SKIN CANCER CHAMPIONS COMMUNITY

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Understanding Merkel Cell Carcinoma: A Guide for Patients

Megan Hoang

Merkel cell carcinoma (MCC) is a rare and aggressive skin cancer with increasing incidence, with about 2000 new cases every year.

MCC most commonly affects older, fair-skinned males. The development of MCC is associated with Merkel cell polyomavirus infection. Other factors that may increase your risk of MCC are ultraviolet exposure (such as to natural or artificial sunlight from tanning beds), a weakened immune system, and a history of other skin cancers.

At first, MCC usually appears as one painless lump on your skin. The lump tends to be fast-growing, firm, dome-shaped or raised, and red or violet in color. It may look similar to a pimple, cyst, or insect bite. MCC tends to appear on areas of your body that are exposed to the sun, especially the face, head, or neck. However, they can develop anywhere on your body. Those with darker skin can often get MCC tumors on their legs.

MCC is aggressive and quickly spreads (metastasizes) to other parts of your body. Metastatic cancer is more fatal and difficult to treat. MCC usually travels first to nearby lymph nodes, and may spread later to more distant lymph nodes or to your liver, lungs, brain, or bones. MCC is about three to five times more deadly than melanoma, but if MCC is caught early, treatment can be successful and life-saving.

Your doctor will perform a full-body skin exam and a skin biopsy by removing part of the tumor for testing to confirm a diagnosis of MCC. They will check for swollen lymph nodes as well. Your doctor may also use lymph node biopsy to determine whether the cancer has spread to your lymph nodes. Additional imaging tests, such as a PET or CT scan, may also be performed to determine whether the cancer has spread to other parts of your body.

MCC tumors are surgically removed, typically through wide local excision, which involves cutting out the tumor and the surrounding healthy tissue. Another treatment option is Mohs surgery to remove the tumor and skin layers to keep as much healthy tissue as possible, as long as it does not interfere with sentinel lymph node biopsy. Lymph node dissection should be performed to remove lymph nodes with metastatic cancer cells. Radiotherapy, chemotherapy, and/or immunotherapy may be used to treat any remaining cancer cells in your body after surgery. MCC often comes back after

treatment, so you should follow-up with your doctor every 3-4 months for the first several years after diagnosis and treatment of MCC.

If you see any new, unusual, changing, scaly, or bleeding lumps or lesions on your skin, make an appointment with your doctor. To help protect yourself against MCC, reduce sun exposure by avoiding the sun during the middle of the day, avoid tanning beds, and wear sunscreen and protective clothing.

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