Oncology Clinical Pathways
Merkel Cell Carcinoma

March 2024 – V1.2024

Table of Contents

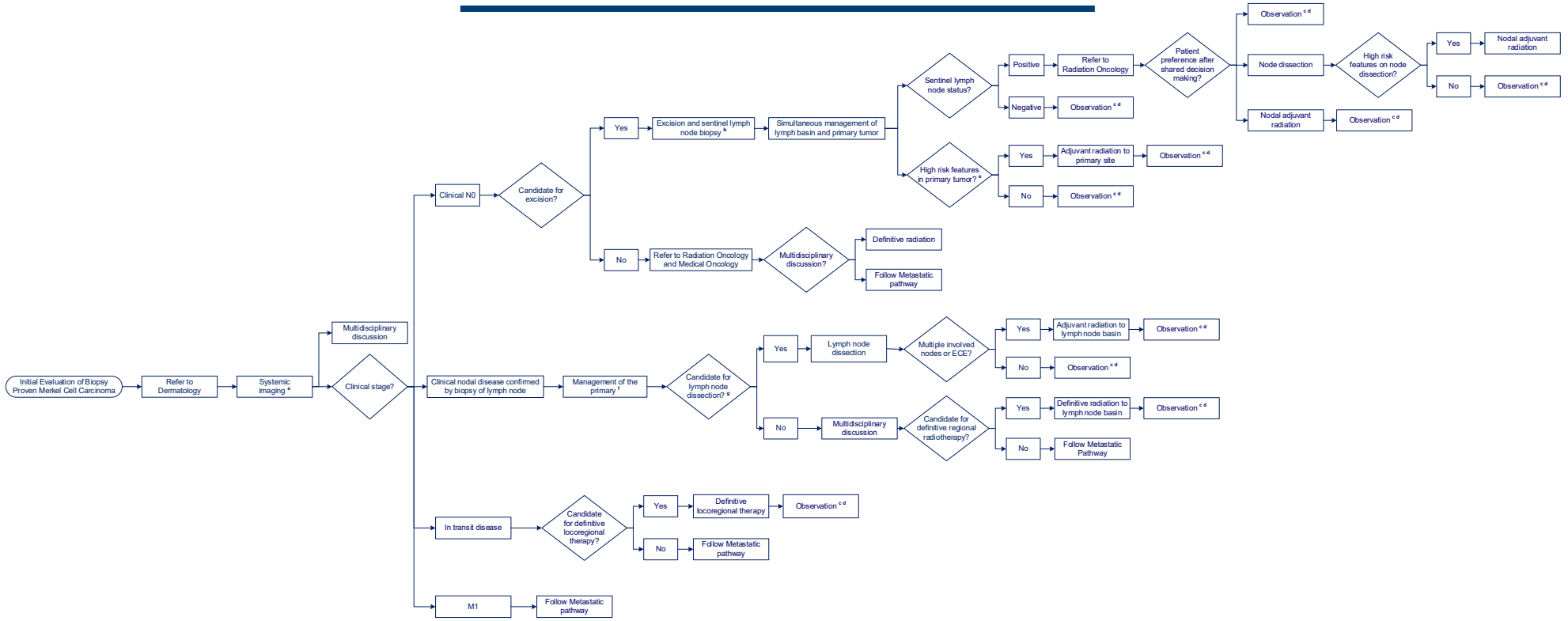
Merkel Cell Carcinoma – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

- Merkel Cell Carcinoma is currently not a presumptive condition

For more information, please visit U.S. Department of Veterans Affairs - Presumptive Disability Benefits (va.gov)

Merkel Cell Carcinoma – Initial Evaluation of Biopsy Proven Merkel Cell Carcinoma



Clinical trial(s) always considered on pathway. For assistance in finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Systemic Imaging** for all patients diagnosed with MCC a recommend initial imaging with whole body PET/CT (preferred) or contrast enhanced CT of chest, abdomen, and pelvis with head and neck included for head and neck primaries; brain MRI can be considered for neurologic symptoms

[b] **Excision and Sentinel Lymph Node Biopsy** patients should be referred for wide local excision with sentinel lymph node biopsy (preferred), or Mohs resection with sentinel lymph node biopsy if tumor is in a functionally-sensitive or cosmetically-sensitive area; peripheral and deep en face margin assessment (PDEMA) is an alternative when Mohs surgery is unavailable and involves histopathological analysis of the entire marginal surface of the surgical specimen that is oriented such that any positive margin can be accurately located and re-excised

