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Primary cutaneous large B-cell lymphomas (PCLBCL) correspond to either PCLBCL, leg type (PCLBCL, LT) or to primary cutaneous follicle center lymphoma, large cell (PCFCL, LC). Patients with PCFCL, LC are mostly treated by local approaches such as radiotherapy or when multiple lesions by rituximab only. Alternatively, PCLBCL, LT have an aggressive course, requiring a combination of rituximab and polychemotherapy as first line therapy. The combination of clinico-pathological criteria according to WHO-EORTC guidelines permit to classify most cases but those with discordant findings may fall in a not otherwise specified (PLBCL, NOS) category without therapeutic guidelines. Moreover, the expected rate of the NOS diagnosis may vary between centers. We used an already well-characterized algorithm classifying 21 PCFCL, LC cases as GC-type and 27 PCLBCL, LT as NGC-type using either an immunohistochecmmal profiling or a reverse transcriptase multiplex ligation assay (RT-MLPA).

This cohort contained 21 PCFCL, LC cases, 27 PCLBCL, LT cases and 7 PCLBCL, NOS cases for which the review of clinical data, morphology and immunophenotype could not achieve categorization. The Hans algorithm classified 21 PCFCL, LC cases as GC-type and 27 PCLBCL, LT as NGC-type. Accordingly, the RT-MLPA analysis classified 21 PCFCL, LC cases as GC-type and 25 out of 27 PCLBCL, LT as NGC-type with two undetermined or non-contributive cases containing less than 20% tumoral cells. A concordant profiling between the two techniques permitted to reclassify 4 of the 7 PCLBCL, NOS into either PCFCL, LC (n=2) or PCLBCL, LT (n=2). RT-MLPA profiling was also concordant with lymphopanel mutational analysis providing an integrative categorization of PCLBCL especially in 6 out of 7 NOS cases categorized as PCFCL, LC (n=3) or PCLBCL, LT (n=3). A single case with a discordant profiling remained as NOS and presented with leg involvement, a GC RT-MLPA profile, no mutation and a complete remission. Survival analyses confirmed the clinical relevance of the cell of origin and molecular classifications of PCLBCL reducing the NOS diagnosis to only one case.

**Keywords:** Cutaneous B-cell lymphoma, primary cutaneous large B-cell lymphoma, leg-type, primary cutaneous follicle centre lymphoma, reverse transcriptase-multiplex ligation profiling assay, next generation sequencing

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**Hist-O-08**

**Macular type of primary cutaneous B-cell lymphoma: extension of the clinical and histopathological patterns**

Aviv Barzilai1,2, Iris Amitay-Laish3,4, Yelena Ditkovsky4,5, Meora Feinmesser4, Adam Dalal6, Regina Shibli3,6, Emilia Hodak1,3

1Department of Dermatology, Sheba Medical Center, Tel Hashomer, Ramat Gan, Israel
2Institute of Pathology, Sheba Medical Center, Tel Hashomer, Ramat Gan, Israel
3Division of Dermatology, Rabin Medical Center – Beilinson Hospital, Petah Tikva, Israel
4Institute of Pathology, Rabin Medical Center – Beilinson Hospital, Petah Tikva, Israel
5Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel
6Department of Dermatology, Queen Elizabeth Hospital Birmingham, Birmingham, United Kingdom

**Importance:** Primary cutaneous B-cell lymphoma (PCBCL) classically presents with papules, plaques, nodules/ tumors. Previous reports of PCBCL manifesting with macular lesions are scarce, and focused on primary cutaneous follicle-center cell lymphoma (PCFCL), with limited data on its clinicopathological correlation.

**Objective:** To report our experience with PCBCL presenting with erythematous macules.

**Design:** Retrospective cohort.

**Setting:** Two tertiary cutaneous-lymphoma outpatient clinics.

**Participants:** Fourteen patients with low-grade PCBCL manifesting with erythematous patches, diagnosed and managed between January 2000 and December 2019.

**Intervention:** Clinical data were collected from the medical files. Biopsy specimens of the macules, and if present of the typical nodular/ tumoral lesions, were reviewed.

