid, Maxime Batistella***
13:35 - 14:35	**ORAL PRESENTATIONS - BIOLOGIC INSIGHTS** ***Chairs: Christiane Querfeld, Holger Auner, Rudolf Stadler***
13:35 – 13:47	**O-101 – Clonal evolution, antigens, and triggers in Cutaneous T Cell Lymphoma pathogenesis (A-226)** *Sergej Koralov, New York, USA*
13:47 – 13:59	**O-102 – Keratinocytes Present Staphylococcus aureus Enterotoxins and Promote Malignant and Nonmalignant T Cell Proliferation in Cutaneous T-Cell Lymphoma (A-199)** *Ziao Zeng, Copenagen, Denmark*
13:59 – 14:11	**O-103 – Enhanced Phototherapeutic Efficacy Through Microbial Modulation in Cutaneous T-Cell Lymphoma delays tumour growth and increases survival in the murine EL4 model (A-264)** *Saptaswa Dey, Graz, Austria*
14:11 – 14:23	**O-104 – Targeting metabolic requirements of malignant lymphocyte migration and disease dissemination (A-247)** *Stefan Schieke, Washington, USA*
14:23 – 14:35	**O-105 – The role of OX-40 in tumor microenvironment of a Cutaneous T-cell Lymphoma (CTCL) in vivo chick embryo model (A-143)** *Fani Karagianni, Athens, Greece*
14:35 – 14:55	**COFFEE BREAK AND POSTER VIEWING**

14:55 – 15:40 **KEYNOTE LECTURE**

Moderation by Niklaus Schaeffer & Michel Gilliet

Immunometabolism at the service of homeostasis and more

Ping-Chih Ho, Lausanne

15:40 – 16:40 **ORAL PRESENTATIONS - BIOLOGIC INSIGHTS 2**

Chairs: Maarten Vermeer, Adèle de Masson, Niels Oedum

15:40 – 15:52 ***O-106*** **– Dissecting the role of CXCR4 in mycosis fungoides: from gene editing to therapeutic molecule (A-152)**

Lilach Moyal, Tel Aviv, Israel

15:52 – 16:04 **O-107 – Spatial profiling of CD8+ T cells and lymphoma cells in mycosis fungoides patient skin (A-215)**

Julia Nenonen, Stockholm, Sweden

16:04 – 16:16 **O-108 – Single-cell RNA sequencing of chronic idiopathic erythroderma compared to erythrodermic CTCL and atopic dermatitis defines disease-specific markers (A-269)**

Sumanth Chennareddy, New York, USA

16:16 – 16:18 **O-109 – Molecular Insights into Primary Cutaneous CD30+ T-cell Lymphoproliferative Disorders: Wnt/Beta-Catenin Pathway Activation and Prognostic Role of TP53 mutations? (A-186)**

Radu Pirlog, Paris, France

16:18 – 16:40 **O-110 – Improved detection of molecular disease using a personalized cell-free DNA assay in patients with cutaneous T-cell lymphoma (A-227)**

Armando Bastidas-Torres, Palo Alto, USA

16:40 – 17:00 **COFFEE BREAK AND POSTER VIEWING**

17:00 - 17:30 **EDUCATIONAL FOCUS: EPIGENETIC MODULATION**

This Scientific Symposium is kindly supported by an unconditional grant from 4SC

Chairs: Evangelia Papadavid, Pietro Quaglino, Pablo Luis Ortiz-Romero

17:00 – 17:15 **Synergistic Enhancement of HDAC Inhibitor Romidepsin with PARP-1 Inhibition in Cutaneous T-cell Lymphoma via Blimp-1 Pathway**

Oleg Akilov, Pittsburgh, USA

17:15 - 17:30 **RESMAIN: Results of a multicenter, randomized, double blind, placebo-controlled trial to evaluate RESminostat for MAINtenance treatment in advanced stage Mycosis fungoides or Sézary syndrome**

Rudolf Stadler, Minden, Germany

17:30 – 18:30 ORAL PRESENTATIONS – CLINICAL STUDIES 1

Chairs: Olivier Gaide, Marie Beylot-Barry, Sebastian Theurich

17:30 – 17:42 **O-111** – **Identifying patients with poor outcomes in Mycosis Fungoides & Sezary syndrome for improved management choices (A-162)**
Julia Scarisbrick, Birmingham, United Kingdom

17:42 – 17:54 **O-112** – **Standardized flow cytometry for the detection and characterization of circulating CTCL cells: Update on a multicenter study (A-220)**
Fenna de Bie, Leiden, The Netherlands

17:54 – 18:06 **O-113 – Phase 2a Study of Topical 0.25% Hypericin in Mycosis Fungoides: Results and Review of the FLASH Study (A-182)**
Brian Poligone, Fairport, USA

18:06 – 18:18 **O-114** – **NanoString analysis of mycosis fungoides samples from patients included in EORTC 1652 clinical trial and treated with Atezolizumab (A-171)**
Marta Rodriguez, Madrid, Spain

18:18 – 18:30 **O-115** – **Lacutamab in patients with relapsed and/or refractory mycosis fungoides: results from the TELLOMAK phase 2 trial (A-124)**
Pierluigi Porcu, Philadelphia, USA

18:30 – 19:30 YOUNG INVESTIGATORS' FOCUSED ORAL PRESENTATIONS

"CULTIVATING UNDERSTANDING"
led by **Rein Willemze, Erika Morsia and Gabor Dobos**