[c] **Observation** every 3-6 months for the first 3 years, then every 3-12 months to 5 years; systemic imaging in high risk patients (suspected recurrence, immunosuppressed, prior node positive, or metastatic patients) include CT (chest, abdomen, pelvis, and affected region) or PET-CT every 3-12 months for 5 years

[d] **Adjuvant Immunotherapy** is not yet FDA approved and is undergoing ongoing investigation; disease free survival benefits have been observed in a randomized trial

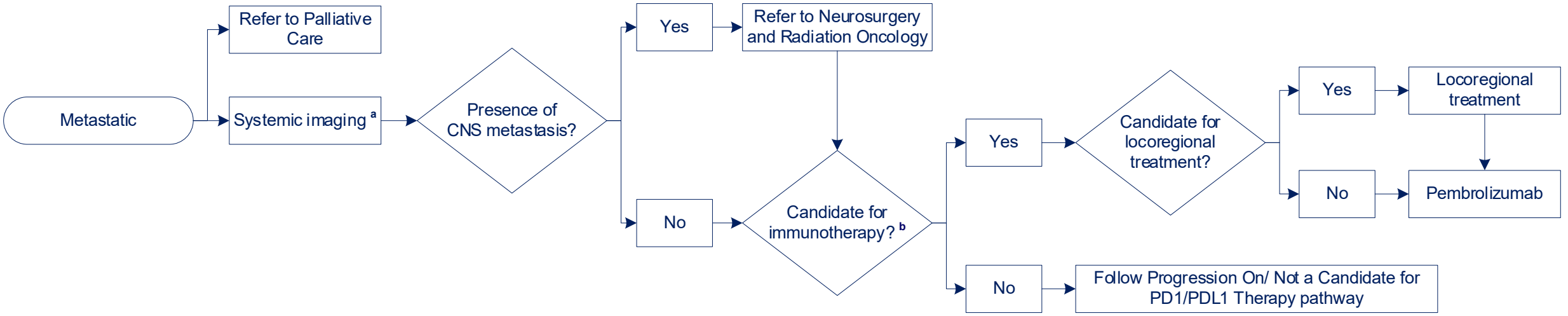
[e] **High Risk Features** larger primary tumor (>1 cm); chronic T-cell immunosuppression, HIV, Chronic Lymphocytic Leukemia, solid organ transplant; head/neck primary site; lymphovascular invasion (LVI) present

[f] **Management of the Primary** surgical resection with or without adjutant radiation or definitive radiation as detailed in node negative pathway

[g] **Candidate for Lymph Node Dissection** neoadjuvant immunotherapy should be utilized primarily for borderline unresectable cases; if utilized, continued treatment for up to 1 year can be considered in line with adjuvant studies that have shown modest disease free survival benefits to date (ADMEC-O)

ECE Extracapsular Extension

Merkel Cell Carcinoma – Metastatic



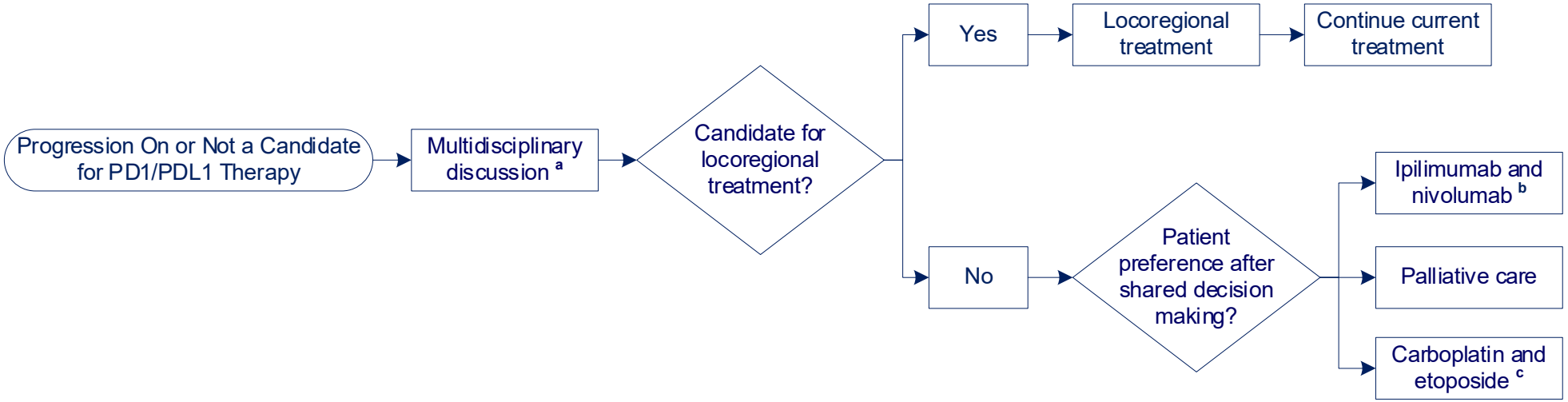
Clinical trial(s) always considered on pathway. For assistance in finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Systemic Imaging** for all patients diagnosed with Merkel Cell Carcinoma recommend initial imaging with whole body PET/CT (preferred) or contrast enhanced CT of chest, abdomen, and pelvis with head and neck included with head and neck primaries; brain MRI can be considered for neurologic symptoms

