

September 17, 2024

To the JAMA Dermatology Editorial Board,

We have enclosed our manuscript "Single Institution Experience of Pembrolizumab for Patients with Relapsed or Refractory Mycosis Fungoides or Sézary Syndrome" for consideration as a Brief Report to *JAMA Dermatology*.

Mycosis fungoides (MF) and Sézary syndrome (SS) are the most common and well-studied subtypes of cutaneous T-cell lymphomas (CTCLs). Treatment of these cancers requires a multidisciplinary approach with treatment determined by stage and compartment involvement (skin, blood, lymph nodes, and/or viscera). Response for advanced disease is often short-lived and requires generally use of systemic therapy with intravenous agents such as mogamulizumab, romidepsin, or single-agent chemotherapy with usually modest response rates and response duration. Therefore, there is a significant unmet need to expand the treatment options for relapsed or refractory (R/R) MF/SS. Pembrolizumab is an immune checkpoint inhibitor that is often used as salvage treatment options for patients with MF/SS after exhaustion of all other treatment modalities. While previous clinical trials shown promising response rates of 38% for pembrolizumab, there is limited real world data detailing patient outcomes. Therefore, we performed an observational cohort study to describe our single-institution experience.

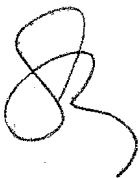
Our single institution conducted a retrospective study which identified 30 patients with CTCL who received pembrolizumab at any point during their treatment course. The primary outcome was overall survival (OS) and secondary outcomes included progression-free survival (PFS), treatment response, and development of treatment related adverse events (TRAEs). We found that forty-eight percent achieved a global response across evaluable compartments and 65% had clinical benefit (SD or PR). Median PFS for the cohort was 7.4 (95% CI 3.5-14.1) months and median OS was 20.6 (95% CI 10.0-34.2) months. Treatment was generally well tolerated with only 43% having any TRAE and 85% of all TRAEs being Grade 1-2.

This study is the first real world experience reported regarding treatment outcomes of pembrolizumab in MF/SS to the authors' knowledge. Given the impressive efficacy and excellent tolerability observed, we believe pembrolizumab represents an appealing salvage treatment option for heavily pretreated MF/SS.

This research is original work and has not been published elsewhere. All authors have approved the manuscript for submission in its entirety.

Thank you for your consideration; we look forward to hearing from you.

Sincerely,



Stefan K. Barta, MD, MS