National Comprehensive Cancer Network®

2026

NCCN Guidelines for Patients®

Cancer care recommendations from leading experts at the National Comprehensive Cancer Network® (NCCN®)

Cutaneous B-Cell Lymphomas



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National Comprehensive Cancer Network® Foundation

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NCCN Guidelines for Patients®

The essential guide for people facing cancer.

Based on care recommendations from leading cancer experts.

Explains high-quality cancer care provided at state-of-the-art cancer centers.

Reviewed and revised every year.

Did you know that top cancer centers across the United States work together to improve cancer care? This alliance of leading cancer centers is called the National Comprehensive Cancer Network® (NCCN®).

Because cancer care is always evolving, NCCN develops and frequently updates evidence-based cancer care recommendations used by health care providers worldwide. These recommendations are known as the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®).

The NCCN Guidelines for Patients plainly explain these expert recommendations, so you can talk with your care team about the best care for you.

These NCCN Guidelines for Patients are based on the NCCN Guidelines® for Cutaneous Lymphomas, Version 2.2026 — February 13, 2026.

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National Comprehensive Cancer Network® Foundation

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National Comprehensive Cancer Network (NCCN) and NCCN Foundation
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About CBCL

5 What is cutaneous B-cell lymphoma?

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Cutaneous B-cell lymphoma (CBCL) develops from abnormal lymphocytes, a type of white blood cell. It often appears as nodules under the skin that might look like small pimples called papules. CBCL is treatable, and curable in many cases. Read this guide to learn more about how CBCL is diagnosed and treated.

What is cutaneous B-cell lymphoma?

Cutaneous B-cell lymphoma (CBCL) is a cancer of lymphocytes. Lymphocytes are part of the body's immune system. Their job is to protect the body against infections and prevent or fight cancer. Lymphocytes normally grow in response to infection or inflammation. When they grow on their own without proper regulation, they can develop into lymphomas. In CBCL, abnormal lymphoma cells are attracted to and settle in the skin. It's not skin cancer. Skin cancer develops from skin cells. Lymphomas of the skin develop from abnormal B or T lymphocytes.

CBCL is one of many types of B-cell lymphomas.

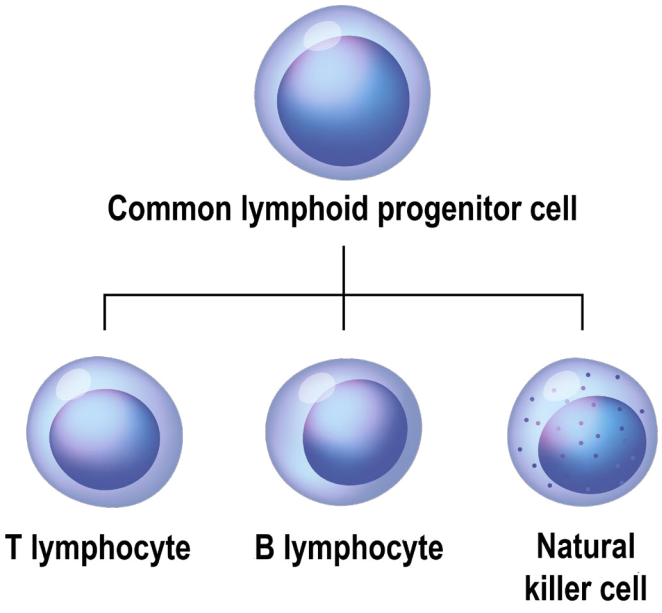
Types of lymphocytes

There are 3 main types of lymphocytes:

- **B lymphocytes, or B cells**, make antibodies and eventually mature into plasma cells. An antibody is a protein that specifically targets infections or cancer cells and recruits other parts of the immune system.

Lymphocytes

A lymphocyte is a type of white blood cell. In cutaneous B-cell lymphoma, abnormal B lymphocytes cause skin lesions.



- **T lymphocytes, or T cells**, help fight infections and cancer, and control immune responses.
- **Natural killer cells** can kill tumor cells and virus-infected cells, among other functions.

Lymphocytes are found in lymph nodes, in blood, and all over the body, including your skin. When lymphomas grow in the skin and there's no evidence of disease outside of the skin, they're called primary cutaneous lymphomas.

There are 2 types of cutaneous lymphomas:

- Cutaneous B-cell lymphomas
- Cutaneous T-cell lymphomas

Cutaneous B-cell lymphoma

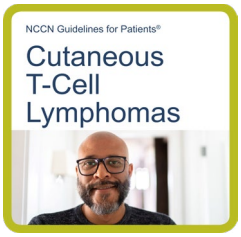
Cutaneous B-cell lymphoma (CBCL) develops from abnormal B cells. It may appear as patches or nodules under the skin that might look like small pimples called papules. It's the second-most common type of cutaneous lymphoma, making up about 1 out of every 5 cases.

Main types include:

- Primary cutaneous follicle center lymphoma (PCFCL)
- Primary cutaneous marginal zone lymphoma (PCMZL)
- Primary cutaneous diffuse large B-cell lymphoma, leg type (PC-DLBCL, leg type)

Cutaneous T-cell lymphoma

Cutaneous T-cell lymphoma (CTCL) develops from abnormal T cells. It's the most common type of cutaneous lymphoma, making up about 4 out of every 5 cases. Information on types of CTCL, such as mycosis fungoides, Sézary syndrome, and primary cutaneous T-cell lymphoproliferative disorders, can be found in *NCCN Guidelines for Patients: Cutaneous T-Cell Lymphomas*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



How is CBCL treated?

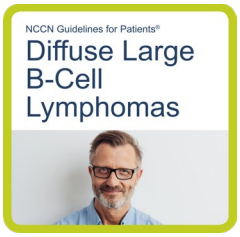
People with CBCL have an excellent prognosis—similar to other chronic skin conditions. Most CBCLs are indolent, or slow growing, and it can take months or years for a CBCL to develop. Therefore, some people can wait to start treatment. Treatment targets the areas of lymphoma. It aims to reduce the size of the lesions and improve symptoms, and, in certain cases, cure the lymphoma. Some treatments are placed directly on the lesion, while others work inside the body. Treatment includes local injections, local radiation therapy, topical creams or ointments, and sometimes systemic drug therapy. These treatments are often similar to treatments given for non-malignant skin conditions.

