

SPEAKER 1: For example, a patient may come with mycosis fungoides. He's been treated in another department or another hospital for many years, and the skin is now worsening. I would first of all ask them what treatments they've already had, and this might include phototherapy, radiotherapy, chemotherapy. Once I've taken a detailed history, I'd examine the patient, and I'd calculate how much of their skin is involved.

If more than 80% of their skin is involved, we call this erythroderma. These patients are suitable for treatment of photopheresis. Photopheresis is a good treatment for patients, particularly if they've had chemotherapy and other treatments which can reduce their immunity, because photopheresis is not shown to have any increased risk of infection for patients, or any increased risk of other skin cancers or other internal malignancies.