Merkel Cell Skin Cancer Early Detection, Diagnosis, and Staging

Detection and Diagnosis

Catching cancer early often allows for more treatment options. Some early cancers may have signs and symptoms that can be noticed, but that is not always the case.

- Can Merkel Cell Carcinoma Be Found Early?
- Skin Cancer Prevention and Early Detection
- Signs and Symptoms of Merkel Cell Carcinoma
- Tests for Merkel Cell Carcinoma

Stages and Outlook (Prognosis)

After a cancer diagnosis, staging provides important information about the extent of cancer in the body and anticipated response to treatment.

- Merkel Cell Carcinoma Stages
- Survival Rates for Merkel Cell Carcinoma, by Stage

Questions to Ask About Merkel Cell Carcinoma

Get some questions you can ask your health care team to help you better understand your diagnosis and treatment options.

- What Should You Ask Your Cancer Care Team About Merkel Cell Carcinoma?

Can Merkel Cell Carcinoma Be Found Early?
Merkel cell carcinoma (MCC) and many other skin cancers often can be found early, when they are likely to be easier to treat.

**Skin self-exam**

You can play an important role in finding skin cancer early. Learn the patterns of moles, blemishes, freckles, and other marks on your skin so that you’ll notice any changes.

It’s important to [check all over your skin](#), preferably once a month. Self-exams are best done in a well-lit room in front of a full-length mirror. Use a hand-held mirror for areas that are hard to see, such as the backs of your thighs.

Examine all areas, including your palms and soles, scalp, ears, nails, and your back. (For a more thorough description of a skin self-exam, see [Skin Cancer: Prevention and Early Detection](#).) A friend or family member can also help you with these exams, especially for those hard-to-see areas, such as your scalp and back.

Be sure to show your doctor any areas that concern you and have them look at areas that may be hard for you to see. Any spots on the skin that are new or changing in size, shape, or color should be seen by a doctor promptly. If you can’t see your doctor right away, you might want to take good close-up photos of the area so your doctor can see if the area is changing when you do get an appointment.

Any unusual sore, lump, blemish, marking, or change in the way an area of the skin looks or feels may be a sign of skin cancer or a warning that it might occur. The area might become red, swollen, scaly, crusty, or begin oozing or bleeding. It may feel itchy, tender, or painful.

Merkel cell tumors usually look like firm, pink, red, or purple lumps or bumps on sun-exposed areas of the skin. They are not usually painful, but they can grow quickly and can sometimes open up as ulcers or sores. (See [Signs and Symptoms of Merkel Cell Carcinoma](#) for a more detailed description of what to look for.)

**Exam by a health care professional**

Some doctors and other health care professionals will examine your skin as part of your routine health check-up.

Having regular skin exams is especially important for people who are at high risk of MCC or other skin cancers, such as people with reduced immunity (for example, those
who have had an organ transplant). Talk to your doctor about how often you should have your skin examined.

- References

See all references for Merkel Cell Skin Cancer

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Signs and Symptoms of Merkel Cell Carcinoma

Merkel cell carcinoma (MCC) usually starts on areas of skin exposed to the sun, especially the face, neck, arms, and legs, but it can occur anywhere on the body. It often first appears as a single pink, red, or purple bump that is not usually painful. Sometimes the skin on the top of the tumor might break open and bleed.

These tumors can grow quickly. They might spread as new lumps in the surrounding skin. They might also reach nearby lymph nodes (small collections of immune system cells throughout the body). Over time, the lymph nodes might grow large enough to be seen or felt as lumps under the skin (usually in the neck or under the arm).

Merkel cell carcinoma is not common, and it can look like many other, more common types of skin cancer or other skin problems when it first appears. Because of this, doctors do not usually suspect MCC at first, and the diagnosis is often made only after the tumor is biopsied.

It’s very important to have any new, growing, or changing lumps, bumps, or spots on your skin checked by a doctor as soon as possible so that the cause can be found and treated, if needed. The earlier any type of skin cancer is found, the more likely it can be treated effectively.

- References

See all references for Merkel Cell Skin Cancer
Most skin cancers, including Merkel cell carcinoma (MCC), are brought to a doctor’s attention because of signs or symptoms a person is having.