If you've been diagnosed with CBCL, consider seeking the opinion of a lymphoma specialist.

This guide will discuss treatment options for the following indolent CBCLs:

- PCFCL
- PCMZL

PC-DLBCL, leg type is an aggressive B-cell lymphoma. Treatment can be found in *NCCN Guidelines for Patients: Diffuse Large B-Cell Lymphomas*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



How can I get the best care?

Advocate for yourself. You have an important role to play in your care. Many people feel more satisfied when they actively take part in planning their cancer care.

The NCCN Guidelines for Patients will help you play a larger role in your care. Discuss the recommendations in this guide with your care team. Ask questions about your options and share your goals and concerns.

Don't know what to ask? You're not alone. That's why we include suggested questions to ask at the end of chapters.

Keep reading to find the best care for you.

How this guide can help you

Making decisions about cancer care is stressful. There's a lot to learn, and you don't know what the future holds.

Use this guide to get the information and support you need.

Patients, doctors, and other health care professionals trust the NCCN Guidelines for Patients. This guide uses clear, everyday language to explain current cancer care recommendations made by respected experts in the field. Their recommendations are based on the latest research and practices at leading cancer centers.

Your health is unique to you, so your cancer care should be, too. As you read this guide, you'll learn which treatments are likely to provide the best results for you. And you'll be better prepared to talk with your care team.

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Treatment planning starts with testing. Accurate testing is essential to diagnose and treat lymphomas of the skin. This chapter presents an overview of tests you might receive and what to expect. It's okay to skip over information that doesn't interest you.

General health tests

Some general health tests are described next.

Medical history

A medical history is a record of all health issues and treatments you've had in your life. You'll be asked about past surgeries and current health conditions. Bring a list of old and new medicines, topical ointments, and any over-the-counter medicines, herbals, or supplements you take. Some supplements interact with and affect medicines your care team may prescribe. Since there's often a lack of published information about how certain supplements interact with standard medicines, your care team may recommend that many of them be discontinued during treatment.

Cutaneous B-cell lymphoma (CBCL) might appear on the skin as:

- Papules (pimple-like lesions)
- Nodules (larger papules)
- Patches (flat, scaly lesions)
- Plaques (thicker, raised lesions)
- Tumors (raised lumps)

Physical exam

During a physical exam, your health care provider may:

- Feel and apply pressure to parts of your body to see if organs are a normal size, are soft or hard, or cause pain when touched.
- Feel for enlarged lymph nodes in your neck, armpit, and groin.
- Conduct a complete skin exam.

Distress screening

Dealing with a cancer diagnosis can be stressful and may cause further distress. Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect how you feel, think, and act. Distress might include feelings of sadness, fear, helplessness, worry, anger, and guilt. You may also have depression, anxiety, and sleep issues. Your treatment team will screen your level of distress. This is part of your cancer care.

Skin exam

A dermatologist is an expert in skin. It's important to find an experienced dermatologist to conduct a skin exam. Cutaneous B-cell lymphoma (CBCL) might appear as a rash, lumps, bumps, or tumor. A rash is an area of irritated or swollen skin. Many rashes are itchy, red, and painful. As a rash, CBCL might come and go. This doesn't mean the lymphoma is cured.

Tumors are measured by their depth, height, size, and region of the body. Keeping a photo journal might help track your skin changes over time.

You know your skin better than anyone. Tell your doctor about your normal skin color. Show the differences between where the skin looks normal and where it looks different to you. Describe any changes. Does the area itch or burn? Is it dry? Is it red or warm to the touch? Are there bumps or a raised, smooth area? Is there an odor? Share any photos.

Skin lesions

The skin is the largest organ in your body. A skin lesion is a change in color or texture in an area of the skin. Skin lesions can appear anywhere on the body—the scalp is very common. Some words to describe skin lesions include patch, papule, plaque, nodule, tumor, and ulcer.

Patch

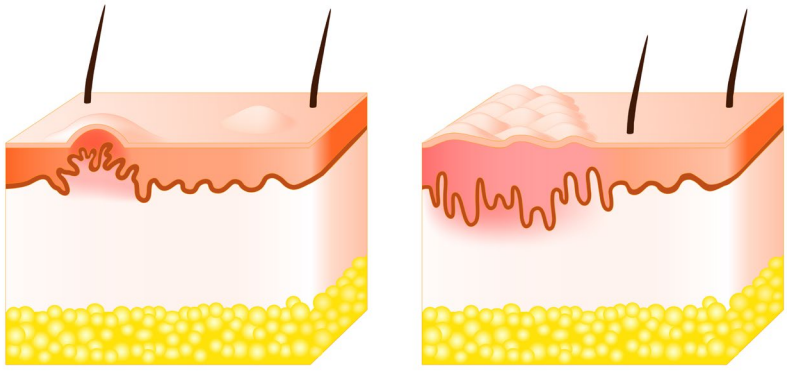
A patch is a flat, thin, pink or red lesion of any size that forms on the skin. Patches may be dry, scaly, and itchy, and may look like eczema or psoriasis. They can be lighter or darker than the surrounding skin. The patches may sometimes become plaques (raised or hardened lesions) on the skin.

Papule

A papule is a very small, solid lump that might look like a very small pimple. Usually, papules are found in groups. Papules may be red, purple, brown, or pink.

Skin lesions

A papule is a very small, solid bump. A plaque is a raised or hardened lesion that forms on the skin. It's larger than a papule. Plaques sometimes become tumors on the skin.



Plaque

A plaque is a raised (elevated) or hardened (indurated) lesion of any size that forms on the skin. Plaques may be red, scaly, and itchy, and may look like eczema or psoriasis. Plaques sometimes become tumors on the skin.

Nodules

Nodules are raised higher on the skin than papules. Papulonodular describes a combination of papules and nodules found on the skin.

Tumor

A tumor is a firm, dome-shaped mass at least 1 centimeter in size.

Ulcer

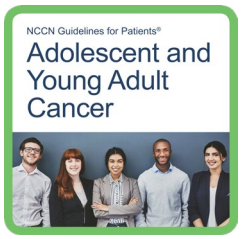
A skin ulcer is an open sore or wound on the skin.

