MERKEL CELL CARCINOMA: UPDATES IN PRACTICE MANAGEMENT
Data-driven tool for Merkel cell carcinoma prognostication

2021 AAD Summer Meeting
U003 Focus Session
Tampa Convention Center, Ballroom C, Tampa, FL
7:30 – 8:30 AM; Thursday, August 5, 2021

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Analysis based on Seattle-based MCC database built over 15 years

N=1,460 total patients
n=618 Enrolled < 180 days of dx; > 90 days follow up
n=223 recurrence n=395 no recurrence

Key baseline characteristics

Based on: Multivariate analysis of recurrence risk, N=618, MCC patient database maintained in Seattle, WA [McEvoy et al, SID 2018; Manuscript in preparation]
Additional consideration

**Virus-Positive MCC patients have ~50% better prognosis**

MCPyV positivity test
- Anti-MCPyV oncoprotein antibodies
- IHC of MCPyV LT antibodies
- Genomic sequencing (laboratory)

How to monitor recurrence based on the data

- Surveillance: physical exam, scans, and blood test (if applicable)
- No surveillance guidelines regarding frequency/interval
- Our practice:
  - Q3-6 months for high risk (e.g. > 50%),
  - Q6-12 months or symptom-directed imaging for low risk (e.g. ~20%)
  - More frequent scans for anti-MCPyV oncoprotein antibodies (-) pts
Tips for patient communication

• Many patients don’t understand recurrence risk changes over time

• Many understand “Kaplan-Meier” curve, if explained

• Candid prognosis discussion, but recurrence does not necessarily mean mortality

• Dermatologists can guide patients on next steps