If you have an abnormal area that might be skin cancer, your doctor will examine it and might do tests to find out if it’s cancer or some other skin condition. If there’s a chance the skin cancer has spread to other areas of the body, other tests might be done as well.

Medical history and physical exam

Usually the first step is for your doctor to ask about your symptoms, such as when the mark on the skin first appeared, if it has changed in size or appearance, and if it has been painful, itchy, or bleeding. You might also be asked about your possible risk factors for skin cancer (including sun exposure and immune system problems) and if you or anyone in your family has had skin cancer.

During the physical exam, the doctor will note the size, shape, color, and texture of the area(s) in question, and if it is bleeding, oozing, or crusting. The rest of your body may be checked for spots that could be related to skin cancer.

The doctor may also feel the nearby lymph nodes, which are bean-sized collections of immune system cells under the skin in certain areas. Merkel cell carcinomas (and some other skin cancers) can spread to lymph nodes. When this happens, the lymph nodes might be felt as lumps under the skin.

If you are being seen by your primary doctor and skin cancer is suspected, you may be referred to a dermatologist (a doctor who specializes in skin diseases), who will look at the area more closely.

Along with a standard physical exam, some dermatologists use a technique called
dermatoscopy (also known as dermoscopy, epiluminescence microscopy [ELM] or surface microscopy) to see spots on the skin more clearly. The doctor uses a dermatoscope, which is a special magnifying lens and light source held near the skin. Sometimes a thin layer of alcohol or oil is used with this instrument. The doctor may take a digital photo of the spot.

**Skin biopsy**

If the doctor thinks that a suspicious area might be MCC (or another type of skin cancer), he or she will remove it and send it to a lab to have it looked at with a microscope. This is called a skin biopsy.

There are different ways to do a skin biopsy. The doctor will choose one based on the suspected type of skin cancer, where it is on your body, its size, and other factors. Different methods can result in different scars, so ask your doctor about possible scarring before the biopsy is done.

Skin biopsies are done using a local anesthetic (numbing medicine), which is injected into the area with a very small needle. You will probably feel a small prick and a little stinging as the medicine is injected, but you should not feel any pain during the biopsy.

**Shave (tangential) biopsy**

For this type of biopsy, the doctor shaves off the top layers of the skin with a small surgical blade. Bleeding from the biopsy site is then stopped by applying an ointment, a chemical that stops bleeding, or a small electrical current to cauterize the wound.

A shave biopsy is useful in diagnosing many types of skin diseases, especially if the doctor thinks an abnormal area is unlikely to be a serious skin cancer such as MCC or melanoma. A thin shave biopsy is generally not used if the doctor strongly suspects MCC (or melanoma), because the biopsy often does not go deep enough to get below the tumor. On the other hand, a deeper shave biopsy can be useful if done properly.

**Punch biopsy**

For a punch biopsy, the doctor uses a tool that looks like a tiny round cookie cutter to remove a deeper sample of skin. The doctor rotates the punch biopsy tool on the skin until it cuts through all the layers of the skin. The sample is removed and the edges of the biopsy site are often stitched together.
Incisional and excisional biopsies

To examine a tumor that might have grown into deeper layers of the skin, the doctor may use an incisional or excisional biopsy. For these types of biopsies, a surgical knife is used to cut through the full thickness of skin. A wedge or sliver of skin is removed for examination, and the edges of the wound are usually stitched together.

An incisional biopsy removes only a portion of the tumor. An excisional biopsy removes the entire tumor, and is usually the preferred method of biopsy for a suspected MCC if it can be done. But this is not always possible, so other types of biopsies may be needed.

Lymph node biopsy

MCC often spreads to nearby lymph nodes early in the course of the disease, so it’s very important for the doctor to find out if these nodes contain cancer cells. If MCC has already been diagnosed on the skin, nearby lymph nodes will usually be biopsied to see if the cancer has spread to them.

The type of biopsy used depends on how likely it is that the cancer has reached the nearby lymph nodes:

- If the nearby lymph nodes feel normal on physical exams and look normal on imaging tests, a sentinel lymph node biopsy is likely to be done.
- If exams or imaging tests suggest that nearby lymph nodes might contain cancer (for example, if the nodes are larger than normal), then a needle biopsy is more likely to be done.

Sentinel lymph node biopsy (SLNB)

A sentinel lymph node biopsy can be used to find the lymph nodes that are likely to be the first place the MCC would go if it has spread. These lymph nodes are called sentinel nodes.

