MDS Mentorship Summary Report

My MDS mentorship experience with the City of Hope dermatologists was highly educational and valuable. Working with Dr. Jonathan Cotliar, Dr. Badri Modi, and Dr. Christine Querfeld, I was able to learn from the experts in the field of cutaneous oncology and discover novel therapies and management strategies for challenging disease such as graft-versus-host disease (GVHD) and cutaneous T-cell lymphomas (CTCL).

Given that City of Hope is a comprehensive cancer center and a tertiary referral center, the patients seen are often highly complex and have failed multiple prior treatments. Through the GVHD interdisciplinary clinic, I was able to become familiar with the multiple clinical presentations and treatments for GVHD. In particular, I learned more about the novel use of JAK-inhibitors for treatment of GVHD. It was amazing to see this new therapy being used with reported good efficacy and a tolerable side-effect profile. I look forward to being able to offer GVHD patients this hopeful treatment in the future as JAK-inhibitors are better studied and understood.

In Dr. Querfeld’s CTCL clinic, in conjunction with knowledgeable oncologists, we saw multiple patients with severe refractory cutaneous lymphomas often with erythroderma and progressive systemic symptoms. With a multidisciplinary team, the patients were well cared for and I was able to better understand the challenges of treatment and gain familiarity with therapies such as interferon/phototherapy, denileukin diftitox, targretin, methotrexate, panobinostat, pralatrexate, romidepsin, and vorinostat. Dr. Querfeld is also involved in many clinical trials of novel therapeutic agents for CTCL, such as mogamulizumab, a humanized monoclonal antibody targeting CC chemokine receptor 4, so I was able to learn more about the many medications in the pipeline for CTCLs. In addition to great clinical experience, I was able to take part in research studies and examine the relationship of mogamulizumab possibly contributing to eruptions of actinic keratosis and squamous cell carcinomas in patients.

Through shadowing Dr. Modi in clinic and particularly through inpatient consults, I was given the opportunity to see the many different cutaneous complications of oncologic diseases and treatments. In particular, there was a case of a patient with relapsed acute myelogenous leukemia that developed retiform purpura and infiltrated erythematous nodules. Upon further examination, she was found to have pseudomonas bacteremia and the purpuric lesions were consistent with purpura fulminans secondary to her systemic infection. Dr. Modi helped to guide me through the complicated differentials and management options often unique to oncology patients.

Overall, my MDS mentorship experience with Dr. Cotliar and the dermatology group at City of Hope provided a plethora of dermatology oncology knowledge and experience that is unique to the cancer center. By learning from these experts and seeing how they manage severe, complex cases, I hope to better serve and treat my future patients at my home institution and in my future career. In addition, I have gained more familiarity with novel medications in the pipeline for these often-refractory diseases and am excited by the potential for improved outcomes in my future dermatology oncology patients.