Is there microbial dysbiosis in CTCL? A pilot study (A-170)
Elizabeth Peterknecht, Birmingham, United Kingdom
Cutaneous T-cell lymphoma in pregnancy: disease activity and outcome (A-142)
Rishabh Lohray, Houston, USA
Staphylococcus aureus - induces drug resistance in cancer T cells in Sézary syndrome (A-181)
Cella Krishna Vadivel, Copenhagen, Denmark
Correlation of skin barrier function, bacterial colonization, and inflammation in Mycosis Fungoides and Sézary Syndrome (A-188)
Elise Suzanne Maria Beljaards, Leiden, The Netherlands
αEβ7 Integrin (CD103) expression in both early and advanced stage o Cutaneous T cell Lymphoma's (CTCL) (A-213)
Veerle Astrid Merkus, Leiden, The Netherlands
AI-assisted Evaluation of CD4/CD8-Ratio in Mycosis fungoides (A-223)
Georgi Zhelyazkov, Berlin, Germany
Evaluating the Impact of Phototherapy on Cardiovascular Risk in Cutaneous T-Cell Lymphoma: A Retrospective Analysis (A-224)
Keon Niknejad, Baltimore, USA
Skin-Limited Versus Extended Manifestation In BPDCN Patients: A Retrospective Multi-Centre Observational Study (A-267)
Christoph Iselin, Lausanne, Switzerland
Dysbiosis of the skin microbiome in patients with Mycosis fungoides (A-141)
Emma Belfrage, Lund, Sweden

"THE DILEMMA OF THE ERYTHEMA"

led by **Nadia Djerbi, Joana Calvão and Gabriele Roccuzzo**

Sézary Syndrome in West Sweden: A Comprehensive Registry- Based Retrospective Analysis on Epidemiology, Clinical Features, and Treatmen Patterns (A-127)
Karolina Wojewoda, Gothenburg, Sweden

Transcriptomic and Genomic Profiling as Diagnostic and Prognosti Markers in CTCL Patients with a History of Atopic Dermatitis (A-147)
Sara Khoshniyati, Baltimore, USA

Identification of subgroups of early-stage mycosis fungoides patient with increased itch and impaired quality of life (A-216)
Julia Nenonen, Stockholm, Sweden

Overlap: mycosis fungoides / Sezary syndrome and inflammatory dermatosis, a case series. (A-230)
Giorgio Alberto Croci, Milano, Italy

Mogamulizumab-Associated Rash in Patients with Mycosis Fungoides o Sezary Syndrome: A Real-World Analysis (A-240)
Rishabh Lohray, Houston, USA

Functional characterization of SAMDH1 in Cutaneous T-cell lymphoma (A-253)
Dawei Song, Stockholm, Sweden

Small Medium Pleomorphic T cell lymphoproliferative disorder – 20 ye of experience from a specialist center (A-257)
Sophie Bashall, London, UK

Clinician Practice Patterns and Recommendations for Bone M Biopsy in Cutaneous T-Cell Lymphoma (A-273)
Victoria Slavinsky, Baltimore, USA

Retrospective Clinicopathological Comparative Study between Hypopigmented Mycosis Fungoides and Pityriasis Lichenoides Chron (A-288)
Mona Ibrahim, Cairo, Egypt

Allogeneic stem cell transplantation in advanced cutaneous T ce lymphoma offers the potential for cure (A-289)
Agni Hatzakis, Birmingham, UK

"SPEED CLINIC"

led by **Anne Schrader, Beth Peterknecht and Franz Trautinger**

Lacutamab in Patients with Relapsed and Refractory Sézary Syndrome: Results from the TELLOMAK Phase 2 Trial (A-122)
Martine Bagot, Paris, France

Topical hypericin ointment photodynamic therapy for early-stage myco fungoides/CTCL – a Phase 2 real world investigator-initiated study. (A-1
Ellen Kim, Philadelphia, USA

Chlormethine Gel Effectiveness as second-line Treatment in Mycos fungoides: a single-centre Retrospective Study (A-148)
Alessandro Pileri, Bologna, Italy

Chlormethine Gel Shows Efficacy as Monotherapy in Stages IA-IIB Myco Fungoides (A-163)
Rachel Browne, Birmingham, UK

Real-world effectiveness of mogamulizumab in Spain and Portug Second interim analysis of the MIBERIC study (A-198)
Pablo Ortiz Romero, Madrid, Spain

Mogamulizumab in patients with mycosis fungoides or Sézary syndrome: Update on the German non-interventional MINT study (A-200)
Chalid Assaf, Krefeld, Germany

Mogamulizumab in Patients with Sézary Syndrome and Mycosis Fungoides Over 75 Years of Age: Real-World Data from 7 Italian Centers (A-231)
Erika Morsia, Ancona, Italy
Positron emission tomography/computed tomography guided choice of lymph node core biopsy. A useful tool (A-237)
Keila Mitsunaga, Madrid, Spain
Effectiveness and safety of chlormethine gel in the treatment of mycosis fungoides affecting "sensitive" areas: A real-world experience from two tertiary referral centres (A-249)
Silvia Alberti Violetti, Milan, Italy
Spontaneously regressive primary cutaneous diffuse large B-cell lymphoma, leg-type: a single-center retrospective study (A-255)
Anne Pham-Ledard, Bordeaux, France

"SPEED SCIENCE"
led by **Sean Whittaker, Robert Knobler and Hanna Brauner**

Effects of Mogamulizumab on CD39, CD73 and CD38 ectonucleotidases expression in T-cells of Sézary syndrome patients. (A-136)
Gabriele Roccuzzo, Turin, Italy
Mycosis fungoides: Searching for biomarkers associated with early-stage progression (A-140)
Marcos Rebollo González, Madrid, Spain
Spatial transcriptomic and proteomic profiling of a B-cell rich tumor microenvironment in Mycosis fungoides (A-145)
Pia Rude Nielsen, Roskilde, Denmark
B cells are associated with aggressive Cases of Cutaneous T cell Lymphoma and a distinct spatio-temporal composition of the tumor microenviroenment (A-164)
Sabine Oganesian, Munich, Germany
Toward patient-tailored immunotherapy: targeting the TCR idiotype of clonal Sézary lymphomas (A-175)
Pablo Ortiz Romero, Madrid, Spain
Flow cytometry of skin biopsies in CTCL patients during Mogamulizumab treatment (A-222)
Fenna de Bie, Leiden, The Netherlands
Modes of metastasis: scRNAseq profiling of cutaneous T-cell lymphoma highlights CXCL13, TUSC3, and ANK1 in malignant T cells (A-250)
Beth Childs, Dallas, USA
Targeting the hyperactive STAT3/5 Pathway in Cutaneous T-Cell Lymphoma: superior efficacy of multi-kinase inhibitor IQDMA over conventional PUVA therapy (A-262)
Saptaswa Dey, Graz, Austria
Single cell sequencing delineates T-cell clonality and pathogenesis of the parapsoriasis disease group (A-265)
Patrick Brunner, New York, USA
Indolent primary cutaneous B-cell lymphomas resemble persistent antigen reactions without signs of dedifferentiation (A-274)
Johannes Griss, Vienna, Austria