To find the sentinel lymph node (or nodes), a doctor injects a small amount of a radioactive substance into the area of the cancer. After giving the substance time to travel to the lymph node areas near the tumor, the doctor uses a special camera (and sometimes a handheld scanner) to “see” the radioactive substance where it collects in one or more sentinel lymph nodes. Once the radioactive area has been marked, the patient is taken to where the surgery will be done, and a blue dye is injected in the same
place the radioactive substance was injected. A small incision is then made in the
marked area, and the lymph nodes are then checked to find which one(s) became
radioactive and turned blue. These sentinel nodes are removed and looked at with a
microscope for cancer cells.

For more on this test and what the results could mean, see Surgery for Merkel Cell
Carcinoma.

**Needle biopsy**

If a lymph node near a Merkel cell carcinoma is abnormally large, the doctor can use a
needle biopsy to find out if the cancer has spread to the node. Needle biopsies are not
as invasive as some other types of biopsies, but they may not always provide enough of
a sample to find cancer cells.

There are 2 main types of needle biopsies.

- In a **fine needle aspiration (FNA)** biopsy, the doctor uses a syringe with a very thin,
hollow needle (thinner than the ones used for blood tests) to withdraw (aspirate)
cells and small pieces of tissue.
- In a **core biopsy**, a larger needle is used to remove one or more small cylinders
(cores) of tissue. Core biopsies remove larger samples than FNA biopsies.

With either type of biopsy, a local anesthetic is sometimes used to numb the area first.
These biopsies rarely cause much discomfort and do not usually leave a scar.

If the lymph node is just under the skin, the doctor can often feel it well enough to guide
the needle into it. For a suspicious lymph node deeper in the body, an imaging test such
as ultrasound or a CT scan is often used to guide the needle into place.

**Surgical (excisional) lymph node biopsy**

This type of biopsy might be done if a lymph node’s size suggests the cancer has
spread there but a needle biopsy of the node has not been done (or if it did not find any
cancer cells, but the doctor still suspects the cancer has spread there).

In this procedure, the doctor removes the enlarged lymph node through a small incision
(cut) in the skin. This can often be done in a doctor’s office or outpatient surgical center.
A local anesthetic (numbing medicine) is generally used if the lymph node is near the
surface of the body, but a person may need to be sedated or even asleep (using
general anesthesia) if the lymph node is deeper in the body.
Lab tests of biopsy samples

All biopsy samples will be sent to a lab, where a pathologist (a doctor who is specially trained to diagnose disease) will look at them under a microscope for MCC (or other types of cancer). Often, skin samples are sent to a dermatopathologist, a doctor who has special training in looking at skin samples.

If the doctor can’t tell for sure if the sample contains MCC just by looking at it, special lab tests may be done on the cells to try to confirm the diagnosis. One of the tests often used for MCC is immunohistochemistry (IHC), which looks for certain proteins on the cancer cells, such as CK-20.

If MCC is found, the pathologist will also look at certain important features such as the tumor thickness, mitotic rate (the portion of cells that are actively dividing), and whether the tumor has invaded the tiny blood vessels or lymph vessels in the sample. These features could help determine a person’s prognosis (outlook).

Imaging tests

Imaging tests use x-rays, magnetic fields, or radioactive substances to create pictures of the inside of the body. They are often used to see if MCC has spread to lymph nodes or to other organs in the body.

Imaging tests can also be done to help determine how well treatment is working or to look for possible signs of cancer coming back (recurring) after treatment.

Computed tomography (CT) scan

The CT scan uses x-rays to make detailed, cross-sectional images of your body. Unlike a regular x-ray, CT scans can show the detail in soft tissues (such as internal organs). This test can show if any lymph nodes are enlarged or if other organs have suspicious spots, which might be from the spread of MCC.

CT-guided needle biopsy: CT scans can also be used to help guide a biopsy needle into a suspicious area within the body.

Magnetic resonance imaging (MRI) scan

MRI scans use radio waves and strong magnets instead of x-rays to create detailed
images of parts of your body. This test can help tell if any lymph nodes are enlarged or if other organs have suspicious spots, which might be due to the spread of MCC. MRI scans are also very helpful in looking at the brain and spinal cord.

