
Merkel Cell Skin Cancer Early Detection, Diagnosis, and Staging

Know the signs and symptoms of Merkel cell carcinoma. Find out how it's tested for, diagnosed, and staged.

Detection and Diagnosis

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

- [Can Merkel Cell Carcinoma Be Found Early?](#)
- [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 the likely response to treatment.

- [Merkel Cell Carcinoma \(MCC\) Stages](#)
- [Survival Rates for Merkel Cell Carcinoma](#)

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.

- [Questions to Ask 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're small, haven't spread, and are likely to be easier to treat.

- [Skin self-exam](#)
- [When to see a doctor](#)

Skin self-exam

The American Cancer Society doesn't have guidelines for the early detection of skin cancer, but **knowing how your own skin usually looks** is important 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.

Many doctors recommend checking your own skin once a month. **Skin 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 your skin, including the palms of your hands and soles of your feet, as well as your scalp, ears, nails, and your back. A spouse, partner, or close friend or family member can also help you with these exams, especially for those hard-to-see places, like your scalp and back.

To learn more about how to examine your skin, see [How to Do a Skin Self-exam](#)¹.

When to see a doctor

Any spots on your skin that are new or changing in size, shape, or color should be seen by a doctor right away. If you can't see your doctor soon, you might want to take good close-up photos of the area so your doctor can see if it's 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 start oozing or bleeding. It may feel itchy, tender, or painful.

Merkel cell cancers usually look like firm, pink, red, or purple lumps or bumps on sun-exposed areas of the skin. They usually don't hurt, but they can grow quickly and can sometimes open up as ulcers or sores. (See [Signs and Symptoms of Merkel Cell Carcinoma](#).)

Some doctors and other health care professionals also might examine your skin as part of your routine health check-ups.

Having regular skin exams is especially important for people who are at high risk of Merkel cell cancers or other skin cancers, such as people with weakened immune systems (like those who have had an organ transplant). Talk to your doctor about your skin cancer risk and how often you should have your skin examined.

Hyperlinks

1. www.cancer.org/cancer/risk-prevention/sun-and-uv/skin-exams.html

References

National Cancer Institute. Merkel Cell Carcinoma Treatment (PDQ)—Health Professional Version. 2024. Accessed at <https://www.cancer.gov/types/skin/hp/merkel-cell-treatment-pdq> on November 18, 2024.

Tai P, Nghiem PT, Park SY. Pathogenesis, clinical features, and diagnosis of Merkel cell (neuroendocrine) carcinoma. UpToDate. 2024. Accessed at <https://www.uptodate.com/contents/pathogenesis-clinical-features-and-diagnosis-of-merkel-cell-neuroendocrine-carcinoma> on November 18, 2024.

Xu YG, Aylward JL, Swanson AM, et al. Chapter 67: Nonmelanoma Skin Cancers. In: Niederhuber JE, Armitage JO, Doroshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 6th ed. Philadelphia, Pa. Elsevier: 2019.

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Signs and Symptoms of Merkel Cell Carcinoma

[Merkel cell carcinoma \(MCC\)](#)¹ 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.

The first sign of Merkel cell carcinoma **is often [a single pink, red, or purple shiny bump](#)**² that usually doesn't hurt. Sometimes the skin on the top of the tumor breaks open and bleeds.

These tumors tend to grow quickly. They might spread as new lumps in the nearby skin. They might also reach nearby [lymph nodes](#)³ (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 rare, 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 might not 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 easier it's likely to be to treat it.

Hyperlinks

1. www.cancer.org/cancer/types/merkel-cell-skin-cancer/about/what-is-merkel-cell-carcinoma.html
2. www.cancer.org/cancer/types/skin-cancer/skin-cancer-image-gallery.html
3. www.cancer.org/cancer/diagnosis-staging/lymph-nodes-and-cancer.html

References

National Cancer Institute. Merkel Cell Carcinoma Treatment (PDQ)—Health Professional Version. 2024. Accessed at <https://www.cancer.gov/types/skin/hp/merkel-cell-treatment-pdq> on November 18, 2024.

Tai P, Nghiem PT, Park SY. Pathogenesis, clinical features, and diagnosis of Merkel cell (neuroendocrine) carcinoma. UpToDate. 2024. Accessed at <https://www.uptodate.com/contents/pathogenesis-clinical-features-and-diagnosis-of-merkel-cell-neuroendocrine-carcinoma> on November 18, 2024.

