

SPEAKER 1: If we look at a typical scenario, this may be a patient 65 years of age who presents to my clinic with red skin, very itchy. The first thing I do would be to examine the patient and take a history. The patient may have had patches on their skin for many years, or some of them have very suddenly become red all over. I'll examine them looking for an lymphadenopathy, and also take blood tests. We'll look for the abnormal lymph cells in their blood, as well as a skin biopsy looking for [INAUDIBLE] skin, and arrange a scan to check for internal organ involvement.

These investigations are then discussed at a multidisciplinary meeting. I attend as a dermatologist, usually with an oncologist, a hematologist, a radiologist and a pathologist, and we discuss each patient. This patient would be discussed, and if they fitted the typical diagnostic criteria for Sezary syndrome, which is erythroderma, blood involvement and severe pruritis, then when we'd see them back in clinic, we'd give them this diagnosis and arrange a treatment plan.

The treatment management guidelines give a list of treatments suitable for Sezary syndrome as first line, of which makes bexarotene, interferon and photopheresis are commonly chosen. The patient would start quickly on treatment, and we'd aim to get control of the skin as well as the blood. The patient would require two treatments every two weeks, and this would be continued until they had a good response.