

Systemic Anti Cancer Therapy Protocol

## Topical Chlormethine Gel Mycosis Fungoides-type Cutaneous T-Cell Lymphoma

PROTOCOL REF: MPHATCGMF  
(Version No. 1.0)

### Approved for use in:

- Early stage (stage 1A, 1B and 2A) mycosis fungoides-type cutaneous T-cell lymphoma (MF-CTCL) in adults

**Blueteq registration is NOT required.**

### Dosage:

Drug	Dose	Route	Frequency
Chlormethine 160microgram/g gel	Apply a thin film	Topically to affected areas	Once a day

**Continue until disease progression or unacceptable side-effects**

### Administration:

- Patients must wash hands thoroughly with soap and water immediately after handling or applying chlormethine. Patients should apply chlormethine to affected areas of the skin. In case of chlormethine exposure to non-affected areas of the skin, patients should wash the exposed area with soap and water.
- Caregivers must wear disposable nitrile gloves when applying chlormethine to patients. Caregivers should remove gloves carefully (turning them inside out during the removal to avoid contact with chlormethine) and wash hands thoroughly with soap and water after removal of gloves. If there is accidental skin exposure to chlormethine, caregivers

must immediately wash exposed areas thoroughly with soap and water for at least 15 minutes. Remove and wash contaminated clothing.

- The opening of the tube is covered with a foil safety seal. The cap should be used to puncture the seal. The tube should not be used and the pharmacist should be contacted if the seal is missing, punctured, or lifted.
- **Chlormethine should be stored in the fridge.** It should be applied immediately or within 30 minutes after removal from the refrigerator. The tube should be returned to the refrigerator immediately after each use. With clean hands, the tube should be placed back into the original box and the box should be placed in the supplied transparent, sealable, plastic bag for storage in the refrigerator.
- Do not use an opened or unopened tube of chlormethine after 60 days of storage in the refrigerator
- Chlormethine should be applied to completely dry skin at least 4 hours before or 30 minutes after showering or washing. The patient should allow treated areas to dry for 5 to 10 minutes after application before covering with clothing. Occlusive (air- or water-tight) dressings should not be used on areas of the skin where chlormethine was applied.
- Emollients (moisturisers) or other topical products may be applied to the treated areas 2 hours before or 2 hours after application of chlormethine.
- Fire, flame, and smoking must be avoided until chlormethine has dried
- Avoid contact with mucous membranes including the eyes - blindness and severe irreversible anterior eye injury may occur. If mucous membrane exposure occurs:
  - irrigate immediately for at least 15 minutes with copious amounts of water (or sodium chloride 9 mg/ml (0.9%) solution for injection, or a balanced salt ophthalmic irrigating solution may be used if there is eye exposure), and medical care should be obtained immediately (including ophthalmological consultation if there is eye exposure).

## Emetogenic risk:

Not emetogenic.

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## Supportive treatments:

Nil

## Interactions:

No interaction studies have been performed

## Dosing in renal and hepatic impairment:

<b>Renal</b>	No dose adjustments required
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<b>Hepatic</b>	No dose adjustments required
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## Main toxicities:

<b>Chlormethine</b>
<p>Secondary skin cancers – monitor for skin changes</p> <p>Hypersensitivity, dermatitis, skin infections, pruritus, skin ulceration and blistering and skin hyperpigmentation</p>

## Investigations and treatment plan:

	Pre	Cycle 1	Cycle 2	Cycle 3	Ongoing
Informed Consent	X				
Clinical Assessment	X	X	X	X	Every cycle
FBC	X*				*Only if clinically indicated. Repeat if clinically indicated
U&E & LFTs	X*				*Only if clinically indicated. Repeat if clinically indicated
CrCl (Cockcroft and Gault)	X*				*Only if clinically indicated. Repeat if clinically indicated

## Dose Modifications and Toxicity Management:

### Haematological toxicity:

No dose adjustment for cytopenias required

### Non- Haematological toxicity:

See 'Dose Modifications in Renal and Hepatic Impairment' section

### Skin reactions

Any grade of skin reactions (skin ulceration or blistering, or moderately severe or severe dermatitis e.g., marked skin redness with oedema)	Withhold chlormethine. Once skin has improved it can be restarted at a reduced frequency of once every three days.  If reintroduction of treatment is tolerated for at least 1 week, the frequency of application can be increased to every other day for at least 1 week and then to once-daily application if tolerated
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## References:

1. <https://www.medicines.org.uk/emc> chlormethine 160 micrograms/g gel. Accessed 06/06/2023. Revised 07/01/2022.
2. Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma. NICE TA 720. Published 18<sup>th</sup> August 2021

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## Circulation/Dissemination

Date added into Q-Pulse	13 <sup>th</sup> October 2023
Date document posted on the Intranet	N/A

## Version History

		Author name and designation	Summary of main changes
July 2023	1.0	Aileen McCaughey – Advanced Pharmacist HO	New Protocol