Xu YG, Aylward JL, Swanson AM, et al. Chapter 67: Nonmelanoma Skin Cancers. In: Niederhuber JE, Armitage JO, Doroshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 6th ed. Philadelphia, Pa. Elsevier: 2019.

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Tests for Merkel Cell Carcinoma

Most skin cancers, including Merkel cell carcinoma (MCC), are brought to a doctor's attention because a person has noticed a change in an area of skin.

If you have an abnormal area that might be skin cancer, your doctor will examine it and order tests to find out if it's cancer or some other skin problem. If Merkel cell carcinoma is diagnosed, you will probably need other tests as well to learn more about it, including if it has spread.

- [Medical history and physical exam](#)
- [Skin biopsy](#)
- [Lymph node biopsy](#)
- [Lab tests of biopsy samples](#)
- [Imaging tests](#)
- [Blood tests](#)

Medical history and physical exam

First, you will be asked about your [symptoms](#), such as when you first noticed the change on your skin, if it has changed in size or how it looks, and if it has been painful, itchy, or bleeding. You might also be asked about your possible [risk factors](#)¹ (including sun exposure and immune system problems) and if you or anyone in your family has had skin cancer.

During the physical exam, the area(s) in question will be looked at. The rest of your body will also be checked for spots that could be related to skin cancer.

Nearby [lymph nodes](#)², which are bean-sized collections of immune cells in the body, will also be checked. [Merkel cell carcinoma](#)³ (and some other skin cancers) can sometimes spread to the lymph nodes. When this happens, the lymph nodes swell and might be felt as lumps under the skin.

Referral to a skin specialist

If you're first seen by your primary care doctor and skin cancer is suspected, you may be referred to a **dermatologist**, a doctor who specializes in skin diseases. This doctor will look at the area more closely.

Along with doing a standard physical exam, the dermatologist might use a technique called **dermoscopy** (also called **dermatoscopy**, **epiluminescence microscopy [ELM]**, or **surface microscopy**) to look at spots on the skin more closely. The doctor uses a dermatoscope, which is a special magnifying lens and light source that's held near the skin. Sometimes a thin layer of alcohol or oil is used on the skin with this instrument. The doctor may take digital photos of the spot, too.

Skin biopsy

If the doctor thinks that a suspicious area might be Merkel cell cancer or another type of skin cancer, the area (or part of it) will be removed. This is called a **skin biopsy**. The biopsy sample is then sent to a lab, here it's tested and looked at with a microscope.

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

Skin biopsies usually are done after a local anesthetic (numbing medicine) is injected into the area with a very small needle. You'll probably feel a small prick and a little stinging as the medicine goes in, but you shouldn't feel any pain during the biopsy.

(For animated views of some of these procedures, see [Skin Biopsy and Treatment Procedures](#)⁴.)

Deep shave (tangential) biopsy

This biopsy procedure, also known as **saucerization**, shaves off the top layers of the skin with a small surgical blade. Any bleeding is then stopped by putting either an ointment or a chemical that stops bleeding on it, or by using a small electrical current to seal (cauterize) the wound.

A [shave biopsy](#)⁵ is useful in diagnosing many types of skin diseases, especially if the doctor thinks an abnormal area isn't likely to be a serious skin cancer such as Merkel cell carcinoma or [melanoma](#)⁶. If this type of biopsy is used, it's important that the biopsy blade goes deep enough to get below the tumor.

Punch biopsy

For a [punch biopsy](#)⁷, a tool that looks like a tiny round cookie cutter is used 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 then removed, and the edges of the biopsy site are 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](#)⁸. For these types of biopsies, a surgical knife is used to make an elliptical or circular cut through the full thickness of skin. A wedge or sliver of skin is removed, and the edges of the cut are stitched together.

- An **incisional biopsy** removes only part of the tumor.
- An **excisional biopsy** removes the entire tumor and is usually preferred for a suspected Merkel cell cancer, if it can be done.

Lymph node biopsy

Merkel cell cancer often spreads to nearby lymph nodes, so it's very important to find out if the lymph 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 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** or **surgical biopsy** is more likely to be done. This is often done with the help of an imaging test (see below), such as an ultrasound, CT scan, or fluoroscopy (continuous x-ray).