[b] **Immunotherapy** for patients without active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including prednisone equivalent >10mg/day) or prior allogeneic hematopoietic stem-cell transplantation/solid organ transplant

CNS Central Nervous System

Merkel Cell Carcinoma – Progression On or Not a Candidate for PD1/PDL1



Clinical trial(s) always considered on pathway. For assistance in finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

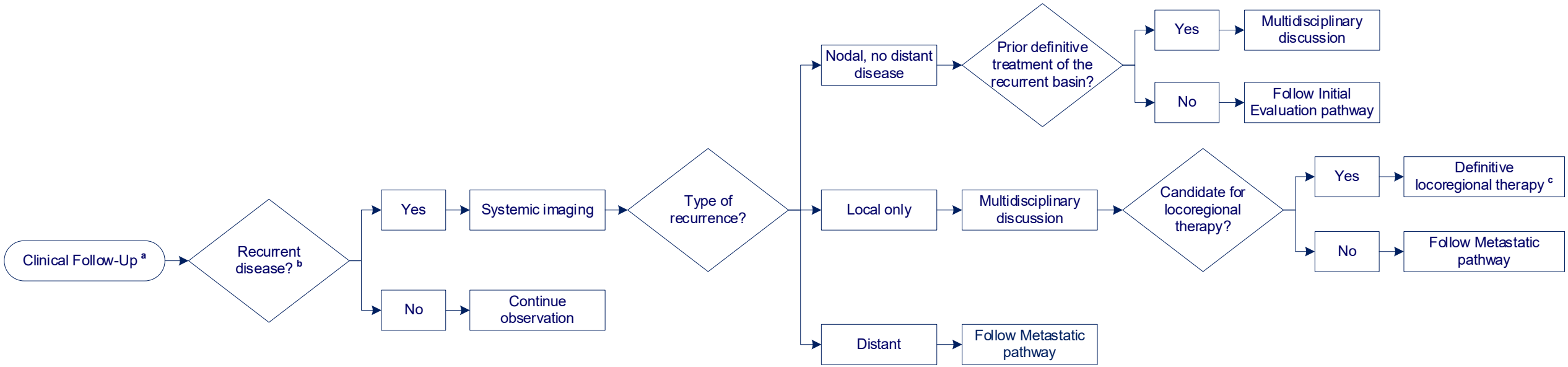
[a] **Multidisciplinary Discussion** progression time rate and site of progression should be considered for change in systemic treatment; for patients with 1 to 2 sites of progressive disease consider locoregional treatment of oligoprogressive disease

[b] **Ipilimumab and Nivolumab** a study has suggested a potential response rate in patients who have received prior ICI treatment although not exclusively in ICI refractory patients; ipilimumab was dosed at 1mg/kg every 6 weeks with nivolumab 240mg every 2 weeks in this study

[c] **Alternate Chemotherapy** regimens include cisplatin etoposide, cyclophosphamide doxorubicin and vincristine, and topotecan

ICI Immune Checkpoint Inhibitor

Merkel Cell Carcinoma – Clinical Follow-Up



Clinical trial(s) always considered on pathway. For assistance in finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Skin and Lymph Node Clinical Exam** every 3-6 months for the first 3 years, then every 3-12 months to 5 years; systemic imaging in high risk patients (suspected recurrence, immunosuppressed, prior node positive, or metastatic patients) include CT (chest, abdomen, pelvis, and affected region) or PET-CT every 3-12 months for 5 years

[b] **Recurrent Disease** either pathologically confirmed or strong clinical evidence

[c] **Locoregional Therapy** potential candidate for definitive surgical or radiation treatment for sites of recurrent disease

Merkel Cell Carcinoma – Molecular Testing Table

Eligibility	Test Category	Test Type	Recommended Vendors	NPOP Coverage	Specimen Type
Merkel Cell Carcinoma	No molecular testing is currently required for standard prognostication and therapy.				