



## Advanced Merkel Cell Carcinoma Effectively Treated with Nivolumab

Megan Jagosky\* and Asim Amin

Department of Medical Oncology, Carolinas Healthcare System Cleveland, USA

### Clinical Image

Merkel Cell Carcinoma (MCC) is a rare, often fatal skin malignancy associated with polyoma virus. It frequently presents on sun-exposed skin and has a predilection for older Caucasian individuals who may be immune compromised. Combination chemotherapy, with etoposide and platinum agents has been used for advanced MCC with a median progression free survival of three months. We present the case of 71-year-old male who presented with widespread metastatic disease involving lymph nodes (Figure 1), bones and mesentery after failing attempts at local control with surgery and radiation. He refused chemotherapy and was treated with anti-PD1 antibody, Nivolumab for 12 months with complete remission. Subsequently, on a drug holiday, he developed reoccurrence and was retreated with Nivolumab for an additional 12 months, achieving a complete response. Avelumab (anti-PDL1 antibody) is now approved for advanced MCC; Pembrolizumab and Nivolumab are being evaluated in clinical trials.

### OPEN ACCESS

#### \*Correspondence:

Megan Jagosky, Department of Medical Oncology, Levine Cancer Institute, 021 Morehead Medical Dr, Charlotte, North Carolina, 28204, USA, Tel: 980-442-2000;

E-mail: [megan.jagosky@carolinashealthcare.org](mailto:megan.jagosky@carolinashealthcare.org)

Received Date: 18 Apr 2018

Accepted Date: 30 Apr 2018

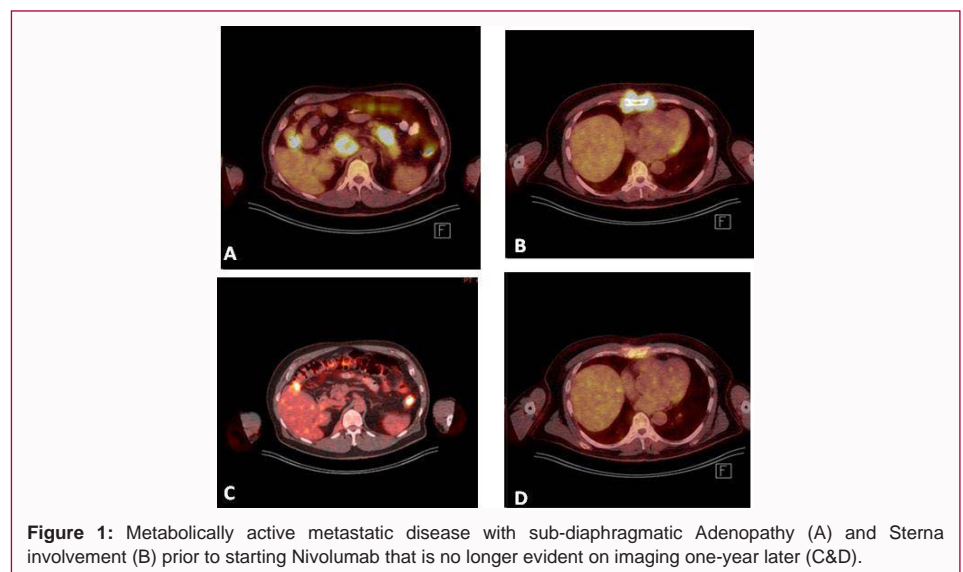
Published Date: 04 May 2018

#### Citation:

Jagosky M, Amin A. Advanced Merkel Cell Carcinoma Effectively Treated with Nivolumab. *Oncol Case Report J.* 2018; 1(1): 1005.

Copyright © 2018 Megan Jagosky.

This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



**Figure 1:** Metabolically active metastatic disease with sub-diaphragmatic Adenopathy (A) and Sternal involvement (B) prior to starting Nivolumab that is no longer evident on imaging one-year later (C&D).