19:30– 21:30 **WELCOME RECEPTION**
Location: *Beaulieu Conference Center*
(not affiliated with the main CME program

THURSDAY, OCTOBER 10th

08:15 – 09:15 **ORAL PRESENTATIONS - HISTOPATHOLOGY**
Chairs: Günter Burg, Ulrike Wehkamp and Werner Kempf

08:15 – 08:27 **O-116 – Validation Of Next Generation Sequencing Using EuroClonality-NDC Panel In Primary Cutaneous Lymphomas and comparison with Traditional PCR Techniques (A-202)**
Agni Hatzakis, Birmingham, United Kingdom

08:27 – 08:39 **O-117 – Skin microRNA profile of 12 cases of granulomatous slack skin - an extremely rare variant of mycosis fungoides (A-300)**
Jade Cury-Martins, Sao Paolo, Brasil

08:39 – 08:51 **O-118 – Characteristics and Outcomes for Granulomatous Mycosis Fungoides in 80 Patients (A-159)**
Julia Dai, Houston, USA

08:51 – 09:03 **O-119 – New histopathologic patterns of Mogamulizumab-associated rash and a revision of already described histopathologic findings (A-218)**
Christina Mitteldorf, Goettingen, Germany

09:03 – 09:15 **O-120 – Deep learning-based classification of early-stage mycosis fungoides and benign inflammatory dermatoses on hematoxylin and eosin-stained whole-slide images: a retrospective, proof-of-concept study (A-114)**
Anne Schrader, Leiden, The Netherlands

09:15 - 09:45 **INDUSTRY-SUPPORTED SYMPOSIUM 2**
(not affiliated with the main CME program)

09:45 – 10:05 **COFFEE BREAK AND POSTER VIEWING**

10:05 – 11:05 **ORAL PRESENTATIONS - NON-T CELL DISEASES**
Chairs: Helmut Beltraminelli, Alejandro Gru and Marion Wobser

10:05 – 10:17 **O-121 – Towards guidelines for clinical management of cutaneous lymphoproliferative disorders: an 2024 update (A-207)**
Rein Willemze, Leiden, The Netherlands

10:17 – 10:29 **O-122 – Prognosis about survival in primary cutaneous B cell lymphoma: a monocentric study of clinical characteristics of 98 patients (A-252)**
Rohat Cankaya, Berlin, Germany

10:29 – 10:41 **O-123 – CD30 expression on mast cells in cutaneous mastocytosis as a potential therapeutic target (A-119)**
Christina Mitteldorf, Goettingen, Germany

10:41 – 10:53 **O-124 – Primary cutaneous marginal zone Lymphoma or Lympho-proliferative disorder? Comparison of initial tumor, recurrence and outcome in 61 patients (A-184)**
Fanny Beltzung, Pessac, France

10:53 – 11:05	**O-125 – Primary cutaneous follicule center lymphoma- differential diagnostic and prognostic aspects (A-185)** *Agota Szepesi, Budapest, Hungary*
11:05 – 12:05	**ORAL PRESENTATIONS - CLINICAL STUDIES 2** ***Chairs: Martine Bagot, Patrick Brunner and Christina Mitteldorf***
11:05 – 11:17	**O-126 – Efficacy and safety of pembrolizumab and radiotherapy in relapsed/refractory cutaneous T cell lymphoma: results of the PORT trial (A-296)** *Stephen Morris, London, United Kingdom*
11:17 – 11:29	**O-127 – Preliminary Results from an Ongoing Phase 2, Open-Label, Multicenter, Single-Arm Study Assessing an Every-4-Week Dosing Schedule of Mogamulizumab in Patients with Cutaneous T-Cell Lymphoma (A-195)** *Julia Scarisbrick, Birmingham, United Kingdom*
11:29 – 11:41	**O-128 – Radiotherapy of cutaneous lymphomas: real-world pattern-of-care analysis among EORTC Members (A-120)** *Khaled Elsayad, Munster, Germany*
11:41 – 11:53	**O-129 – Use of pegylated interferon-α2a in cutaneous T-cell lymphoma - a multicentre retrospective data analysis with 70 patients (A-106)** *Inga Hansen-Abeck, Hamburg, Germany*
11:53 – 12:05	**O-130 – Investigating Brentuximab Vedotin (BV) as a radiosensitizer in combination with low-dose TSEBT for Advanced CTCL: Clinical observations and experimental findings (A-248)** *Mathias Oymanns, Krefeld, Germany*
12:05 – 13:05	**LUNCH AND POSTER VIEWING**
13:05 – 14:05	**INDUSTRY-SUPPORTED SYMPOSIUM 3** (not affiliated with the main CME program)
14:05 – 15:05	**ORAL PRESENTATIONS - CLINICAL STUDIES 3** ***Chairs: Pietro Quaglino, Larisa Geskin, Antonio Cozzio***
14:05 – 14:17	***O-131 – Targeting TGF-beta activation in cutaneous T-cell lymphomas (A-118)*** *Jerome Giustiniani, Creteil, France*
14:17 – 14:29	**O-132 – International study of Sezary Syndrome reveals improved disease-specific survival from modern systemic therapies (A-168)** *Belinda A. Campbell, Melbourne, Australia*
14:29 – 14:41	**O-133 – Immunologic changes following chlormethine gel treatment in Cutaneous T-cell Lymphoma patients (A-292)** *Eleni-Kyriaki Vetsika, Athens, Greece*
14:41 – 14:53	**O-134 – Identification of clones by TCR Vβ repertoire analysis supports diagnosis of leukemic cutaneous T-cell lymphoma (A-229)** *Johannes Woltsche, Graz, Austria*