**Main outcome measures:** Characterizing the macular lesions of low-grade PCBCL.

**Results:** There were 14 patients, aged 16–67 years, 8 had PCFCL and 6 had primary cutaneous marginal zone lymphoma (PCMZL). All had erythematous macules, measuring 1–15 cm, which mimicked: figure eight, interstitial granuloma annulare, livedo reticularis, vascular tumors, and in 7 patients showed also follicular accentuation, thus simulated early-stage folliculotropic mycosis fungoides. In 3 patients macules were the presenting lesions, in 2 as the sole manifestation, whereas in 12 patients typical PCBCL lesions were observed during the disease course. On histopathology, the macular lesions showed in all superficial and deep perivascular infiltrates and in all but 1 also peridendal lymphoid infiltrates. Microdubes were observed in 11 biopsy specimens, in only 4 of them nodular infiltrates were also observed B-cells comprised the majority of the lymphocytes in only 4 patients, while in the remaining 10, B and T-cells were either equally distributed or T-cells outnumbered B. Polymerase-based analysis of a patch showed immunoglobulin heavy chain monoclonality in 7 of 11 cases tested.

**Conclusions and relevance:** PCMZL and not only PCFCL, as previously reported, may manifest with erythematous macules, rarely as the sole presentation, and more often in conjunction with typical lesions. Histopathologically, the macules are characterized by distinct perivascular-periadnexal and micronodule pattern, and in most of the cases without the nodule formation classically observed in such lymphomas. Physicians should be aware of this unique variant representing a pitfall in the clinical and histopathologic diagnosis of low-grade PCBCL.

**Keywords:** macule, patch, primary cutaneous B-cell lymphoma, follicle-center-cell lymphoma, marginal-zone lymphoma

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**PROCLIPI STUDIES AND QUALITY OF LIFE**

**Qol-O-01**

**Experience of a supra-regional cutaneous lymphoma centre during the COVID-19 pandemic**

Uyen Nguyen, Kevin Molloy, Shazia Zara Jaulim, Farida Shah, Jinah Yoo, Julia Scarisbrick

Department of Dermatology, Queen Elizabeth Hospital Birmingham, Birmingham, United Kingdom

**Introduction:** Prioritisation of National Health Service (NHS) resources to cope with the COVID-19 pandemic has had a major impact on dermatology services. The consequences of the pandemic on the care of patients with primary cutaneous lymphoma (CL) in the U.K. is unknown.
To examine the impact of the COVID-19 pandemic on patients enrolled in the prospective registration and data collection study for newly diagnosed patients with all stages of MF/SS ‘PROCLIPI (PROspective Cutaneous Lymphoma International Prognostic Index) Study’.

Methods: The impact of the COVID-19 pandemic was assessed by comparing the pre-COVID clinical stage (TNMB stage, mSWAT score, global response assessment) and health-related quality of life (HRQoL (Skindex-29) prior to and 4.5 (4.0-5.6) months after the onset of the COVID-19 pandemic. A specific COVID-19 dataset was used to capture the impact of the pandemic on study participants.

Results: PROCLIPI study visit data was analysed in 75 patients with a mean (±SD) age of 65.19 (±14.31) years with a male: female ratio of 1.4:1. 61 patients had early stage (IA, n=41; IB, n=17 and IIA, n=3) and 14 had late-stage disease (IIB, n=3; IIIA, n=4; IIIB, n=1; IV, n=3 and IVA2, n=3) of whom 70 had MF and five SS. Global response assessment was possible in 40 patients. 17.1% (n=7) had an overall response (CR=1; PR=6), 43.9% (n=18) stable disease and 39% (n=16) progressive disease. The mean (±SEM) time to disease progression was 13.82 (±1.22) months and the median (IQR) mSWAT score increased from 7.25 (0.85–30.25) to 26.4 (2.6–41.78), p=0.08. 12 patients had missed/delayed treatments at visit 1. According to the treatment category, 2,364 skin-directed treatments (phototherapy, n=5; radiotherapy, n=1; topical skin direct therapy, n=3; extracorporeal photopheresis, n=1; investigational medicinal product, n=2). We found no quantitative differences in health-related quality of life (HRQoL) using Skindex-29 (n=75) however 40.6% of patients rated the pandemic as having a moderate to severe impact on their QoL. COVID-19 risk group stratification identified 16.7% of patients with high risk and 54.5% of patients with moderate risk features for severe illness from the virus. Five patients developed COVID-19 illness and one with advanced disease (SS, Stage IVA2) in a high-risk COVID-19 group died.