Fertility (all genders)

Most people with cutaneous B-cell lymphomas won't be treated with a systemic therapy that impairs fertility, or the ability to have children. If you think you want children in the future, ask your care team how lymphoma treatment might affect your fertility.

Fertility preservation is all about keeping your options open, whether you know you want to have children later in life or aren't sure. Fertility and reproductive specialists can help you sort through what may be best for your situation.

More information on fertility preservation can be found in *NCCN Guidelines for Patients: Adolescent and Young Adult Cancer*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



Preventing pregnancy during treatment

Preventing pregnancy during treatment is important. Lymphoma treatment can affect the ovaries, damage sperm, and hurt a developing baby. Therefore, becoming pregnant or having one's partner become pregnant during treatment should be avoided. If you're pregnant or breastfeeding at the time of your lymphoma diagnosis, treatments may need to be adjusted.

Blood tests

Blood tests check for signs of disease and how well organs are working. They require a sample of your blood, which is removed through a needle placed into your vein.

Some possible blood tests are described next.

Complete blood count and differential

A complete blood count measures the levels of red blood cells, white blood cells, and platelets in your blood. A differential counts the number of each type of white blood cell (neutrophils, lymphocytes, monocytes, eosinophils, and basophils). It also checks if the counts are in balance with each other.

Comprehensive metabolic panel

A comprehensive metabolic panel measures different substances in your blood. It provides important information about how well your liver and kidneys are working, among other things.

Hepatitis B and hepatitis C

Hepatitis B and hepatitis C virus infections can affect the liver. A blood test shows if you had hepatitis in the past or if you have it now. Some lymphoma treatments can wake up (or reactivate) the virus. If this happens, it can harm the liver.

Lactate dehydrogenase

Lactate dehydrogenase (LDH), or lactic acid dehydrogenase, is a protein found in most cells, including red blood cells and white blood cells. Dying cells release LDH into the blood. Fast-growing cells, such as lymphoma cells, also release LDH.

Pregnancy test

If planned treatment might affect pregnancy, then people who can become pregnant will be given a pregnancy test before treatment begins.

Imaging tests

When CBCL is suspected to have spread to lymph nodes or other organs, imaging studies and other tests might be done. Imaging tests, such as CT scan, take pictures of the inside of your body to look for cancer deposits.

Biopsy

A biopsy removes a tissue sample, such as skin, lymph node, and/or bone marrow, for testing. It's an important part of an accurate diagnosis of lymphoma. Your sample should be reviewed by a pathologist who's an expert in lymphoma. The pathologist (or dermatopathologist) will note the overall appearance and size, shape, and type of cells and write a report. This review is often referred to as a histology, histopathology, or pathology review. Tests are done on the biopsied cells to accurately diagnose the cutaneous B-cell lymphoma (CBCL).

Skin lesion biopsy

A sample of your skin lesion will be removed and tested to confirm the type of CBCL. The biopsy may be incisional or excisional. An incisional biopsy removes an area of skin using a scalpel blade. Stitches are usually needed after an incisional biopsy. An excisional biopsy removes a larger area of skin, tumor, or lesion.

Skin punch biopsy

In a skin punch biopsy, a small sample of skin and connective tissue is removed using a handheld tool. Stitches are often used to close the opening in the skin.

Lymph node biopsy

When CBCL involves lymph nodes, they can be swollen, enlarged, or hard, or may not move when pushed. A lymph node biopsy is done using a needle biopsy procedure or as a small surgery to remove (excise) a lymph node.

Immunophenotyping

Immunophenotyping is a process that uses antibodies to detect the presence or absence of white blood cell antigens, called biomarkers. These antigens are proteins that can be found on the surface of or inside white blood cells. They help the pathologist tell what type of cells make up a tumor.

Specific groupings of antigens are normal. However, some specific patterns of antigens, called the immunophenotype, are found on abnormal cells, including CBCL.

Immunophenotyping can be done using specialized techniques, such as flow cytometry or immunohistochemistry. These techniques are used to distinguish CBCL from other types of lymphoma. The immunophenotype can change as lymphoma progresses.

“It's normal to feel anxious or depressed, and there are things that can help. Make sure your support people also have access to help.”



For more information on tests to diagnose CBCL, see **Guide 1**.

Flow cytometry

Flow cytometry is a laboratory method used to detect, identify, and count specific cells. It involves adding a light-sensitive dye to cells. The dyed cells are passed through a beam of light in a machine. The machine measures the number of cells, as well as things like their size and shape.

Flow cytometry may be used on cells from circulating (peripheral) blood, bone marrow, or biopsy. The most common use of flow cytometry is to identify markers on cells, particularly in the immune system (called immunophenotyping).



Testing takes time. It might take days or weeks for all test results to come in.

Immunohistochemistry

Immunohistochemistry (IHC) is a special staining process that involves adding a chemical marker to immune cells. The cells are then studied under a microscope. IHC looks for the immunophenotype of cells collected during a skin biopsy.

Guide 1
Tests to diagnose CBCL

Needed	• Skin biopsy of each type of lesion with pathology review • Immunophenotyping using IHC panel that may include: CD20, CD3, CD10, BCL2, BCL6, and IRF4/MUM1
In some cases	• Additional IHC panel to establish subtype may include: Ki-67, CD5, CD43, CD21, CD23, cyclin D1, kappa/lambda, MYC • Biomarker testing to detect IgM and FOXP1 expression, and IgH gene rearrangement • FISH for *BCL6* and *BCL2* rearrangements if MYC is positive • FISH to detect t(14;18) if follicular lymphoma suspected • Multigene panel for *MYD88* and *CD79B* mutations to distinguish PC-DLBCL, leg type from PCFCL

Testing for CBCL biomarkers and genetic changes

Biomarker and genetic tests are used to learn more about your type of CBCL to guide treatment and to determine the likely path your lymphoma will take (prognosis). This genetic testing is different from family history genetic testing or genetic cancer risk testing. It looks for changes only in the CBCL cells that have developed over time and not for changes in the rest of your body's cells.

Inside our cells are DNA molecules. These molecules are tightly packaged into what is called a chromosome. Chromosomes contain most of the genetic information in a cell. Normal human cells contain 23 pairs of chromosomes, for a total of 46. Each chromosome contains thousands of genes. Most genes contain information for making a specific protein. A mutation is when something goes wrong in the genetic code.