14:53 – 15:05	**O-135** - **Can histopathology contribute to a better definition of patches and plaques in early-stage mycosis fungoides? (A-196)** *Juliette Kersten, Leiden, The Netherlands*
15:05 – 15:25	**COFFEE BREAK AND POSTER VIEWING**
15:25 – 16:25	**ORAL PRESENTATIONS - EPIDEMIOLOGY & QUALITY OF LIFE** ***Chairs: Julia Scarisbrick, Margret Schottelius and Pablo Luis Ortiz-Romero***
15:25 – 15:37	***O-136*** – ***A Retrospective comparison between Home and In-office NB-UVB Efficacy for patients with Mycosis Fungoides (A-105)*** *Victoria Garfinkel, Dallas, USA*
15:37 – 16:49	**O-137** – **Quality of Life in Egyptian Mycosis Fungoides Patients Attending Cutaneous Lymphoma Clinic at Ain Shams University Hospitals: A Cross-Sectional Study (A-236)** *Mona Ibrahim, Cairo, Egypt*
16:49 – 16:01	**O-138** – **Patient-reported symptoms and HRQL of MF and SS patients receiving mogamulizumab over 24 weeks: interim results from the PROSPER study (A-201)** *Julia Scarisbrick, Birmingham, United Kingdom*
16:01 – 16:13	**O-139** – **Increased mortality due to lymphoma and infections in patients with mycosis fungoides and Sézary syndrome: A Swedish nationwide, population-based cohort study (A-238)** *Hanna Brauner, Stockholm, Sweden*
16:13 – 16:25	**O-140** – **Eleven years Real World Data: Epidemiology and care reality of patients with CTCL in Germany - Retrospective statuory health insurance (SHI) claims data analyses (A-113)** *Gabor Dobos, Berlin, Germany*
18:30-18:40	**MEMORIAL LECTURE** **IN HONOR OF PROFESSOR ANNAMARI RANKI -** Held by **Liisa Väkevä** ***Moderation by Julia Scarisbrick, Martine Bagot and Emmanuella Guenova*** *Location: Olympic Museum Lausanne*
18:45-19:15	**"SKIN DEEP"** **Zhania Pohn** ***Moderation by Emmanuella Guenova*** *Location: Olympic Museum Lausanne*
19:30-22:00	**CONFERENCE DINNER** Location: Olympic Museum Lausanne (not affiliated with the main CME program)

FRIDAY, OCTOBER 11th

08:45 - 09:15 **INDUSTRY-SUPPORTED SYMPOSIUM 4**
(not affiliated with the main CME program)

09:15 – 10:15 **ORAL PRESENTATIONS – TREATMENTS 1**
Chairs: Emmilia Hodak, Jan Nicolay, Chalid Assaf and Sima Rozati

09:15 – 09:27 **O-141** – **Ultrasound-guided intralesional therapies in tumour-stage mycosis fungoides (A-244)**
Juan Torre Castro, Madrid, Spain

09:27 – 09:39 **O-142** – **Radiotherapy Dose for Primary Cutaneous Anaplastic Large Cell Lymphoma (A-295)**
Safa Aykac, London, United Kingdom

09:39 – 09:51 **O-143** – **Acitretin as a noninferior retinoid alternative to bexarotene in the management of mycosis fungoides (A-174)**
Brielle Johnson, Dallas, USA

09:51 –10:03 **O-144** – **Treatment trends in advanced Mycosis fungoides and Sèzary syndrome: an update from the PROCLIPI study (A-189)**
Pietro Quaglino, Turin, Italy

10:03 –10:15 **O-145** – **Comparing Responses to Romidepsin Monotherapy and the Sequential Treatment of Romidepsin Followed by Mogamulizumab for Advanced Cutaneous T-cell Lymphoma (A-254)**
Brigit Lapolla, New York, USA

10:15 - 11:15 **INDUSTRY-SUPPORTED SYMPOSIUM 5**
(not affiliated with the main CME program)

11:15 – 11:35 **COFFEE BREAK AND POSTER VIEWING**

11:35 – 12:35 **ORAL PRESENTATIONS – TREATMENTS 2**
Chairs: Constanze Jonak, Richard Cowan, Youn Kim and Peter Kölblinger

11:35 – 11:47 **O-146** – **Deciphering reliable mycosis fungoides-specific diagnostic classifiers and personalized therapeutic regimens through spatial single-cell type proteomics in tissues (A-192)**
Xiang Zheng, Copenhagen, Denmark

11:47 – 11:59 **O-147** – **Chlormethine Treatment Effectively Targets the Tumor Micro-Environment in Early-stage Mycosis Fungoides Patients (A-268)**
Selinde Wind, Leiden, The Netherlands

11:59 – 12:11	**O-148** – **Evaluation of Sézary cell marker expression and cell death behavior upon in vitro treatment by flow cytometry in Sézary Syndrome patients (A-214)** *Susanne Melchers, Mannheim, Germany*
12:11 – 12:23	**O-149** - **Single-cell multiomics identifies formation of immunologic memory in CTCL - transition from blood to skin (A-263)** Aizhan Tastanova, Zurich, Switzerland
12:23 – 12:35	**O-150 – The impact of atopic dermatitis preceding cutaneous T-cell lymphoma and its effect on clinical outcomes: a retrospective review at a single tertiary referral center (A-261)** *Abigail Fleischli, Baltimore, USA*
12:35 - 13:30	**GENERAL ASSEMBLY, PRIZE & CLOSING CEREMONY** ***Evangelia Papadavid, Emmanuella Guenova, Maxime Battistella***
13:30 – 14:00	**LUNCH BOXES**

INDUSTRY-SUPPORTED SYMPOSIA OVERVIEW

WEDNESDAY, OCTOBER 9th

13:00 - 13:30 INDUSTRY-SUPPORTED SYMPOSIUM 1

HELSINN

Early-stage MF-CTCL and disease progression – what drives progression and how do we tackle it?