**Positron emission tomography (PET) scan**

A PET scan can help show if the cancer has spread to lymph nodes or other parts of the body. This test looks for areas where cells are growing quickly (which might be a sign of cancer), rather than just showing if areas look abnormal based on their size or shape.

For this test, you are injected with a slightly radioactive form of sugar, which collects mainly in cancer cells. A special camera is then used to create a picture of areas of radioactivity in the body.

**PET/CT scan:** Many centers have special machines that can do both a PET and CT scan at the same time. This lets the doctor compare areas of higher radioactivity on the PET scan with the more detailed appearance of that area on the CT scan.

- References
  See all references for Merkel Cell Skin Cancer

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**Merkel Cell Carcinoma Stages**

The stage of a cancer describes how widespread it is. For Merkel cell carcinoma (MCC), this includes its size and location, whether it has grown into nearby tissues or bones, whether it has spread to nearby lymph nodes or any other organs, and certain other factors.

The stage is based on the results of physical exams, any biopsies that have been done (including sentinel lymph node biopsy), and any imaging tests (CT, MRI, PET/CT scan, etc.) that have been done. These tests are described in Tests for Merkel Cell Carcinoma.
The stage of the cancer is very important in planning treatment and estimating your prognosis (outlook).

**Understanding the stage of your MCC**

The staging system most often used for MCC is the American Joint Commission on Cancer (AJCC) TNM system, which is based on 3 key pieces of information:

- **T** stands for the main (primary) **tumor** (its size and if it has grown into nearby tissues such as muscles or bones).
- **N** stands for spread to nearby **lymph nodes** (small bean-sized collections of immune system cells, to which cancers often spread first).
- **M** is for **metastasis** (spread to distant organs). The most common sites of spread of MCC are the liver, lungs, bones, and brain, as well as distant lymph nodes.

**T categories**

The possible values for T are:

- **TX**: The main (primary) tumor cannot be assessed.
- **T0**: No evidence of primary tumor. (For example, the cancer was first found in the lymph nodes, but the main tumor itself can't be found.)
- **Tis**: Carcinoma in situ: the tumor is still confined to the epidermis, the outermost skin layer. (This is very rare for MCC.)
- **T1**: The tumor is no more than 2 centimeters (cm) across (about 4/5 inch).
- **T2**: The tumor is larger than 2 cm across, but it is no more than 5 cm (about 2 inches) across.
- **T3**: The tumor is larger than 5 cm across.
- **T4**: The tumor has grown into nearby tissues such as muscles, bones, or cartilage.

**N categories**

It's important to know if the cancer has spread to nearby lymph nodes. Many times this
can happen without the lymph nodes becoming enlarged (or otherwise being abnormal), so a sentinel lymph node biopsy is an important part of staging for most patients. The possible values for N depend in part on whether or not a lymph node biopsy was done:

**NX:** Nearby lymph nodes cannot be assessed.

**N0:** No spread to nearby lymph nodes.

**cN0:** The nearby lymph nodes do not feel or look abnormal (including on imaging tests), but the nodes have not been biopsied to check for cancer cells.

**pN0:** The nearby lymph nodes have been biopsied and no cancer was found in them.

**N1a:** The cancer has spread to nearby lymph nodes, but this was found during a lymph node biopsy and was not noticed on exams or imaging tests.

**N1b:** The cancer has spread to nearby lymph nodes, which was noticed on exams or imaging tests (and then confirmed by biopsy).

**N2:** The cancer has spread toward a nearby lymph node area without reaching the lymph nodes. This is called *in transit metastasis*.

**M categories**

The M values are:

**M0:** No spread to distant organs.

**M1a:** The cancer has spread to other areas of skin, to tissues under the skin, or to distant lymph nodes.

**M1b:** The cancer has spread to the lungs.

**M1c:** The cancer has spread to any other organ(s).

**Stages of MCC**

Once the T, N, and M groups have been determined, they are combined to give an overall stage, using 0 and the Roman numerals I to IV (1 to 4). Some stages are divided further using capital letters.
Stage 0

Tis, N0, M0: The MCC is in situ, meaning that it is still only in the epidermis (Tis). It has not been found in nearby lymph nodes (N0) or in distant organs (M0).

Stage IA

T1, pN0, M0: The main tumor is no more than 2 cm across (T1). Cancer has not been found in nearby lymph nodes even after looking with a biopsy (pN0). It has not spread to distant organs (M0).