Proteins are written without italics like this: BCL6. Genes are written with italics like this: *BCL6*. When a gene or protein is found (expressed), it's shown with a plus sign (+) like this: CD20+. When a gene or protein isn't found, it's written with a negative sign (-) like this: CD20-.

CBCL molecular testing

Molecular testing, using methods such as fluorescence in situ hybridization (FISH), polymerase chain reaction (PCR), high-throughput sequencing, next-generation sequencing, and multigene panel testing, looks for changes or abnormalities unique to CBCL cells. A sample of your skin, lymph node, or blood will be used to see if the CBCL cells have any specific abnormalities or mutations.

FISH

Fluorescence in situ hybridization (FISH) is a method that involves special dyes, called probes, that attach to pieces of DNA. Since this test doesn't need growing cells, it can be performed on bone marrow, lymph node, or a blood sample.

FISH can find translocations that are too small to be seen with other methods. A translocation occurs when parts of 2 chromosomes switch with 1 another. However, FISH can only be used for known specific changes. It can't detect all the possible changes found within the chromosomes or genes.

Gene rearrangement

Gene rearrangement is a normal process that happens as B cells and T cells mature. The genes that code for antibodies are cut and reshuffled in a specific pattern to create the large diversity of receptors the immune system needs. A normal, healthy lymphocyte is made up of many different cells with many different rearrangement patterns called a polyclonal mix. Lymphoma, on the other hand, arises when a single, abnormal lymphocyte multiplies out of control. This means the lymphoma has 1 dominant, identical rearrangement pattern repeated across all the cancerous cells, called a monoclonal population. Testing for this helps distinguish a true cancer (monoclonal) from a reactive, benign immune response (polyclonal), which can look very similar under the microscope.

Translocation

Translocation is a genetic abnormality where a piece of 1 chromosome breaks off and attaches to another chromosome. This sometimes causes the gene to be turned on when it shouldn't be, or overexpressed. Certain translocations are hallmarks of specific lymphoma subtypes—for example, t(14;18) involving the *BCL2* gene is characteristic of follicular lymphoma. Other gene rearrangements, such as those involving *MYC*, *BCL2*, and *BCL6*, are commonly found in other B-cell lymphomas, like diffuse large B-cell lymphoma. Detecting these specific translocations is important because it helps confirm the exact diagnosis and distinguishes between lymphoma subtypes that can look alike.

Key points

- Blood and imaging tests check for signs of disease, how well organs are working, and treatment results.
- Skin lesions can appear anywhere on the body. Lesions may look like papules, patches, plaques, or nodules.
- A skin biopsy is needed to diagnose cutaneous B-cell lymphoma (CBCL). Your sample should be reviewed by a pathologist who's an expert in lymphomas.
- Immunophenotyping is used to distinguish CBCL from other types of lymphoma.
- A sample from your biopsy may undergo lab tests to learn more about your CBCL and choose the best treatment for you.
- Biomarker and genetic tests are used to learn more about your type of CBCL to guide treatment and to determine the likely path your lymphoma will take (prognosis).

Questions to ask

- What's the name of my cutaneous lymphoma and can your write it down for me?
- What can you tell me about my type of cutaneous lymphoma?
- What websites about my condition do you recommend? Is there any information I can take home to read?
- What type of biopsy will I have?
- What types of biomarker and genetic tests will be done on my biopsy sample? How long will it take to get the results?

What's next?

The next chapter provides information on the types of treatment and what to expect from treatment.

3
Types of treatment

18 Your care team

19 Surgery

19 Skin-directed therapy

19 Radiation therapy

20 Systemic therapy

21 Clinical trials

22 Supportive care

23 Key points

23 Questions to ask

This chapter presents an overview of the possible types of treatment and what to expect. Not everyone will receive the same treatment. Treatment options are based on many factors. Together, you and your care team will choose a treatment plan that's best for you.

Your care team

Cutaneous B-cell lymphomas (CBCLs) are treatable and may be curable in certain cases.

Treating lymphoma takes a team approach. Treatment decisions should involve a team of health care and psychosocial care professionals from different backgrounds who have knowledge and experience in your type of lymphoma. This team is united in planning and implementing your treatment.

It's recommended your care team involve the following experts:

- **A dermatologist** specializes in the diagnosis and treatment of skin diseases.
- **A hematologist or an oncologist** specializes in cancers, like lymphoma.
- **A pathologist, dermatopathologist, or hematopathologist** analyzes the cells and tissues removed during a biopsy and provides cancer diagnosis, staging, and information about biomarker testing.
- **A radiation oncologist** treats cancer using radiation therapy.

Standard of care is the best-known way to treat a particular disease based on past clinical trials. There may be more than one treatment that's considered standard of care. Ask your care team what treatment options are available and if a clinical trial might be right for you.



Surgery

Surgery is an operation or procedure to remove a lesion or tumor from the body. It's also called excision or excisional surgery. The type of surgery depends on the size, location, and number of tumors. The usual role for surgery in cutaneous B-cell lymphoma (CBCL) is to biopsy suspicious lesions, not to completely remove (excise) the lymphoma, although small lesions may be excised.

Skin-directed therapy

Types of therapy focused on the skin include topical therapy and local radiation therapy.

Topical therapy

A topical treatment is put on the surface of the skin. It might be a lotion (cream), gel, or ointment. Types of topical therapy are described next.

- **Corticosteroids (steroids)** are used to reduce inflammation. Steroids can be topical or intralesional. An intralesional steroid is injected directly into a lesion on or just below the skin.
- **Imiquimod** is a cream used to treat certain types of flat, scaly growths on the skin.

Local radiation therapy

Local radiation therapy, called involved-site radiation therapy (ISRT), targets skin lesions directly. ISRT is very effective when used as initial therapy and for skin-only relapses.

People with lymphomas of the skin should be treated at cancer centers experienced in this type of lymphoma.

Radiation therapy

Radiation therapy (RT) uses high-energy beams of radiation to kill lymphoma cells and shrink tumors. Most lymphomas of the skin are very sensitive to radiation. Because of this, RT is often the preferred initial treatment for lymphoma limited to the skin. The dose of radiation typically prescribed for CBCL is relatively low. Treatment usually uses electron beams or superficial x-rays that target the skin and tissues just beneath it, limiting the amount of radiation that reaches deeper tissues and organs.