Chair: Adèle de Masson

13:00 - 13:05 **Welcome & Introduction**
Adèle de Masson

13:05 - 13:15 **Early-stage MF-CTCL patients - what are the major drivers of progression risk?**
1. Clonality
Adèle de Masson

13:15 - 13:25 **Treatments available to reduce the risk of progression for early-stage for patients by targeting:**
1. Clonality
Gabor Dobos

13:25 - 13:30 **Questions & Answers**

THURSDAY, OCTOBER 10th

09:15 - 09:45 INDUSTRY-SUPPORTED SYMPOSIUM 2

STEMLINE

Under your skin: Exploring Dermatological, Pathological and Hematological Perspectives of BPDCN

Chair: Emmanuella Guenova

09:15 - 09:16 **Welcome & Introduction**
Emmanuella Guenova

09:16 – 09:24 **Exploring the Dermatological Perspective**
Skin manifestations of BPDCN, diagnostic methods, and initial clinical signs.
Emmanuella Guenova

09:24 – 09:32 **Exploring the Pathological Analysis**
Explanation of the histopathological features and diagnostic challenges.
Laurence de Leval

09:32 – 09:40 **Exploring the Hematological Treatment**
Overview of current therapeutic approaches and recent developments in BPDCN treatment.
Wolfgang R. Sperr

09:40 – 09:45 **Discussion**

13:05 - 14:05 INDUSTRY-SUPPORTED SYMPOSIUM 3

KYOWA KIRIN

Connecting the past, present and future of CTCL management

Chair: Emmanuella Guenova

13:05 - 13:10 **Welcome & Introduction**
Emmanuella Guenova

13:10-13:20 **Building on clinical trial data with early real-world evidence**
Martine Bagot

13:20-13:30 **Further understanding the effectiveness and tolerability of mogamulizumab in routine clinical practice**
Chalid Assaf

13:30-13:44 **Beyond response rates and mogamulizumab in the treatment algorithm of mycosis fungoides and Sézary syndrome**
Julia Scarisbrick

13:44-13:54 **Maximising future outcomes for patients with CTCL**
Emmanuella Guenova

13:54-14:03 **Q&A**

14:03-14:05 **Thank you & close**
Emmanuella Guenova

FRIDAY, OCTOBER 11th

08:45 - 09:15 INDUSTRY-SUPPORTED SYMPOSIUM 4

TAKEDA

Mastering Treatment for ALL CTCL CD30+ Variants

Speaker: Pietro Quaglino

08:45 – 08:48 **Many Variants: CTCL CD30+ subtypes**

08:48 - 08:55 **Clinical Trial: ALCANZA trial data readout**
(PFS in ITT population, PFS in MF with LCT, OS in MF advanced stages)

08:55 - 09:05 **Real-world data**
Adcetris efficacy regardless of CTCL features:
Effectiveness regardless of:
- different subtypes (MF, SS, papulosis lymphomatoides, gamma-delta T-cell lymphoma, pcALCL)
- blood involvement in MF
- LCT in MF
- CD30 levels <10%

09:05 - 09:15 **Discussion**

10:15 - 11:15 INDUSTRY-SUPPORTED SYMPOSIUM 5

THERAKOS

Durability of Response
An important parameter in the management of CTCL

Chair: Julia Scarisbrick

10:15 – 10:20 **Welcome and introduction**
Julia Scarisbrick

10:20 – 10:35 **Proposed Extracorporeal Photopheresis Mechanism of action in Cutaneous T-cell Lymphoma, latest evidence and guidelines**
Emmanuella Guenova

10:35 – 10:55 **Durability of Response – Where does ECP fit in CTCL management**
Gabor Dobos

10:55 – 11:10 **Potential combinational approach in advanced CTCL**
Jan Nicolay

11:10 – 11:15 **Questions & Answers**

COMMITTEES

SCIENTIFIC COMMITTEE

Chalid Assaf, Krefeld, Germany
Martine Bagot, London, United Kingdom
Maxime Battistella, Paris, France
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Terkild Brink Buus, Copenhagen, Denmark
Patrick Brunner, Vienna, Austria
Richard Cowan, Manchester, United Kingdom
Antonio Cozzio, St. Gallen, Switzerland
Adèle de Masson, Paris, France
Emmanuella Guenova, Lausanne, Switzerland
Emmilia Hodak, Tel Aviv, Israel
Wolfram Hotzenecker, Lausanne, Switzerland
Constanze Jonak, Vienna, Austria
Werner Kempf, Zurich, Switzerland
Katrin Kerl, Zurich, Switzerland
Robert Knobler, Vienna, Austria
Jan Nicolay, Mannheim, Germany
Niels Ødum, Copenhagen, Denmark
Pablo Luis Ortiz Romero, Madrid, Spain
Evangelia Papadavid, Athens, Greece
Pietro Quaglino, Turin, Italy
Julia Scarisbrick, Birmingham, United Kingdom
Rudolf Stadler, Minden, Germany
Franz Trautinger, St. Pölten, Austria
Maarten Vermeer, Leiden, The Netherlands
Sean Whittaker, London, United Kingdom
Rein Willemze, Leiden, The Netherlands

LOCAL CONFERENCE ORGANIZING COMMITTEE

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Niklaus Schaeffer, Lausanne, Switzerland
Margret Schottelius, Lausanne, Switzerland
Francoise Solly, Lausanne, Switzerland
Jeanerette Sozzi, Lausanne, Switzerland
Yi-Chien Tsai, Lausanne, Switzerland

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S

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Birmingham, United Kingdom

Wolfgang Sperr
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Vienna General Hospital
Vienna, Austria

Rudolf Stadler
University Clinic of Dermatology, Allergology, Phlebology, Skin Cancer
Johannes Wesling Medical Center, Ruhr University
Minden Germany

KEYNOTE SPEAKER

Ping-Chih Ho
Ludwig Cancer Research Institute and University of Lausanne
Lausanne, Switzerland

