ABSTRACT BOOK ABSTRACTS



A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

MELANOMA AND MELANOCYTIC NAEVI

COINCIDENT METASTATIC MELANOMA AND MERKEL CELL CARCINOMA WITH COMPLETE REMISSION ON TREATMENT WITH PEMBROLIZUMAB.

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Background: Metastatic melanoma and Merkel cell carcinoma (MCC) imply a fatal prognosis and for a long time, no effective treatments were available. Introduction of immune checkpoint inhibitors against CTLA4 (ipilimumab), PD-1 (pembrolizumab, nivolumab) and PD-L1 (avelumab) has significantly improved treatment of advanced melanoma and MCC, respectively.

Observation: A 70-year-old patient underwent surgery of an axillary lymphonodal melanoma metastasis and, four years later, inguinal/iliac lymphonodal MCC metastases. A primary tumor of the skin could not be identified for neither tumor. Origin of the tumors was proven by immunohistochemistry and, in case of the MCC metastases, by detection of Merkel cell polyomavirus Large T antigen. Additionally, biopsy of a suspicious pancreatic lesion led to diagnosis of another melanoma metastasis. Three months later CT scans identified a new parailiac lymph node metastasis, adjacent to the previously excised MCC metastases. Systemic treatment with pembrolizumab (2 mg/kg body weight every 3 weeks) was initiated to treat both metastatic melanoma and MCC. After 4 infusions of pembrolizumab, CT scans demonstrated a partial response with size reduction of the right parailiac lymph node and a decrease of the before significantly elevated S100ß melanoma tumour marker. After 3 further infusions the patient developed grade 3 autoimmune toxicity and treatment was interrupted. Because new CT scans revealed a complete response with a normalized right parailiac lymph node as well as disappearance of the pancreatic melanoma metastasis and normalization of S100B, pembrolizumab remained paused after 7 infusions. More than half a year off-treatment, we reintroduced pembrolizumab because of increasing S100B levels, however, right parailiac lymphadenectomy after overall 23 infusions was without tumour proof.

Key message: We report here the rare coincidence of metastatic melanoma and MCC,





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which both showed an outstanding response to anti-PD-1 immunotherapy, impressively emphasizing the impact of immune checkpoint inhibitors in the treatment of immunogenic malignancies.



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