Sentinel lymph node biopsy (SLNB)

A [sentinel lymph node biopsy](#)⁹ is a surgical procedure that is used to find the lymph nodes that are likely to be the first place Merkel cell cancer would spread to. These lymph nodes are called **sentinel nodes**.

To find the sentinel lymph node (or nodes), a small amount of a radioactive substance is injected into the area of the tumor. After giving the substance time to travel to the lymph node areas near the tumor, a special camera is used to see if it collects in one or more sentinel lymph nodes.

Once the radioactive area has been marked, the patient is taken for surgery, and usually 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/or turned blue. These sentinel nodes are removed by the surgeon and sent to a pathology lab, where they are examined to see if Merkel cell cancer is present.

For more on when this test is done and what the results could mean, see [Surgery for Merkel Cell Carcinoma](#)¹⁰.

Needle biopsy

If a lymph node near a Merkel cell cancer tumor is abnormally large, the doctor can use a needle biopsy to find out if the cancer has spread to that node. Needle biopsies are less invasive than some other types of biopsies, but they may not always take out enough of a tissue 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 pull out (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, numbing medicine (a local anesthetic) is sometimes used first. These biopsies rarely cause much discomfort and usually don't leave a scar.

If the lymph node is just under the skin, the doctor can sometimes feel it well enough to guide the needle into it. If not, or if the lymph node is deeper in the body, an imaging test, like an ultrasound or CT scan, is often used to guide the needle into the right 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 can't be done for some reason. An excisional biopsy might also be used if a needle biopsy didn't find any cancer cells, but the doctor still suspects the cancer has spread there.

In this type of biopsy, the doctor takes out the enlarged lymph node through a small cut (incision) in the skin. This may be done in a doctor's office or in an outpatient surgical center. Numbing medicine (local anesthetic) 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 and do tests for Merkel cell cancer (or other types of cancer). The biopsy samples are usually 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 commonly used for MCC is called **immunohistochemistry (IHC)**. It looks for certain proteins on the cancer cells, such as CK-20.

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

(prognosis) and treatment options.

Imaging tests

[Imaging tests](#)¹¹ use x-rays, magnetic fields, or radioactive substances to create pictures of the inside of the body. They can be used to see if Merkel cell cancer has spread to lymph nodes or to other organs in the body.

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

Computed tomography (CT) scan

[CT scans](#)¹² use x-rays to make detailed, cross-sectional images of your body. Unlike a regular x-ray, CT scans can show details in soft tissues (such as internal organs). This test can show if 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 deep inside the body.

Magnetic resonance imaging (MRI)

[MRIs](#)¹³ use radio waves and strong magnets instead of x-rays to create detailed images of the inside of your body. This test is very helpful in looking for cancer that has spread to the brain and/or spinal cord.

Positron emission tomography (PET) scan

A [PET](#)¹⁴ 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 using more energy (which might be a sign of cancer), rather than just showing if areas look abnormal based on their size or shape.

PET/CT or PET/MRI scan: Often a PET scan is combined with a CT scan or MRI scan, using special machines that can do both at the same time. This lets the doctor compare areas of higher cell activity on the PET scan with the more detailed pictures of that area on the CT or MRI scan. This type of imaging scan is often preferred in patients with MCC.

Blood tests

Blood tests aren't used to diagnose Merkel cell carcinoma, but some tests may be done before, during, or after treatment, especially for more advanced MCCs.

For example, tests of **blood cell counts** and **blood chemistry levels** are often done in people with MCC to see how well their bone marrow (where new blood cells are made), liver, and kidneys are working before and during treatment.

People with Merkel cell cancer might also have their blood tested for **antibodies to the Merkel cell polyomavirus (MCV)** around the time they start treatment. For those who have antibodies to MCV, the levels should fall over time if treatment is working. On the other hand, rising antibody levels after treatment can be a sign that the cancer has come back (recurred).