Before treatment begins, you'll have a planning visit called simulation (or mapping). For most skin lesions, this involves a clinical simulation. Your radiation oncologist will examine your skin and outline the treatment area, including a small border around the lymphoma. Your treatment team will also find the best position for you during treatment. You'll typically return on a separate day to begin RT, which is delivered by a machine outside your body.

In some cases, depending on the size, depth, or location of the lymphoma, a planning CT scan may be needed. Your radiation oncologist will use the scan and computer software to create a 3D treatment plan.

Your treatment team will check your skin and ask how you're feeling during RT. If treatment lasts more than a week, you'll usually see your radiation oncologist at least once a week.

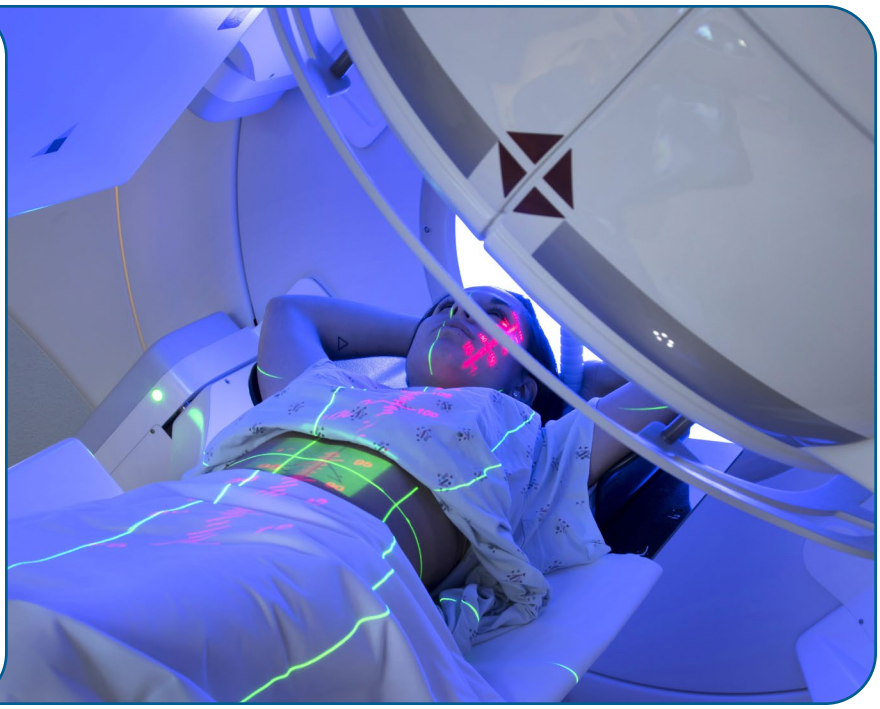
Systemic therapy

Systemic therapy works throughout the body and is more commonly used to treat lymphoma in areas outside the skin, such as lymph nodes, blood, or bone marrow. Types include chemotherapy, chemoimmunotherapy, immunotherapy, and targeted therapy. Rituximab, an immunotherapy, might be used to treat CBCL that covers a large area of the skin.

- **Chemotherapy** kills fast-growing cells throughout the body, including lymphoma cells and some normal cells.
- **Chemoimmunotherapy**, also called immunochemotherapy, combines chemotherapy and immunotherapy drugs to treat cancer.
- **Immunotherapy** helps your immune system recognize and fight lymphoma. Rituximab (Rituxan) is an immunotherapy.
- **Targeted therapy** focuses on specific or unique features of lymphoma cells.

Radiation therapy

Most cutaneous B-cell lymphomas (CBCLs) are extremely sensitive to radiation. Because of this, radiation therapy is widely used to treat CBCL.



Clinical trials

You may also be able to receive treatment through a clinical trial. A clinical trial is a type of medical research study. After being developed and tested in a lab, potential new ways of treating cancer need to be studied in people.

If found to be safe and effective in a clinical trial, a drug, device, or treatment approach may be approved by the U.S. FDA.

Everyone with cancer should carefully consider all of the treatment options available for their cancer type, including standard treatments and clinical trials. Talk to your doctor about whether a clinical trial may make sense for you.

Phases

Most cancer clinical trials focus on treatment and are done in phases.

- **Phase 1** trials study the safety and side effects of an investigational drug or treatment approach.
- **Phase 2** trials study how well the drug or approach works against a specific type of cancer.
- **Phase 3** trials test the drug or approach against a standard treatment. If the results are good, it may be approved by the FDA.
- **Phase 4** trials study the safety and benefit of an FDA-approved treatment.



Finding a clinical trial

In the United States

NCCN Cancer Centers

NCCN.org/cancercenters

The National Cancer Institute (NCI)

cancer.gov/about-cancer/treatment/clinical-trials/search

Worldwide

The U.S. National Library of Medicine (NLM)

clinicaltrials.gov

Need help finding a clinical trial?

NCI's Cancer Information Service (CIS)

1.800.4.CANCER (1.800.422.6237)

cancer.gov/contact

Who can enroll?

It depends on the clinical trial's rules, called eligibility criteria. The rules may be about age, cancer type and stage, treatment history, or general health. They ensure that participants are alike in specific ways and that the trial is as safe as possible for the participants.

Informed consent

Clinical trials are managed by a research team. This group of experts will review the study with you in detail, including its purpose and the risks and benefits of joining. All of this information is also provided in an informed consent form. Read the form carefully and ask questions before signing it. Take time to discuss it with people you trust. Keep in mind that you can leave and seek treatment outside of the clinical trial at any time.

Will I get a placebo?

Placebos (inactive versions of real medicines) are almost never used alone in lymphoma clinical trials. It's common to receive either a placebo added to a standard treatment, or a new drug with a standard treatment.

Are clinical trials free?

There's no fee to enroll in a clinical trial. The study sponsor pays for research-related costs, including the study drug. But you may need to pay for other services, like transportation or childcare, due to extra appointments. During the trial, you will continue to receive standard cancer care. This care is often covered by insurance.