Stage IB

T1, cN0, M0: The main tumor is no more than 2 cm across (T1). The cancer does not seem to have spread to nearby lymph nodes, but a lymph node biopsy has not been done (cN0). It has not spread to distant organs (M0).

Stage IIA

T2 or T3, pN0, M0: The main tumor is larger than 2 cm across (T2 or T3). Cancer has not been found in nearby lymph nodes even after looking with a biopsy (pN0). It has not spread to distant organs (M0).

Stage IIB

T2 or T3, cN0, M0: The main tumor is larger than 2 cm across (T2 or T3). The cancer does not seem to have spread to nearby lymph nodes, but a lymph node biopsy has not been done (cN0). It has not spread to distant organs (M0).

Stage IIC

T4, N0, M0: The main tumor has grown into nearby tissues such as muscle, bone, or cartilage (T4). The cancer has not been found in nearby lymph nodes (N0) or distant organs (M0).

Stage IIIA

Any T, N1a, M0: The main tumor can be of any size and may or may not have grown into nearby tissues (any T). The cancer has spread to nearby lymph nodes, but this was found during a lymph node biopsy and was not noticed on exams or imaging tests (N1a). There is no distant spread (M0).
Stage III B

Any T, N1b or N2, M0: The main tumor can be of any size and may or may not have grown into nearby tissues (any T). The cancer has spread to nearby lymph nodes, which was noticed on exams or imaging tests and then confirmed by biopsy (N1b), OR the cancer has spread toward a nearby lymph node area without reaching the lymph nodes (N2). There is no distant spread (M0).

Stage IV

Any T, any N, M1(a, b, or c): The main tumor can be of any size and may or may not have grown into nearby tissues (any T). The cancer may or may not have spread to nearby lymph nodes (any N). The cancer has spread to other parts of the body, such as areas of skin, tissues under the skin, distant lymph nodes, or other organs in the body (M1).

In general, people with lower stage cancers tend to have a better outlook for a cure or long-term survival, but other factors can also come into play. The staging of MCC can be complex, so be sure to ask your doctor if you have any questions about the stage of your cancer.

- References
  See all references for Merkel Cell Skin Cancer

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Survival Rates for Merkel Cell Carcinoma, by Stage

Survival rates tell you what portion of people with the same type and stage of cancer are still alive a certain amount of time (usually 5 years) after they were diagnosed. They can’t tell you how long you will live, but they may help give you a better understanding about how likely it is that your treatment will be successful. Some people will want to know the survival rates for their cancer, and some people won’t. If you don’t want to
What is a 5-year survival rate?

Statistics on the outlook for a certain type and stage of cancer are often given as 5-year survival rates, but many people live longer – often much longer. The 5-year survival rate is the percentage of people who live at least 5 years after being diagnosed with cancer. For example, a 5-year survival rate of 70% means that an estimated 70 out of 100 people who have that cancer are still alive 5 years after being diagnosed. Keep in mind, however, that many of these people live much longer than 5 years after diagnosis.

Relative survival rates are a more accurate way to estimate the effect of cancer on survival. These rates compare people with Merkel cell carcinoma (MCC) to people in the overall population. For example, if the 5-year relative survival rate for a specific stage of MCC is 60%, it means that people who have that stage of cancer are, on average, about 60% as likely as people who don’t have that cancer to live for at least 5 years after being diagnosed.

But remember, all survival rates are estimates – your outlook can vary based on a number of factors specific to you.

Cancer survival rates don’t tell the whole story

Survival rates are often based on previous outcomes of large numbers of people who had the disease, but they can’t predict what will happen in any particular person’s case. There are a number of limitations to remember:

- The numbers below are among the most current available. But to get 5-year survival rates, doctors have to look at people who were treated at least 5 years ago. As treatments are improving over time, people who are now being diagnosed with MCC may have a better outlook than these statistics show.
- These statistics are based on the stage of the cancer when it was first diagnosed. They do not apply to cancers that later come back or spread, for example.
- The outlook for people with MCC varies by the stage (extent) of the cancer. In general, the survival rates are higher for people with earlier stage cancers. But many other factors can affect a person’s outlook, such as a person’s age and overall health, and how well the cancer responds to treatment. The outlook for each person is specific to their circumstances.