Hyperlinks

1. www.cancer.org/cancer/types/merkel-cell-skin-cancer/causes-risks-prevention/risk-factors.html
2. www.cancer.org/cancer/diagnosis-staging/lymph-nodes-and-cancer.html
3. www.cancer.org/cancer/types/merkel-cell-skin-cancer/about/what-is-merkel-cell-carcinoma.html
4. www.cancer.org/cancer/types/skin-cancer/skin-biopsy-treatment-procedures.html
5. www.cancer.org/cancer/types/skin-cancer/skin-biopsy-treatment-procedures/shave-biopsy.html
6. www.cancer.org/cancer/types/melanoma-skin-cancer.html
7. www.cancer.org/cancer/types/skin-cancer/skin-biopsy-treatment-procedures/punch-biopsy.html
8. www.cancer.org/cancer/types/skin-cancer/skin-biopsy-treatment-procedures/standard-local-excision.html
9. www.cancer.org/cancer/diagnosis-staging/tests/biopsy-and-cytology-tests/biopsy-types.html
10. www.cancer.org/cancer/types/merkel-cell-skin-cancer/treating/surgery.html
11. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/imaging-radiology-tests-for-cancer.html
12. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/ct-scan-for-

[cancer.html](#)

13. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/mri-for-cancer.html
14. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/nuclear-medicine-scans-for-cancer.html

References

National Cancer Institute. Merkel Cell Carcinoma Treatment (PDQ)—Health Professional Version. 2024. Accessed at <https://www.cancer.gov/types/skin/hp/merkel-cell-treatment-pdq> on November 19, 2024.

National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): Merkel Cell Carcinoma. Version 1.2024. Accessed at <https://www.nccn.org> on November 19, 2024.

Tai P, Nghiem PT, Park SY. Pathogenesis, clinical features, and diagnosis of Merkel cell (neuroendocrine) carcinoma. UpToDate. 2024. Accessed at <https://www.uptodate.com/contents/pathogenesis-clinical-features-and-diagnosis-of-merkel-cell-neuroendocrine-carcinoma> on November 19, 2024.

Tai P, Park SY, Nghiem PT, Silk AW. Staging, treatment, and surveillance of locoregional Merkel cell carcinoma. UpToDate. 2024. Accessed at <https://www.uptodate.com/contents/staging-treatment-and-surveillance-of-locoregional-merkel-cell-carcinoma> on November 19, 2024.

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Merkel Cell Carcinoma (MCC) Stages

After someone is diagnosed with Merkel cell cancer (MCC), doctors will try to figure out if it has spread, and if so, how far. This process is called **staging**.

The **stage** of a cancer describes how much cancer is in the body. It helps determine

how serious the cancer is and how best to [treat it](#)¹. Doctors also use a cancer's stage when talking about survival statistics.

- [How is the stage determined?](#)

The earliest stage Merkel cell cancers are called stage 0 (or carcinoma in situ), and then range from stages I (1) through IV (4). As a rule, the lower the number, the less the cancer has spread. A higher number, like stage IV, means cancer has spread more. And within a stage, an earlier letter means a lower stage. Although each person's cancer experience is unique, cancers with similar stages tend to have a similar outlook and are often treated in much the same way.

How is the stage determined?

The staging system most often used for Merkel cell cancer is the American Joint Committee on Cancer (AJCC) **TNM** system, which is based on 3 key pieces of information:

- The extent (size) of the **tumor (T)**: How large is the cancer? Has it grown into nearby structures or organs?
- Spread to nearby lymph **nodes (N)**: Has the cancer spread to nearby lymph nodes?
- Spread (**metastasis**) to distant sites (**M**): Has the cancer spread to distant lymph nodes or distant organs such as the lungs and skin?

Numbers or letters after T, N, and M provide more details about each of these factors. Higher numbers mean the cancer is more advanced. Once a person's T, N, and M categories have been determined, this information is combined in a process called **stage grouping** to get an overall stage. For more on this, see [Cancer Staging](#)².

The 2 main types of staging for MCC are.

- The **clinical stage** is based on the results of physical exams, biopsies, and any imaging tests that have been done (as described in [Tests for Merkel Cell Carcinoma](#)). The clinical stage can be used to help plan treatment.
- After the skin biopsy to confirm the diagnosis, if surgery is done (to remove more of the area around the skin tumor, as well as to check nearby lymph nodes for cancer), the **pathological stage** (also called the **surgical stage**) can be determined.

The staging system in the table below is the **pathological stage**, which is the staging system most often used for Merkel cell carcinoma. But if surgery can't be done right away (or at all), the cancer will be given a **clinical stage** instead.