Supportive care

Supportive care is an important part of cancer care. The goal is to improve your quality of life during and after cancer treatment. Supportive care is for everyone with cancer and their families, not just for those at the end of life.

Supportive care includes a wide range of services. Supportive care prevents or manages the symptoms of lymphoma and the side effects of treatment, like pain and cancer-related fatigue. It also addresses the mental, social, emotional, and spiritual concerns faced by people with cancer.

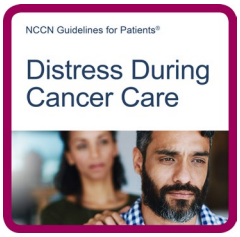
Supportive care provides help with additional needs, such as:

- Making treatment decisions
- Coordinating your care
- Paying for care
- Planning for advance care and end of life

Some health care professionals refer to palliative care as supportive care. They think these types of care are alike or overlap. Others think there are important differences, but both help people with cancer to live as well as they can. Your cancer center may have palliative care specialists, who can give you additional support and help coordinate your supportive care needs.

Read more about the types of support you may receive in *NCCN Guidelines for Patients: Palliative Care* and in *NCCN Guidelines for Patients: Distress During Cancer Care*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.





Key points

- Cutaneous B-cell lymphomas (CBCLs) are treatable and may be curable in certain cases.
- Skin-directed therapy focuses on the skin and includes topical therapy and local radiation.
- Radiation therapy uses electron beams or superficial x-rays that target the skin and tissues just beneath it, limiting the amount of radiation that reaches deeper tissues and organs.
- CBCLs are extremely sensitive to radiation. Because of this, radiation therapy is widely used to treat CBCL.
- Systemic therapy works throughout the body. Rituximab, a type of systemic therapy, might be used to treat CBCL that covers a large area of the skin.
- A clinical trial is a type of research that studies a treatment to see how safe it is and how well it works.
- Supportive care is health care that relieves symptoms caused by cancer or its treatment and improves quality of life.

Questions to ask

- What is your experience treating cutaneous lymphomas?
- Is there a cancer center or hospital nearby that specializes in treating cutaneous lymphomas?
- What treatment do you recommend and why?
- How long will treatment take, and in what order will it be given?
- Are there resources to help pay for treatment or other care I may need?

What's next?

The next chapter explains diagnosis and treatment of primary cutaneous follicle center lymphoma and primary cutaneous marginal zone lymphoma.

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PCFCL and PCMZL

25 Overview

26 Diagnosis

26 Treatment

29 Key points

29 Questions to ask

This chapter discusses diagnosis and treatment of primary cutaneous follicle center lymphoma (PCFCL) and primary cutaneous marginal zone lymphoma (PCMZL). Treatment is based on the number of skin lesions and their location.

Overview

In primary cutaneous B-cell lymphoma, abnormal B cells attack the skin, causing nodules or lesions.

Types include:

- **Primary cutaneous follicle center lymphoma (PCFCL)** is the most common and accounts for about 6 out of every 10 cases,
- **Primary cutaneous marginal zone lymphoma (PCMZL)** accounts for about 3 out of every 10 cases.
- **Primary cutaneous diffuse large B-cell lymphoma, leg type (PC-DLBCL, leg type)** accounts for less than 1 out of every 10 cases.

PCFCL

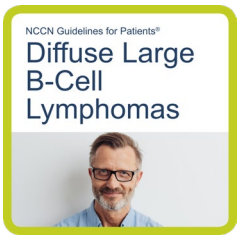
PCFCL (or CFCL) is generally slow growing and most often found in the scalp and forehead. PCFCL develops slowly over months or years and may look like a single tumor or several nodules grouped together. Tumors are pink or reddish and slightly raised and smooth. Usually, PCFCL is BCL6+, CD20+, IRF4-/MUM1-, CD3-, and FOXP1-. Treatment for PCFCL is explained in the following pages.

PCMZL

PCMZL (or CMZL) is generally slow growing and most often found in the torso and limbs. It appears as pink or red papules, nodules, and/or tumors. PCMZL is negative for BCL6 and CD10, and often BCL2+. Treatment for PCMZL is explained in the following pages.

PC-DLBCL, leg type

PC-DLBCL, leg type consists of large, transformed B cells that typically appear as red or bluish-red lumps or tumors on the skin. Despite its name, the disease can be found anywhere in the body, including the torso, arms, legs, and buttocks. PC-DLBCL, leg type can also spread to areas other than the skin. For this reason, treatment for this type of skin lymphoma can be found in *NCCN Guidelines for Patients: Diffuse Large B-Cell Lymphomas* at NCCN.org/patientguidelines and on theNCCN Patient Guides for Cancer app.



