Tumor Thickness Can Predict Nodes in Merkel Cell Carcinoma

BY JANE SALODOF MCNEIL
Southwest Bureau

SAN DIEGO — Tumor thickness correlates with sentinel lymph node status in Merkel cell carcinoma and merits further investigation as a prognostic factor, Dr. Michael D. Alvarado reported in a poster at a symposium sponsored by the Society of Surgical Oncology.

Dr. Alvarado, of the H. Lee Moffitt Cancer Center & Research Institute in Tampa, Fla., presented a retrospec- tive study of 62 Merkel cell carcinoma patients who underwent sentinel lymph node (SLN) biopsies at the center.

Investigators confirmed low recurrence rates in patients with negative SLN status, but found that patients with thicker tumors were more likely to have positive nodes.

Dr. Alvarado said that physicians at the cancer center began documenting thickness in 1998 to see whether it could be used to help stage patients, as is done in melanoma. For Merkel cell carcinoma, no one really measures thickness,” he said. “There’s an argument is based on the diameter of the tumor and whether or not the nodes are positive.”

The study reviewed 62 patients who underwent SLN biopsies between 1994 and 2004. Among them, 41 patients had tumor thickness measurements available for review. Investigators found that 18 of the 41 patients (44%) had positive SLN. These patients also had thicker tumors.

The average thickness was 8.9 mm in patients with positive nodes vs. 5.5 mm in those with negative nodes. No positive nodes were found in five patients with tumors 2 mm or less in thickness, but “as you increase the thickness, the rate of positive sentinel lymph node goes up,” Dr. Alvarado said. (See box.)

He reported two nodal recurrences in the group of patients with tumors 2.1-4.9 mm in thickness and one regional recurrence in a patient whose tumor was in the 5-10 mm group.

One patient with a tumor thicker than 10 mm had a local recurrence. A third nodal recurrence occurred in a patient for whom tumor thickness had not been recorded.

All three patients with nodal recurrences had negative SLN status. The two local/regional recurrences were in SLN-positive patients, one of whom had radiation to both the primary and nodal basins and one of whom did not receive radiation therapy.

In an interview at the meeting, Dr. Alvarado said that further investigation is needed to determine which patients need SLN biopsy. Although Merkel cell carcino- ma is often deadly if it recurs, Dr. Alvarado said that physicians must also be concerned about morbidity from the SLN procedure and the overtreatment of patients who are not likely to have a recurrence.

A Black Dot Sign Appears to Flag Early Basal Cell Carcinoma

BY BETSY BATES
Los Angeles Bureau

LOS CABOS, Mexico — Jet-black dots that resem- ble marks from a ballpoint pen may be an easily over- looked sign of basal cell carcinoma, Dr. Jennifer L. Ves- per said at the annual meeting of the Noah Worcester Dermatological Society.

Dr. Vesper first noticed the tiny black dots on a 51-year- old female patient’s forehead in the vicinity of a suspicious lesion that turned out to be basal cell carcinoma (BCC). Once she was attuned to looking for them, she began to notice the dots on other patients as well.

“I came to realize even a focus of black pigment, often showing up as a very dark black dot, may be the first sign of basal cell carcinoma,” she said.

Since that first patient in 1996, she has documented the dots as a presenting sign of BCC in 14 patients.

I may or may not see erythema or pearlyness upon stretching of the lesion,” said Dr. Bruce Jancin, a dermatologist in private practice in Bradenton, Fla.

In one patient who presented with a typical BCC with focal black dots on the abdomen, Dr. Vesper noticed more small, ink-black, “slightly papular” dots on the patient’s chest on otherwise normal-appearing skin. She and the patient agreed that if the abdominal lesion proved to be BCC, another biopsy would be taken of the chest.

The second biopsy confirmed BCC on the chest.

Dr. Vesper examined an 89-year-old patient with a his- tory of three episodes of BCC and found several lesions dotted with pinpoints of black pigment. When she biop- sied six of the lesions, two revealed pigmented BCC, and investigation found melanophages, one dot of pigment in a keratinous microcyst, one dot of pigment in a melanophagocytic microcyst, and one dot of pigment in a melanophagocytic microcyst.

“These are the kind of dots that are associated with melanoma, and one of whom did not receive radiation therapy.

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