ORAL PRESENTERS

Safa Aykac, London, United Kingdom
Armando Bastidas-Torres, Palo Alto, USA
Fanny Beltzung, Pessac, France
Hanna Brauner, Stockholm, Sweden
Belinda A. Campbell, Melbourne, Australia
Rohat Cankaya, Berlin, Germany
Sumanth Chennareddy, New York, USA
Jade Cury-Martins, Sao Paolo, Brazil
Julia Dai, Houston, USA
Fenna de Bie, Leiden, The Netherlands
Saptaswa Dey, Graz, Austria
Gabor Dobos, Berlin, Germany
Khaled Elsayad, Munster, Germany
Abigail Fleischli, Baltimore, USA
Victoria Garfinkel, Dallas, USA
Jérôme Giustiniani, Creteil, France
Inga Hansen-Abeck, Hamburg, Germany
Agni Hatzakis, Birmingham, United Kingdom
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Sergej Koralov, New York, USA
Brigit A. Lapolla, New York, USA
Susanne Melchers, Mannheim, Germany
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Stephen Morris, London, United Kingdom
Lilach Moyal, Tel Aviv, Israel
Julia Nenonen, Stockholm, Sweden
Mathias Oymanns, Krefeld, Germany
Radu Pirlog, Paris, France
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Marta Rodriguez, Madrid, Spain
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Selinde Wind, Leiden, The Netherlands
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Ziao Zeng, Copenhagen, Denmark
Xiang Zheng, Copenhagen, Denmark

GENERAL INFORMATION

CONGRESS VENUE

BEAULIEU SA
Avenue des Bergières 10
1004 Lausanne, Switzerland

EXHIBITION

A commercial exhibition will be held at the congress venue, close to the meeting room.

Exhibition Opening Hours:

Wednesday, October 9:	12:00 - 20:00
Thursday, October 10:	08:00 - 16:30
Friday, October 11:	08:30 - 15:00

INSURANCE

The Organizer does not accept liability for individual medical, travel or personal insurance and participants are strongly advised to make their arrangements concerning health and travel insurance.

LANGUAGE AND TRANSLATION

The official language of the meeting will be English. Simultaneous translation will not be provided.

REGISTRATION DESK

The registration desk is on the 3rd floor of the Beaulieu Convention Centre.

Registration Desk Opening Hours:

Wednesday, October 9:	11:00 - 18:00
Thursday, October 10:	08:00 - 17:00
Friday, October 11:	08:15 - 14:00

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Join the esteemed faculty of this Kyowa Kirin-sponsored symposium to discuss the evolution of cutaneous T-cell lymphoma (CTCL) management. In this interactive session, we will discuss data from clinical studies and real-world practice, as well as ongoing and future research.
We look forward to seeing you there!

Chair

Professor Emmanuella Guenova
Associate Professor, Department of Dermatology,
University Hospital of Lausanne and University of Lausanne, Lausanne, Switzerland

Speakers

Professor Martine Bagot
Head of Department of Dermatology,
Université Paris Cité and INSERM U976, Paris, France

Professor Chalid Assaf
Director of the Department of Dermatology and Venerology,
Helios Klinikum Krefeld, Krefeld, Germany

Professor Julia Scarisbrick
Consultant Dermatologist and Lead of Specialist Cutaneous Lymphoma Service,
University Hospitals Birmingham NHS Foundation Trust, Queen Elizabeth Hospital,
Birmingham, United Kingdom

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1. Knobler R et al. European dermatology forum - updated guidelines on the use of extracorporeal photopheresis 2020 - Part 1. J Eur Acad Dermatol Venereol 2020; 34(12):2693-2716.

BLASTIC PLASMACYTOID DENDRITIC CELL NEOPLASM (BPDCN)*

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* BPDCN – a rare, aggressive haematological malignancy.
CR – complete response; CRc – clinical CR (defined as CR with residual skin abnormality not indicative of disease)

1. ELZONRIS® (tagraxofusp) Swiss Summary of Professional Information, www.swissmedicinfo.ch. Status 11/2022. **2.** List of specialities (SL) of BAG. www.spezialitätenliste.ch.
3. Pemmaraju N et al. Long-Term Benefits of Tagraxofusp for Patients With Blastic Plasmacytoid Dendritic Cell Neoplasm. J Clin Oncol 2022;40:3032–3036. **Literature on request.**

Important Warning: Patients receiving **ELZONRIS®** may experience **capillary leak syndrome** (CLS), which can be **life-threatening or fatal** if not adequately treated. **For more information, please refer to the detailed Summary of Product Characteristics of ELZONRIS®.**

▼ **ELZONRIS® (tagraxofusp):**
This medicinal product is subject to additional monitoring. For more information, please refer to the SmPC/patient information of ELZONRIS® at www.swissmedicinfo.ch.
I: First-line treatment of adult patients with blastic plasmacytoid dendritic cell neoplasm (BPDCN). **D:** 12 µg tagraxofusp/kg BW, 1x/day as i.v. infusion over 15 min. (day 1–5 of a 21-day cycle). Treatment should be continued until disease progression or unacceptable toxicity. For pre-medications, possible dose adjustments, special patient populations and monitoring for signs and symptoms of hypersensitivity or capillary leak syndrome, refer to www.swissmedicinfo.ch. **CI:** Hypersensitivity to the active substance or to any of the excipients. **WN/PC:** Capillary leak syndrome (CLS): CLS, including life-threatening and fatal cases, has been reported with most events occurring during the first five days of the first cycle of treatment. The most frequent signs and symptoms of CLS included weight gain, hypoalbuminaemia, and hypotension. Before initiating therapy, ensure that the patient has adequate cardiac function and serum albuamin ≥3.2 g/dL. During treatment, serum albumin levels should be checked regularly before each application of an ELZONRIS® dose. Patients must be urged to be vigilant for CLS symptoms and advised when to seek immediate medical attention. Hypersensitivity reactions: Patients must be monitored accordingly during treatment and the infusion with ELZONRIS® must be interrupted if hypersensitivity reactions occur and appropriate measures must be initiated. Haematological abnormalities (thrombocytopenia, neutropenia): Patients must be routinely monitored and treated if necessary. Tumour lysis syndrome (TLS): ELZONRIS® can cause tumour lysis syndrome (TLS), which may be fatal due to a rapid anti-tumour effect of tagraxofusp. Patients considered at high risk for TLS due to high tumour burden should be managed as clinically indicated. Hepatotoxicity: Elevations in liver enzymes have been observed, therefore ALT and AST levels must be monitored regularly during treatment prior to each ELZONRIS® dose. Other: It is not known whether tagraxofusp crosses the blood-brain barrier. Other treatment alternatives should be considered if central nervous system disease is present. Patients with hereditary fructose intolerance (HFI) must not be given this medicinal product. **IA:** No interaction studies have been performed. **PR:** ELZONRIS® should not be administered during pregnancy and to women of childbearing potential who are not using effective contraception. No data are available on the use of ELZONRIS® in pregnant women. **AE:** All CTCAE-Grades: Very common (≥10 %): Anaemia, capillary leak syndrome, chills, fatigue, hypoalbuminaemia, hypotension, nausea, oedema peripheral, pyrexia, thrombocytopenia, transaminases increased, vomiting, weight increased. Common (≥1 %, <10 %): Acute kidney injury, arthralgia, back pain, blood alkaline phosphatase increased, blood creatinine increased, blood creatine phosphokinase increased, blood lactate dehydrogenase increased, bone pain, chest pain, confusional state, constipation , contusion, cytokine release syndrome, decreased appetite, diarrhoea, dizziness, dry mouth, dyspepsia, dyspnoea, febrile neutropenia, flushing, headache, hyperbilirubinemia, hyperglycaemia, hyperhidrose, hyperkalaemia, hyperphosphataemia, hyperuricaemia, hypocalcaemia, hypokalaemia, hypomagnesaemia, hyponatraemia, hypophosphataemia, hypoxia, influenza-like illness, infusion-related reaction, international normalised ratio (INR), leukopenia, leukocytosis, lymphopenia, myalgia, neutropenia, pain, pain in extremity, pleural effusion, pulmonary oedema, pruritus, rash, sinus tachycardia, stomatitis, syncope, tachycardia, tumour lysis syndrome, vision blurred. Other AEs refer to SmPC. **P:** Vial with 1 mL of concentrate for solution for infusion, contains 1 mg Tagraxofusp (1 mg/ml, i.v.). Category A. **Marketing authorisation holder:** Stemline Therapeutics Switzerland GmbH, Grafenaustrasse 3, CH-6300 Zug. **Date of revision of the text:** 11/2022. Before prescribing, please consult the detailed Summary of Product Characteristics at www.swissmedicinfo.ch. CH-2304.1