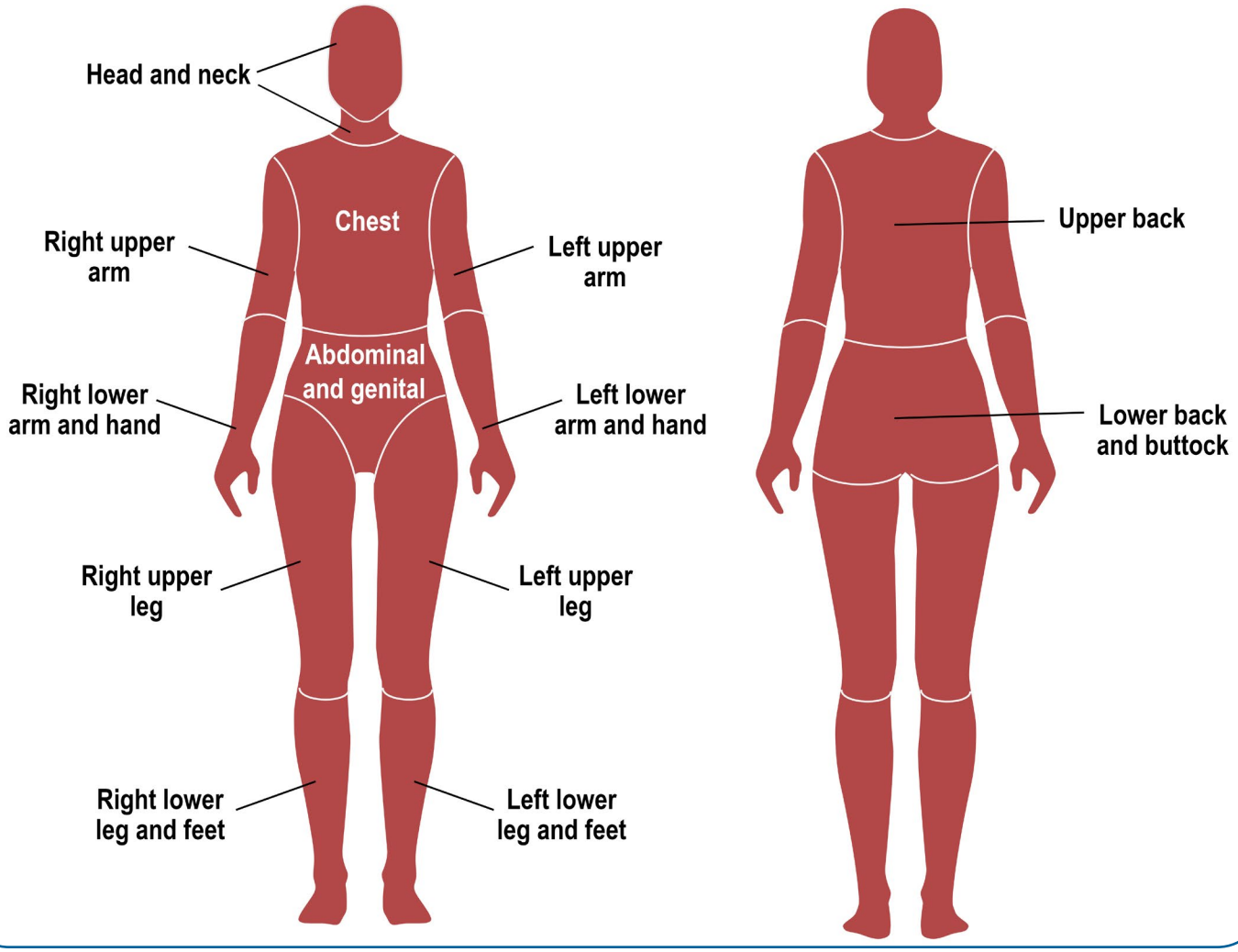
Diagnosis

The majority of PCFCL and PCMZL lesions are flat, or mildly raised above the skin, with limited height/depth. A skin biopsy is an important part of diagnosis. Since distinguishing between some types of lymphomas is very difficult, an expert pathologist should review the biopsy result. Immunophenotyping helps determine the specific type of PCBCL.

Treatment

After diagnosis, further testing is needed to plan treatment. This section discusses treatment for PCFCL and PCMZL. Treatment is based on the number of skin lesions and their location. The lesions may be solitary, regional, or generalized. Sometimes lymphoma can be found in areas outside the skin (extracutaneous). Most people have skin-only disease.

Body regions used to describe areas of lymphoma



PCFCL and PCMZL often respond well to initial therapy. Disease relapse is common but usually confined to the skin.

Solitary or regional disease

A solitary lesion is 1 lesion. Regional disease can be multiple lesions limited to 1 body region or 2 adjoining regions.

It can be difficult to count the number of lesions.

Treatment options for solitary or regional disease include:

- Local involved-site radiation therapy (ISRT) (preferred)
- In some cases, observation, lesion removal (excision), skin-directed therapy, or intralesional steroids

Local ISRT is the preferred initial treatment, but is not necessarily the preferred treatment for relapse. Initial treatment is the first treatment used. It might be called primary treatment. After treatment, you might enter a period of observation if there are no signs of disease. If lymphoma returns or progresses, treatment depends on the number of lesions and regions, and if there are any symptoms.

Generalized skin-only disease

Generalized skin-only disease covers a larger area of the body than regional disease. There are multiple lesions that involve 2 or more body regions not next to one another. There's no disease in lymph nodes, blood, or other organs.

An intralesional steroid is injected directly into or under a lesion.

Treatment options include:

- Observation
- Skin-directed therapy
- Local ISRT
- Intralesional steroids
- Rituximab
- Other systemic drug therapy

Treatment targets the skin lesions. Some treatments are placed directly on or in the lesion, while others work inside the body (systemic therapy). ISRT targets a specific area of skin. Observation or watch-and-wait might be an option for someone without symptoms (asymptomatic). Rituximab is a type of immunotherapy. Other systemic therapy might be given to reduce the size of the lymphoma. After treatment, you might enter a period of observation if there are no signs of disease.

Relapse

Lymphoma that returns after a disease-free period is called relapse, or recurrence. Treatment is based on if the disease is generalized (skin only) or extracutaneous (outside the skin). Relapses are common, treatable, and usually confined to the skin.

Disease progression

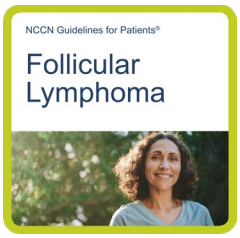
For lymphoma that grows or changes during treatment, a different treatment will be given.

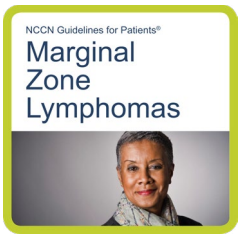
Refractory disease

Refractory disease isn't responding to treatment. It may be resistant from the beginning of treatment, or it may become resistant during treatment. For refractory disease, a different therapy is given.

Extracutaneous disease

Extracutaneous disease is found in lymph nodes, blood, or internal organs, such as the liver or spleen. People with extracutaneous disease, extracutaneous relapse, or skin-only relapse that isn't responding to any of the initial treatment options are treated according to the follicular lymphoma or nodal marginal zone lymphoma as explained in *NCCN Guidelines for Patients: Follicular Lymphoma* and *NCCN Guidelines for Patients: Marginal Zone Lymphomas*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app







We want your feedback!

Our goal is to provide helpful and easy-to-understand information on cancer.

Take our survey to let us know what we got right and what we could do better.