Clinical staging for Merkel cell cancer follows a separate staging system that's not covered in the table below. If your cancer has been clinically staged, ask your doctor for information about your specific stage.

Staging for Merkel cell carcinoma can be complex, so ask your doctor to explain it to you in a way you understand.

AJCC Stage	Stage grouping	Stage description*
0	Tis	The main tumor is still only in the top layer of skin (Tis).
	N0	The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
	M0	This stage is also known as carcinoma in situ (Tis).
I	T1	The main tumor is no more than 2 centimeters (cm) across (about 4/5 inch).
	N0	The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
	M0	
IIA	T2 or T3	The main tumor is more than 2 but less than 5 cm (about 2 inches) across (T2) OR the tumor is more than 5 cm across (T3).
	N0	The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
	M0	
IIB	T4	The main tumor has grown into nearby tissues such as muscles, bones, or cartilage (T4).
	N0	

	M0	The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
IIIA	T1, T2, T3, or T4 N1a(sn) or N1a M0	The main tumor can be any size or may have grown into nearby tissues (T1, T2, T3, or T4) AND the cancer has spread to nearby lymph nodes, but this was found during a lymph node biopsy or surgery and was not seen on exams or imaging tests (N1a[sn] or N1a). The cancer has not spread to distant parts of the body (M0).
	OR	
	T0 N1b M0	There's no sign of a main tumor (T0) AND the cancer has spread to nearby lymph nodes, which was seen on exams or imaging tests and then confirmed by biopsy or surgery (N1b). The cancer has not spread to distant parts of the body (M0).
IIIB	T1, T2, T3, or T4 N1b, N2 or N3 M0	The main tumor can be any size or may have grown into nearby tissues (T1, T2, T3, or T4) AND any of the following: <ul style="list-style-type: none"> • The cancer has spread to nearby lymph nodes, which was seen on exams or imaging tests and then confirmed by biopsy or surgery (N1b). • The cancer has spread toward a nearby lymph node area without reaching the lymph nodes (N2). This is called in transit metastasis. • The cancer has spread toward a nearby lymph node area (called in transit metastasis) and has reached the lymph nodes (N3). The cancer has not spread to distant parts of the body (M0).
IV	T0, T1, T2, T3 or T4 Any N M1	The main tumor can be any size or may have grown into nearby tissues (T0, T1, T2, T3, or T4) AND the cancer might or might not have spread to nearby lymph nodes (Any N).

		The cancer has spread to distant lymph nodes or organs, such as the lungs or distant areas of skin (M1).
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* The following categories are not listed on the table above:

- **TX:** Main tumor cannot be assessed due to lack of information.
- **T0:** No evidence of a primary tumor.
- **NX:** Regional lymph nodes cannot be assessed due to lack of information.

Hyperlinks

1. www.cancer.org/cancer/types/merkel-cell-skin-cancer/treating/common-treatments-by-extent.html
2. www.cancer.org/cancer/diagnosis-staging/staging.html

References

American Joint Committee on Cancer. Merkel Cell Carcinoma. In: *AJCC Cancer Staging Manual*. 8th ed. New York, NY: Springer; 2017:549.

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Survival Rates for Merkel Cell Carcinoma

Survival rates can give you an idea of what percentage 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 of how likely it is that your treatment will be successful.

- [What is a 5-year relative survival rate?](#)

- [Where do these numbers for Merkel cell carcinoma come from?](#)
- [5-year relative survival rates for Merkel cell carcinoma](#)
- [Understanding the numbers](#)

Keep in mind that survival rates are estimates and are often based on previous outcomes of large numbers of people who had a specific cancer, but they can't predict what will happen in any person's case. These statistics can be confusing and may lead you to have more questions. Ask your doctor how these numbers may apply to you.

What is a 5-year relative survival rate?

A *relative* survival rate compares people with the same type and stage of cancer to people in the overall population. For example, if the 5-year relative survival rate for a specific stage of Merkel cell carcinoma (MCC) is 70%, it means that people who have that cancer are, on average, about 70% as likely as people who don't have that cancer to live for at least 5 years after being diagnosed.

Where do these numbers for Merkel cell carcinoma come from?

The American Cancer Society relies on information from the Surveillance, Epidemiology, and End Results (SEER) database, maintained by the National Cancer Institute (NCI), to provide survival statistics for different types of cancer.

