Limit Sentinel Node Biopsy to SCC Patients at Highest Risk

BY MICHELE G. SULLIVAN
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V A L L E Y S T R E E T, N. C. — Sentinel lymph node biopsy should be reserved only for squamous cell carcinoma patients whose primary tumors have a high-risk profile, according to Dr. Merrick Ross.

"Clearly, the routine use of sentinel node biopsy is not indicated in these patients, but its selective use in high-risk squamous cell carcinoma [SCC] seems rational," said Dr. Ross at a meeting of the American Society for Mohs Surgery. "This is why it’s important for us to continue to define exactly what constitutes a high-risk squamous cell tumor.

High-risk features of SCC include anatomical location, thickness, size, perineural invasion, and the immunocompetence of the patient.

Increasing size is associated with decreased local control and the increased presence of positive lymph nodes. A size of 2 cm seems to be the most relevant break point," said Dr. Ross, professor of surgery at Duke University Medical Center and member of the American Society for Mohs Surgery.

"To date, there have been no trials using the epidermal growth factor receptor inhibitor cetuximab (Erbitux) plus radiation for treating locally advanced squamous cell carcinoma (SCC) of the head and neck (N. Engl. J. Med. 2006;354:567-78). Study patients had histologically confirmed SCC of the back, scalp, temple, and chest, according to Dr. Halpern, a dermatologic surgeon at New York Presbyterian Medical Center. Two patients had in-transit metastases alone, one had both in-transit and axillary metastases, and one had pulmonar metastases. Their treatment consisted of weekly infusions of cetuximab, with a total of four infusions planned.

Two patients had a complete clinical response to cetuximab (Erbitux), Dr. Halpern reported. ‘Really, like magic, the in-transit metastasis absolutely melted before our eyes,’ he said, describing one of the patients. Another patient, who received only half of the planned number of infusions because of comorbidities, had a partial response. The remaining patient had merely a limited response.

‘The severity of acneiform eruption … seemed to be a surrogate marker for therapeutic response,’ said Dr. Halpern.

‘As you might expect, side effects of this class of medications are largely cutaneous,’ Dr. Halpern noted, explaining that patients might develop a characteristic acneiform rash, paronychial inflammation, xerosis, pruritus, and trichomelia.

The study’s two complete responders developed a severe rash, and the partial responder developed a moderate rash, while the nonresponder did not develop any rash at all. ‘Interestingly, even though this is a very small series of patients, patient response seemed to correlate with the severity of acneiform eruption,’ he observed.

Skin Cancer Risks Tracked for Immunosuppressant Regimens

BY BRUCE JANCIN
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K Y O T O, J A P A N — Mycophenolate mofetil-based chronic immunosuppression is associated with a markedly lower risk of skin cancer during the first decade post kidney transplant, compared with alternative regimens aimed at preventing graft rejection, Dr. Irma Wisgerhof said at an international investigative dermatology meeting.

By 13 years post transplant, however, the squamous cell carcinoma risk in mycophenolate mofetil-treated organ recipients is equivalent to that of azathioprine, noted Dr. Wisgerhof of Leiden University (the Netherlands) Medical Center.

The risk of SCC varied depending upon the chronic immunosuppression regimen used.

The age- and gender-adjusted risk through the first decade post transplant was 88% lower with mycophenolate mofetil than with azathioprine-based regimens, and 65% less with cyclosporine- or tacrolimus-based regimens than with azathioprine-based immunosuppression. Dr. Wisgerhof said at a meeting of the European Society for Dermatological Research, the Japanese Society for Investigative Dermatology, and the Society for Investigative Dermatology.

Dr. Wisgerhof’s study was supported by the Dutch Society of Dermatology and Venereology.