Your doctor can tell you how these numbers may apply to you, as he or she is familiar
Survival rates for Merkel cell carcinoma

MCC is an uncommon type of cancer, so it’s hard to get accurate, up-to-date survival statistics for this disease, especially by individual stages. Overall, the 5-year survival rate for MCC is about 60%. It’s much higher if the cancer is found early as opposed to having spread to the lymph nodes or distant parts of the body.

Survival rates by stage

The following survival rates are based on the outcomes of nearly 3,000 patients diagnosed with MCC from 1986 to 2000 and recorded in the National Cancer Data Base.

Stage IA: The 5-year relative survival rate is about 80%.

Stage IB: The 5-year relative survival rate is about 60%.

Stage IIA: The 5-year relative survival rate is about 60%.

Stage IIB: The 5-year relative survival rate is about 50%.

Stage IIC: The 5-year relative survival rate is about 50%.

Stage IIIA: The 5-year relative survival rate is about 45%.

Stage IIIB: The 5-year relative survival rate is about 25%.

Stage IV: The 5-year relative survival rate is about 20%.

Remember, these survival rates are only estimates – they can’t predict what will happen to any individual person. We understand that these statistics can be confusing and may lead you to have more questions. Talk to your doctor to better understand your specific situation.

Other factors affecting survival

Factors other than stage can also affect survival. For example:
- People who have weakened immune systems, such as those who have had organ transplants or who are infected with HIV, tend to have a worse outlook.
- Older age has been linked with a less favorable outlook.
- Where the tumor is on the body can also affect outlook. For example, tumors on the arms tend to have a better outlook than tumors in other areas.

**References**

See all references for Merkel Cell Skin Cancer

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**What Should You Ask Your Cancer Care Team About Merkel Cell Carcinoma?**

It’s important to have honest, open discussions with your doctor. You should feel comfortable asking any question, no matter how small it might seem. Here are some questions you might want to ask:

**When you’re told you have Merkel cell carcinoma**

- How sure are you about my diagnosis of Merkel cell carcinoma?
- Has the cancer spread beneath the skin? Has it spread to lymph nodes or other organs?
- Do I need a sentinel lymph node biopsy to look for cancer in the lymph nodes?
- Will I need any other tests before we can decide on treatment?
- Do I need to see any other types of doctors?
- If I’m concerned about the costs and insurance coverage for my diagnosis and treatment, who can help me?

**When deciding on a treatment plan**
• How much experience do you have treating this type of cancer?
• What are my treatment options? What do you recommend? Why?
• Should I get a second opinion? Can you recommend a doctor or cancer center?
• What’s the goal of treatment?
• How quickly do we need to decide on treatment?
• What should I do to be ready for treatment?
• How long will treatment last? What will it be like? Where will it be done?
• What risks or side effects I should expect? How long are they likely to last?
• Will I have a scar after treatment?
• How might treatment affect my daily activities?
• What are the chances of my cancer growing or coming back with the treatment options we have discussed? What would we do if that happens?
• What type of follow-up will I need after treatment?

During treatment

Once treatment begins, you’ll need to know what to expect and what to look for. Not all of these questions may apply to you, but getting answers to the ones that do may be helpful.

• How will we know if the treatment is working?
• Is there anything I can do to help manage side effects?
• What symptoms or side effects should I tell you about right away?
• How can I reach you on nights, holidays, or weekends?
• Are there any limits on what I can do?
• Can you suggest a mental health professional I can see if I start to feel overwhelmed, depressed, or distressed?

After treatment

• What symptoms should I watch for?
• What are the chances of my cancer coming back?
• What are my chances of developing another skin cancer?
• Should I take special precautions to avoid the sun?
• What type of follow-up will I need after treatment?
• How will we know if the cancer has come back? What would my options be if that happens?
• Are my family members at risk for skin cancer? What should I tell them to do?
Along with these sample questions, be sure to write down some of your own. For instance, you might want more information about recovery times so you can plan your work or activity schedule. Or you may want to ask about clinical trials for which you may qualify.

Keep in mind that your doctor isn’t the only one who can give you information. Other health care professionals, such as nurses and social workers, may have the answers to some of your questions. You can find more information about speaking with your health care team in The Doctor-Patient Relationship.

• References
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