

**IMMUNOTHERAPY
APPLIED TO NEOPLASIA
OF MERKEL METASTATIC
IN
IMMUNOSUPPRESSED
PATIENT**

David Pinheiro Cunha

<http://lattes.cnpq.br/7313222353567942>

Isabela de Lima Pinheiro

Isabela L Pinheiro

Rafael Luis Moura Lima do Carmo

<http://lattes.cnpq.br/7049251622942676>

Débora Râmia Curi

<http://lattes.cnpq.br/8039878112767351>

Amanda Binatto Negrini

<http://lattes.cnpq.br/5358735612736427>

Nayara Nardini Carvalho

<http://lattes.cnpq.br/7249838887708827>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



INTRODUCTION

Merkel cell carcinoma is a neuroendocrine neoplasm of the skin, with a high potential for aggressiveness, more frequently affecting the face, head and neck, and correlated with prolonged exposure to the sun, advanced age and use of immunosuppressants¹.

CASE REPORT

AL, male, 59 years old, with a history of kidney transplantation due to amyloidosis in October/2015 and using cyclosporine, prednisone, carvedilol and spironolactone.

In February 2018, he developed a progressively growing nodule on the dorsum of his right hand and a nodule in the right malar region, he underwent resection with pathology compatible with Merkel cell carcinoma - positive immunohistochemistry for chromogranin and synaptophysin - in the malar region and carcinoma squamous cell in the dorsum of the right hand.

In July 2018, a new nodule appears in the malar region with a new resection and selective neck dissection with anatomopathological findings compatible with metastasis of Merkel cell carcinoma in 4/4 of the lymph nodes found.

Again, a new lesion appears in the pre-auricular region with palpable lymph nodes in the right cervical region in September/2018. A new procedure is performed with the result: recurrent Merkel cell carcinoma with infiltration in the parotid and submandibular glands, compromised surgical margins, metastases to 48/54 lymph nodes evaluated, including extranodal extension.

In the same month, he was evaluated in the first consultation with the Oncology team, requested PET-CT whose result showed the presence of a 2.2 cm nodule in the left infraorbital dermis (SUV 9.3) and started adjuvant radiotherapy in the malar region.

After just 2 months, there was a new important local tumor progression during radiotherapy. Avelumab was started at the expense of cyclosporine suspension and prednisone dose reduction - worsening of renal function, however without indication of hemodialysis. It evolved with a satisfactory response, including a complete response in the March/2019 evaluation, with good tolerance to immunotherapy.

CASE PICTURES



Figure 1 - Treatment baseline



Cycle 1

Cycle 2

Cycle 3

March/2019

CONCLUSION

Merkel cell carcinoma is a neuroendocrine neoplasm of the skin, with a high potential for aggressiveness. Chemotherapy regimens

do not show good survival rates, so immunotherapy - acts on the PD-1 and PD-L1 pathway - adds good clinical, radiological and quality of life results².

REFERENCES

1. Nghiem P, et al. Two-year efficacy and safety update from JAVELIN Merkel 200 part A: A registrational study of avelumab in metastatic Merkel cell carcinoma progressed on chemotherapy. Presented 2018 ASCO Annual Meeting. *J Clin Oncol* 36:abstr 9507, 2018.
2. Iyer JG, et al. Response rates and durability of chemotherapy among 62 patients with metastatic Merkel cell carcinoma. *Cancer Med* 5:2294, 2016.
3. Becker JC, et al. Merkel cell carcinoma. *Nat Rev Dis Primers* 3:17077, 2017.