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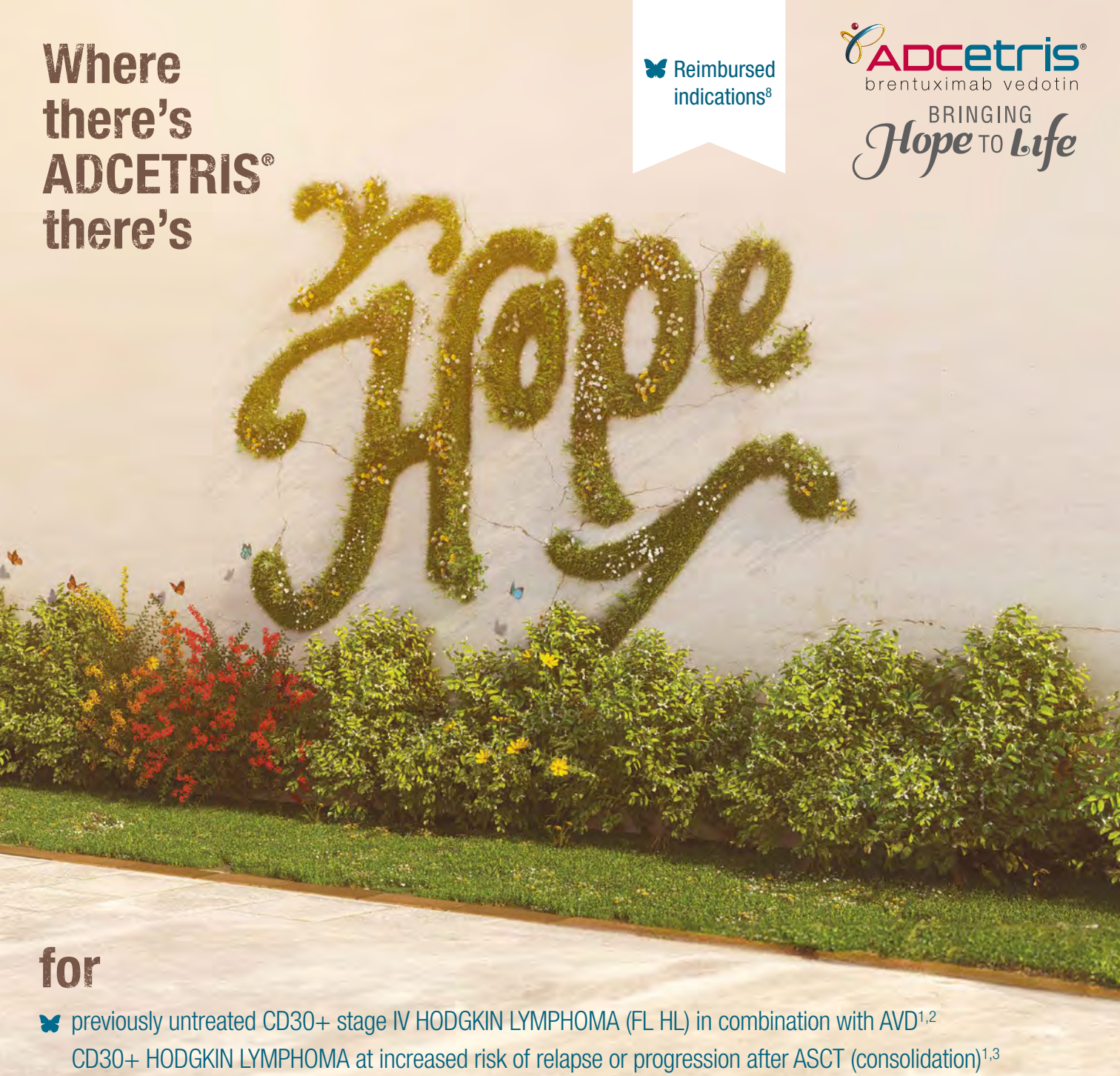

for

- previously untreated CD30+ stage IV HODGKIN LYMPHOMA (FL HL) in combination with AVD[1,2]
  CD30+ HODGKIN LYMPHOMA at increased risk of relapse or progression after ASCT (consolidation)[1,3]
- relapsed/refractory CD30+ HODGKIN LYMPHOMA*[1,4]
- previously untreated CD30+ PERIPHERAL T-CELL LYMPHOMA (FL PTCL) in combination with CHP[1,5]
- CD30+ CUTANEOUS T-CELL LYMPHOMA (CTCL)[1,6]
- relapsed/refractory systemic ANAPLASTIC LARGE CELL LYMPHOMA (sALCL)[1,7]

Listed indications are approved in Switzerland; approved indications may vary by country or region.