NCCN.org/patients/feedback

Key points

- In primary cutaneous B-cell lymphoma, abnormal B cells, a type of white blood cell, attack the skin causing nodules or lesions.
- There are 3 types of PCBCLs: primary cutaneous follicle center lymphoma (PCFCL), primary cutaneous marginal zone lymphoma (PCMZL), and primary cutaneous diffuse large B-cell lymphoma, leg type (PC-DLBCL, leg type).
- A skin biopsy is an important part of diagnosis. Results should be reviewed by an expert pathologist.
- Immunophenotyping helps determine the specific type of PCBCL.
- Treatment is based on the number of skin lesions and their location. The lesions may be solitary, regional, or generalized.
- Lymphoma found in areas outside the skin (extracutaneous) is treated as follicular lymphoma or nodal marginal zone lymphoma.

Questions to ask

- What treatment order do you recommend and why?
- What side effects can I expect from this treatment and how will they be managed?
- What's the chance the lymphoma will return?
- How often should I see a dermatologist?
- After completing treatment, what follow-up testing will I have?

What's next?

The next chapter provides information about resources and where you can get support.

5
Other resources

31 What else to know

31 What else to do

31 Where to get help

32 Questions to ask

Want to learn more? Here's how you can get additional help.

What else to know

This guide helps you know your options so you can make informed decisions and improve your cancer care. But it's not the only resource that you have.

Ask for as much information and help as you need. Many people are interested in learning more about:

- Finding a health care team that's experienced in treating lymphomas of the skin
- Understanding treatment options, including participating in a clinical trial
- Coping with the stress of having lymphoma
- Getting financial help and other types of support

What else to do

Your health care center can help you with next steps. It often has on-site resources to help meet your needs and find answers to your questions. Health care centers can also inform you of resources in your community.

In addition to help from your providers, the resources listed in the next section provide support for many people like yourself.

Where to get help

Look through the list below and visit the provided websites to learn more about these organizations.

AnCan Foundation
ancan.org

Blood Cancer United
bloodcancerunited.org/PatientSupport

BMT InfoNet (Blood & Marrow Transplant Information)
bmtinfonet.org

Cancer*Care*
cancercare.org

Cutaneous Lymphoma Foundation
clfoundation.org

GRACE
cancergrace.org

Imerman Angels
imermanangels.org

Lymphoma Research Foundation
lymphoma.org

National Bone Marrow Transplant Link (nbmtLINK)
nbmtlink.org

NMDP
nmdp.org/one-on-one

Stupid Cancer
stupidcancer.org

Triage Cancer
triagecancer.org

Questions to ask

- Who can I talk to about help with housing, food, and other basic needs?
- What help is available for transportation, childcare, and home care?
- What other services are available to me and my caregivers?
- How can I connect with others and build a support system?
- Who can I talk to if I don't feel safe at home, at work, or in my neighborhood?

share with us.

Take our survey and help make the NCCN Guidelines for Patients better for everyone!

NCCN.org/patients/comments

"Be your own advocate. Talk to someone who has gone through the same thing as you. Ask a lot of questions, even the ones you are afraid to ask. You have to protect yourself and ensure you make the best decisions for you, and get the best care for your particular situation."





Words to know

biomarker testing
A lab test of any molecule in your body. Also called molecular testing.

biopsy
A procedure that removes fluid or tissue samples to be tested for a disease.

chromosome
Structures within cells that contain coded instructions for cell behavior.

clinical trial
A type of research that assesses health tests or treatments.

computed tomography (CT)
A test that uses x-rays from many angles to make a picture of inside the body.

deoxyribonucleic acid (DNA)
A chain of chemicals in cells that contains coded instructions for making and controlling cells.

dermatologist
A doctor who specializes in the diagnosis and treatment of skin diseases.

flow cytometry
A lab test of substances on the surface of cells to identify the type of cells present.

fluorescence in situ hybridization (FISH)
A lab test that uses special dyes to look for abnormal chromosomes and genes.

gene
Coded instructions in cells for making new cells and controlling how cells behave.

histology
The structure of cells, tissue, and organs as viewed under a microscope.

immune system
The body's natural defense against infection and disease.

immunohistochemistry (IHC)
A lab test of cancer cells to find specific cell traits involved in abnormal cell growth.

immunophenotyping
A lab test that detects the type of cells present based on the cells' surface proteins.

involved-site radiation therapy (ISRT)
Radiation therapy that treats cancer found in a small region or 1 area of the body. It can also be used to treat specific lymph nodes with cancer.

lactate dehydrogenase (LDH)
A protein in blood that helps to make energy in cells.

lymph node
A small, bean-shaped, disease-fighting structure.

lymphocyte
A type of white blood cell that is part of the immune system.

mutation
An abnormal change in the instructions within cells for making and controlling cells.

papule
A small, solid, raised bump on the skin that might look like small pimple. Papules may be red, purple, brown, or pink.

papulonodular
Combination of papules and nodules found on the skin.

patch
A flat, thin, pink or red skin lesion of any size.

pathologist
A doctor who is an expert in testing cells and tissue to find disease.

plaque
A raised (elevated) or hardened (indurated) skin lesion of any size.

prognosis
The likely course a disease will take.

progression
The growth or spread of lymphoma.

radiation therapy (RT)
A treatment that uses high-energy rays or related approaches to kill lymphoma cells.

refractory
Lymphoma that doesn't respond to multiple treatments.

relapse
The return of lymphoma.

side effect
An unhealthy or unpleasant physical or emotional response to treatment.

skin-directed therapy
Treatment that focuses on the skin, such as topical therapy and local radiation therapy

supportive care
Health care that includes symptom relief but not cancer treatment. Also called palliative care or best supportive care.

systemic therapy
Treatment that works throughout the body.

translocation
A switching of parts between 2 chromosomes.



Let us know what you think!

Please take a moment to complete an online survey about the NCCN Guidelines for Patients.

NCCN.org/patients/response

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This patient guide is based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Cutaneous Lymphomas, Version 2.2026. It was adapted, reviewed, and published with help from the following people:

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Boston, Massachusetts

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Phoenix/Scottsdale, Arizona
Jacksonville, Florida
Rochester, Minnesota

Memorial Sloan Kettering Cancer Center
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Moffitt Cancer Center
Tampa, Florida

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Stanford Cancer Institute
Stanford, California

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Ann Arbor, Michigan

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Madison, Wisconsin

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Dallas, Texas

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Cancer care recommendations from leading experts at the National Comprehensive Cancer Network® (NCCN®)

Cutaneous B-Cell Lymphomas



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