

New treatment for Merkel cell carcinoma “less toxic, more effective”

Paul Nghiem, MD, PhD, has spent the past 15 years working to lead a multidisciplinary research strategy to better understand and treat Merkel cell carcinoma (MCC), a rare skin cancer that is considered almost five times more lethal than melanoma. Dr. Nghiem was among this year’s Plenary speakers and the 2019 recipient of the Eugene J. Van Scott Award for Innovative Therapy of the Skin and the Phillip Frost Leadership Lecture.

Dr. Nghiem’s presentation, “Less Toxic, More Effective: A Win-Win for Merkel Cell Carcinoma,” showed that MCC cases increased in number by 95% from 2010 to 2017. Melanoma cases increased by 56% in that same time period, and instances of all solid tumors increased by 15%.



Paul Nghiem, MD, PhD

New preferred treatment

As it stands, his research has led to the development of an antibody test for MCC, as well as a preferred new treatment. It’s an achievement all the more special as it came from the dermatology specialty rather than medical oncology, which is often the case for skin cancers. Instead of chemotherapy, Dr. Nghiem has found that more than 50% of patients treated with immune therapy (specifically PD1-targeted therapy) have their MCC controlled at one year. More than 95% of patients treated with chemotherapy will see their cancer progress within that same first year of starting therapy. Studies have shown survival over three years of 64% for MCC patients on PD-1 therapy and 10% for chemotherapy, a dramatic difference that Dr. Nghiem acknowledged

did not represent a randomized trial result.

With the increasing instances of MCC, Dr. Ngheim said its proper treatment is now more important than ever. “The vast majority of MCC patients are not getting optimal care,” he said.

Not only is it pertinent for providers to know the most recent research (Dr. Ngheim said the boards are still teaching that you should extract with wide margins, which he does not necessarily agree with), but acknowledging that dermatologists cannot treat MCC by themselves is critical.

What to do after diagnosis

A dermatologist’s role for patients with MCC, he said, is to manage the case even after diagnosis. It should be a comprehensive treatment approach, with the dermatologist acting as the “head of the orchestra.”

“You can’t take care of these patients by yourselves,” said Dr. Ngheim. It’s the dermatologist’s responsibility to oversee each team and specialty that handles the patient. He or she should verify that all current guidelines are followed, as well as follow-up with the patient in the long-term. It’s vital to the patient’s care that dermatologists are able to oversee the case from start to finish.

Patients first

“It is most important for dermatologists to advocate for their MCC patients to get at least one multidisciplinary expert consultation from a team with significant interest in this disease,” said Dr. Ngheim. “This will help to customize care, ensure a balance of the key roles of surgery/radiation/medical oncology will be employed, and it will increase the chances that the most up-to-date information from this rapidly moving field is considered in the patient’s care.”