ASCT: autologous stem cell transplantation; **AVD:** chemotherapy with doxorubicin, vinblastine and dacarbazine; **CHP:** chemotherapy with cyclophosphamide, doxorubicin and prednisone
* after ASCT or after minimum of two previous treatments if a stem cell transplantation is no treatment option

References: 1. Professional information Adcetris®, www.swissmedicinfo.ch. **2.** Ansel SM, et al. Overall Survival with Brentuximab Vedotin in Stage III or IV Hodgkin's Lymphoma. N Engl J Med 2022;387:310–320. **3.** Moskowitz CH, et al. Five-year PFS from the AETHERA trial of brentuximab vedotin for Hodgkin lymphoma at high risk of progression or relapse. Blood 2018;132(25):2639–2642. **4.** Chen R, et al. Five-year survival and durability results of brentuximab vedotin in patients with relapsed or refractory Hodgkin lymphoma. Blood 2016;128(12):1562–1566. **5.** Horwitz S, et al. The ECHELON-2 Trial: 5-year results of a randomized, phase III study of brentuximab vedotin with chemotherapy for CD30-positive peripheral T-cell lymphoma. Ann Oncol 2022;33(3);288–298. **6.** Horwitz SM, et al. Randomized phase 3 ALCANZA study of brentuximab vedotin vs physician's choice in cutaneous T-cell lymphoma: final data. Blood Adv 2021;5(23):5098–5106. **7.** Pro B, et al. Five-Year Results of Brentuximab Vedotin in Patients with Relapsed or Refractory Systemic Anaplastic Large Cell Lymphoma. Blood 2017;130(25):2709–2717. **8.** BAG Spezialitätenliste, www.spezialitaetenliste.ch.

Healthcare professionals may request a complete copy of the cited literature from the pharmaceutical company.

Adcetris® (brentuximab vedotin). Anti-CD30 antibody-drug conjugate (ADC). Recombinant chimeric IgG1 antibody conjugated with the cytotoxic agent monomethyl auristatin E (MMAE). **PF:** Powder for concentrate for solution for infusion. **I:** Previously untreated CD30+ Stage IV Hodgkin lymphoma (HL) in combination with chemotherapy with doxorubicin, vinblastine and dacarbazine (AVD). CD30+ HL at increased risk of relapse or progression after autologous stem cell transplantation (ASCT). Relapsed or refractory CD30+ HL after ASCT or after minimum two previous treatments if a stem cell transplantation is no treatment option. Previously untreated CD30+ peripheral T-cell lymphoma (PTCL) in combination with chemotherapy with cyclophosphamide, doxorubicin and prednisone (CHP). Relapsed or refractory systemic anaplastic large cell lymphoma (sALCL). CD30+ cutaneous T-cell lymphoma (CTCL) after progression under systemic therapy or if another systemic therapy does not come into question. **D:** The recommended dose, as monotherapy or in combination with CHP, is 1.8 mg/kg administered as an intravenous infusion over 30 minutes every 3 weeks. The recommended dose in combination with AVD is 1.2 mg/kg administered as an intravenous infusion over 30 minutes on days 1 and 15 of each 28-day cycle. If the patient's weight is more than 100 kg, the dose calculation should use 100 kg. **CI:** Hypersensitivity to ingredients. Combined use with bleomycin. **W&P:** Progressive multifocal leukoencephalopathy, pancreatitis, serious infections and opportunistic infections, infusion-related reactions, pulmonary toxicity, tumor lysis syndrome, peripheral neuropathy (sensory/motor), hematological toxicity including febrile neutropenia, Stevens-Johnson syndrome and toxic epidermal necrolysis, increased toxicity in case of severe renal and moderate or severe hepatic impairment, hepatotoxicity, predominantly in the form of ALT/AST elevations, gastrointestinal complications, hyperglycemia, reproductive effects. When administered in combination with chemotherapy, primary prophylaxis with growth factor G-CSF is recommended for all patients. For dose adjustments see Information for professionals. **IA:** Co-administration of ketoconazole increases exposure to MMAE. Co-administration of rifampicin reduces exposure to MMAE. Brentuximab vedotin is not expected to alter the exposure to medicines that are metabolized by CYP3A4 enzymes. **P&L:** Adcetris should not be used during pregnancy unless it is clearly necessary. The use during lactation is not recommended. **ADRs:** Very common (≥1/10): infections, peripheral sensory neuropathy, nausea, fatigue, diarrhea, pyrexia, upper respiratory tract infections, neutropenia, rash, cough, vomiting, arthralgia, peripheral motor neuropathy, infusion-related reactions, pruritus, constipation, dyspnea, weight decreased, myalgia, and abdominal pain. Other very common ADRs in combination therapy: alopecia, anemia, stomatitis, febrile neutropenia, decreased appetite, insomnia, bone pain, back pain, dizziness. For further ADRs see Information for professionals. **P:** Vial containing 50 mg brentuximab vedotin: 1, 2. **Sales category:** A. **Marketing authorisation holder:** Takeda Pharma AG, 8152 Opfikon, Switzerland. **Detailed information:** www.swissmedicinfo.ch.

Takeda

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2. Geskin LJ et al., Dermatol Ther (Heidelb) 2021;11(4):1085-1106
3. Farmacotherapeutisch Kompas. https://www.farmacotherapeutischkompas.nl/bladeren/groepsteksten/alkylerende_middelen consulted on 07/2023

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IMPORTANT INFORMATION

Certificate of Attendances
All registered attendees will receive a certificate of attendance some day after the meeting via e-mail and after completing an evaluation survey.

Name Badges
Name badges must be worn visibly at all times during the meeting an in the exhibition area.

Congress Organization

MEDCONCEPT

Gesellschaft für medizinische Projekte mbH
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