Conclusion: The COVID-19 pandemic has significantly impacted the care of patients with CL. From March 2020 all CL clinics were cancelled, clinical trials were suspended and only emergency appointments permitted. Further work comparing progression status in a matched cohort from 2015 and 2016 will further assess the impact of the COVID-19 pandemic in CL.

QoL-O-02
Time-to-next-treatment and time-to-next-systemic treatment in patients included in the PROCLIPI registry

Pietro Quaglini, Pablo Ortiz-Romero, Martine Bagot, Antonio Cozzi, Felicity Evison, Larissa Geskin, Emmanuelle Guenova, Emmilia Hodak, Steven Horwitz, Evangelia Papadavid, Pierluigi Porcu, Miles Prince, Rudolf Stadler, Maarten Vermeer, Rein Willemze, Pierluigi Zinzani, Sean Whittaker, Richard Cowan, Youn J Kim, Julia J Scarisbrick

1Dermatologic Clinic, University of Turin Medical School, Turin, Italy
2Hospital 12 de Octubre, Madrid, Spain
3Hospital St Louis, Paris, France
4University Hospital Saint Gallen, St. Gallen, Switzerland
5University Hospitals Birmingham, Birmingham, United Kingdom
6Dermatologic Dept, Columbia University, New York, NY, United States
7Dermatologic Dept, University of Lausanne, Lausanne, Switzerland
8Rabin Medical Center, Tel Aviv University, Tel Aviv, Israel
9Memorial Sloan-Kettering Hospital, New York, NY, United States
10Athens University Medical School, Athens, Greece
11Hematologic Malignancies and Hematopoietic Stem Cell Transplantation in the Department of Medical Oncology, Thomas Jefferson University, Philadelphia, PA, United States
12Peter MacCallum Cancer Centre, Melbourne, Australia
13University Medical Centre, Johannes Wesling, Minden, Germany
14Dermatologic Dept, University of Leiden, Leiden, Netherlands
15Hematology, University of Bologna, Bologna, Italy
16Kings College London, Guys and St Thomas NHS Foundation Trust, London, United Kingdom
17Christie Hospital, Manchester, United Kingdom
18Stanford University, Stanford, CA, United States

The COVID-19 pandemic has significantly impacted patients included in the PROCLIPI registry. The impact of the pandemic was assessed by comparing the pre-COVID clinical stage (TNMB stage, mSWAT score, global response assessment) and health-related quality of life (HRQoL (Skindex-29) prior to and 4.5 (4.0-5.6) months after the onset of the COVID-19 pandemic. A specific COVID-19 dataset was used to capture the impact of the pandemic on study participants.

Results: PROCLIPI study visit data was analysed in 75 patients with a mean (±SD) age of 65.19 (±14.31) years with a male: female ratio of 1.4:1. 61 patients had early stage (IA, n=41; IB, n=17 and IIA, n=3) and 14 had late-stage disease (IIB, n=3; IIIA, n=4; IIIB, n=1; IV, n=3 and IVA2, n=3) of whom 70 had MF and five SS. Global response assessment was possible in 40 patients. 17.1% (n=7) had an overall response (CR=1; PR=6), 43.9% (n=18) stable disease and 39% (n=16) progressive disease. The mean (±SEM) time to disease progression was 13.82 (±1.22) months and the median (IQR) mSWAT score increased from 7.25 (0.85–30.25) to 26.4 (2.6–41.78), p=0.08. 12 patients had missed/delayed treatments at visit 1. According to the treatment category, 2,364 skin-directed treatments (phototherapy, n=5; radiotherapy, n=1; topical skin direct therapy, n=3; extracorporeal photopheresis, n=1; investigational medicinal product, n=2). We found no quantitative differences in health-related quality of life (HRQoL) using Skindex-29 (n=75) however 40.6% of patients rated the pandemic as having a moderate to severe impact on their QoL. COVID-19 risk group stratification identified 16.7% of patients with high risk and 54.5% of patients with moderate risk features for severe illness from the virus. Five patients developed COVID-19 illness and one with advanced disease (SS, Stage IVA2) in a high-risk COVID-19 group died.

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