C utaneous T-cell lymphoma (CTCL) is a heterogeneous category of non-Hodgkin lymphoma involving the skin as the primary site of malignant T-lymphocyte proliferation. The malignant skin-homing lymphocytes also invade and traffic between the lymph system, blood, and visceral organs, creating variable and complex clinical presentations. Appearance, degree of blood involvement, histology, immunophenotypic profile, and prognosis can vary widely among patients, making treatment and nursing care a challenge. Mycosis fungoides (MF) and its leukemic variant, Sézary syndrome (SS), are the most common types of CTCL. A review of the rare disease CTCL is presented, followed by a discussion of the clinical development for romidepsin, which was approved by the U.S. Food and Drug Administration (FDA) for treatment of CTCL. Finally, the article will summarize drug administration interventions and nursing considerations for this complicated patient population.

Because treatment of patients with CTCL often moves from topical in early stage to systemic therapies in more advanced-stage disease, both dermatology and oncology are involved in determining the course of treatment. The CTCL disease course can be indolent or it can demonstrate rapid progression. Of the systemic options available for CTCL, traditional therapy includes biologics and a wide array of chemotherapeutic agents, maintaining control with varying success. Strategies to improve outcomes are an important area of clinical research for this patient population.

The chronicle of a new drug starts as compounds are screened preclinically for potential therapeutic value. For every 5,000 compounds screened, about five agents reach clinical trials in human participants and one of those, on average, will eventually be