The SEER database tracks 5-year relative survival rates for MCC in the United States, based on how far the cancer has spread. The SEER database, however, does not group cancers by [AJCC TNM stages](#) (stage 1, stage 2, stage 3, etc.). Instead, it groups cancers into localized, regional, and distant stages:

- **Localized:** There is no sign that the cancer has spread outside the area of the skin where it started.
- **Regional:** The cancer has spread beyond the skin where it started to nearby structures or lymph nodes.
- **Distant:** The cancer has spread to distant parts of the body, such as the lungs, liver, or distant parts of the skin.

5-year relative survival rates for Merkel cell carcinoma

These numbers are based on people diagnosed with MCC between 2012 and 2018.

SEER stage	5-year relative survival rate
Localized	75%
Regional	61%
Distant	24%
All SEER stages combined	65%

Understanding the numbers

- **These numbers apply only to the stage of the cancer when it is first diagnosed.** They do not apply later on if the cancer grows, spreads, or comes back after treatment.
- **These numbers don't take everything into account.** Survival rates are grouped based on how far the cancer has spread. But other factors, such as your age and overall health, where on your body the cancer starts, and how well the cancer responds to treatment, can also affect your outlook.
- **People now being diagnosed with MCC may have a better outlook than these numbers show.** [Treatments have improved over time](#)¹, and these numbers are based on people who were diagnosed and treated at least 5 years earlier.

Hyperlinks

1. www.cancer.org/cancer/types/merkel-cell-skin-cancer/about/research.html

References

SEER*Explorer: An interactive website for SEER cancer statistics [Internet].

Surveillance Research Program, National Cancer Institute. Accessed at <https://seer.cancer.gov/explorer/> on February 23, 2023.

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Questions to Ask About Merkel Cell Carcinoma

It's important to have honest, open discussions with your doctor. You should feel comfortable asking questions about Merkel cell carcinoma or anything else, no matter how small it might seem. Here are some questions you might want to ask.

- [Questions to ask when you're told you have Merkel cell carcinoma](#)
- [Questions to ask when deciding on a treatment plan for MCC](#)
- [Questions to ask during treatment for MCC](#)
- [Questions to ask after treatment for MCC](#)

Questions to ask when you're told you have Merkel cell carcinoma

- How sure are you about my diagnosis of Merkel cell carcinoma (MCC)?
- Has the cancer spread beyond where it started? 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?
- What is the stage of my MCC?
- Do I need to see any other types of doctors?
- Who can talk to me about costs and insurance coverage for my diagnosis and treatment?

Questions to ask when deciding on a treatment plan for MCC

- How much experience do you have treating Merkel cell carcinoma?
- What are my [treatment options](#)¹? What do you recommend? Why?

- Should I get a [second opinion](#)²? 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? What will it look like?
- How might treatment affect my daily activities? My work? My sex life?
- What are the chances of the cancer will still grow or come back after the treatment options we've discussed? What would we do if that happens?
- If I'm worried about managing the costs of cancer care, who can help me?

Questions to ask during treatment for MCC

Once treatment of Merkel cell carcinoma starts, you'll need to know what to expect and what to look for. Not all of these questions might apply to you, but getting answers to the ones that do may be helpful.

- How will we know if treatment is working?
- Is there anything I can do to help [manage side effects](#)³?
- What symptoms or side effects should I tell you about right away?
- How can I reach the clinical team during regular business hours? How about 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?

Questions to ask after treatment for MCC

- What symptoms of Merkel cell carcinoma should I watch for?
- What are the chances of the 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](#)⁴ 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](#)⁵ that might be right for you.

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 learn more about speaking with your health care team in [The Doctor-Patient Relationship](#)⁶.

Hyperlinks

1. www.cancer.org/cancer/types/merkel-cell-skin-cancer/treating.html
2. www.cancer.org/cancer/managing-cancer/finding-care/seeking-a-second-opinion.html
3. www.cancer.org/cancer/managing-cancer/side-effects.html
4. www.cancer.org/cancer/types/merkel-cell-skin-cancer/after-treatment/living-as-a-merkel-cell-carcinoma-survivor.html
5. www.cancer.org/cancer/managing-cancer/making-treatment-decisions/clinical-trials.html
6. www.cancer.org/cancer/managing-cancer/finding-care/the-doctor-patient-relationship.html

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Written by

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