MELANOMA AND MELANOCYTIC NAEVI

VITILIGO REPIGMENTATION ASSOCIATED WITH MELANOMA PROGRESSION DURING PEMBROLIZUMAB THERAPY

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Background: Vitiligo can occur in patients suffering from melanoma and has long been recognized as an independent positive prognostic factor for melanoma patients, correlating with improved overall. The onset of vitiligo in patients treated with pembrolizumab for metastatic melanoma is associated with better response to PD-1 (programmed cell death 1 protein) antibodies. We report here a case of vitiligo repigmentation, which was associated with tumour relapse in a patient treated with pembrolizumab for metastastic melanoma.

Observation: A 50-year old female was treated with pembrolizumab for uveal metastatic melanoma. Two months after pembrolizumab initiation, she developed extensive vitiligo. At 3 months follow-up, CT scan showed stable disease. One year later, after 16 infusions of pembrolizumab, repigmentation of vitiligo was observed concomitantly of tumour relapse.

Key message: Our observation showed a striking case of extensive vitiligo associated with disease control in a patient with high tumour burden metastatic melanoma and vitiligo repigmentation associated with tumour relapse. This case suggests that there is a potential correlation between vitiligo repigmentation and tumour relapse. The mechanism underlying vitiligo repigmentation concomitantly to tumour relapse remains unclear. PD-1 antibodies may induce the activation of the immune system by the recognition of antigens shared by melanomas and normal melanocytes and lead to tumour response associated with vitiligo. One could hypothesize that when tumour cells and normal melanocytes overcome PD1 inhibition by decreasing the immune response induced by shared antigens and TILs, it leads to vilitigo repigmentation and tumour progression. Thus, in case of vitiligo repigmentation in patients under anti-PD1 therapy for metastatic melanoma, disease recurrence should be rule out. The case will be presented with comparative pictures and CT scans.