Focus Session U003
Merkel cell carcinoma: Updates in Practice Management
2021 AAD Summer Meeting
Tampa Convention Center, Ballroom C, Tampa, FL
7:30 – 8:30 AM; Thursday, August 5, 2021

Manisha Thakuria, MD
Dana-Farber/Brigham & Women’s Cancer Center

Song Y. Park, MD
University of Washington/Fred Hutch Cancer Center

Lisa C. Zaba, MD PhD
Stanford University Cancer Center

What is an MCC?

Two types of MCC: polyomavirus +/-

VP: Virus positive
VN: Virus negative

TMB: tumor mutational burden per million base pairs
MCC demographics (compared to melanoma)

- Increasing incidence over time
- Increasing incidence with age
- Men > Women

AMERK (anti-Merkel polyomavirus serology)

Courtesy of Paul Nghiem, MD PhD

Merkelcell.org
Case 1: Surveillance AMERK

Tumor-specific mutations identified from archival tumor and blood are serially assessed for tumor-specific DNA mutations.

Utility: well studied in other cancers (colon, breast, lung, bladder)
- monitor recurrence
- marker for minimal residual disease during treatment
Take home points:

Dermatologists are integral to MCC surveillance

- Blood tests can be used in addition to scans to surveil patients for MCC recurrence
- AMERK serology testing may be used in 50% of patients (those who have MCPyV+ tumors and mount an immune response)
- ctDNA is an emerging technology that can be used in either MCPyV+ or MCPyV- patients
Questions/ Contact

- Lisa C. Zaba: liza@stanford.edu
- Manisha Thakuria: mthakuria1@bwh.harvard.edu
- Song Y. Park: songpark@uw.edu