

When All Else Fails, Consider Capecitabine for SCC

BY SUSAN LONDON
Contributing Writer

VANCOUVER, B.C. — Capecitabine, an oral prodrug of 5-fluorouracil, can be used to control advanced squamous cell carcinoma of the skin when conventional treatment options have run out, according to the results of two studies involving a total of five patients.

Capecitabine (Xeloda) “was designed to improve upon existing 5-fluorouracil by having increased efficacy, an improved side-effect profile, and increased ease of administration,” Dr. Mariah R. Brown, lead investigator of one study, explained at the annual meeting of the American College of Mohs Surgery.

Although capecitabine is currently approved only for treatment of colorectal cancer and breast cancer, research suggests a possible role for the drug in managing several other malignancies, including skin cancer, she noted.

Dr. Brown and her colleagues at the University of Colorado, Denver, studied three patients (two women and one man) aged 60-73 years who had locally advanced squamous cell carcinoma (SCC) of the head and neck. In each case, the cancer was inoperable because of tumor size or limitations imposed by prior surgery or radiation therapy; patients also wanted to avoid aggressive therapy. None of the patients had evidence of metastases.

The patients were treated with multiple courses of capecitabine (1,500 mg twice daily), with each course consisting of 2 weeks on the drug and 1 week off. The total duration of treatment ranged from 2 to 6 months.

All patients had a clinical response, with visible shrinkage of tumors by more than 50% and response beginning within the first course of therapy, Dr. Brown reported.

One patient was clinically disease-free after four courses of therapy. She continued taking capecitabine, albeit at a lower dose, because she experienced severe hand-foot syndrome, and was stable 6 months after starting the lower-dose therapy. Another patient had to discontinue the drug after 2½ courses because of adverse effects (neutropenia and diarrhea) and experienced rapid regrowth of

her tumor. The remaining patient was free of disease after four courses but was then lost to follow-up.

“Capecitabine demonstrates some initial positive results in advanced cutaneous squamous cell carcinoma,” Dr. Brown said. “The medication was relatively well tolerated, but side effects may necessitate dose reduction or discontinuation.”

The second study, presented as a poster by Dr. Jeffrey E. Petersen of Wright State University in Dayton, Ohio, described use of capecitabine in two patients with SCC.

The first patient was an 87-year-old man who had multiple recurrent SCCs of the scalp and had undergone previous cryotherapy, topical 5-fluorouracil

treatment, and multiple excisions including a Mohs procedure. The cancer progressed, despite treatment with a maximum dose of radiation therapy. The patient declined extensive surgery.

The second patient was an 84-year-old man who had previously undergone Mohs surgery down to bone for SCC of the scalp but experienced a recurrence. He had already received radiation to that area. The patient had severe Alzheimer’s disease, and his family declined further surgery.

Both patients were treated with capecitabine at 50% of the standard dose of 1,250 mg/m² twice daily for

three to four courses, with a course consisting of 2 weeks on the drug and 1 week off. “By the second or third course of therapy, we were seeing tumor resolution and new ingrowth of skin,” Dr. Petersen said in an interview. “We were also seeing clearing of actinic damage on the arms and face and legs.”

Although the patients experienced mild nausea and reduced taste while on treatment, the drug was otherwise well tolerated, he noted.

In addition to improving visible disease, capecitabine may be acting on disease that is not yet clinically evident. “Because it’s a systemic drug, ... in the large tumors where there is a high risk of metastatic disease you may be also treating that microscopic metastatic disease,” he explained.

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This 87-year-old patient’s recurrent SCC had progressed despite treatment with a maximum dose of radiation.



There is marked improvement of the scalp after four courses of capecitabine, although some ulcers are still present.

“Capecitabine gives you an option sometimes when you are looking at a patient and thinking, ‘I don’t have any more options, I don’t have anything more to offer these people.’ And [now] we do,” Dr. Petersen said.

Dr. Brown and Dr. Petersen reported that they had no conflicts of interest in association with their studies. ■

Bleomycin as Second Line Therapy Clears Cancerous Lesions

BY BETSY BATES
Los Angeles Bureau

SCOTTSDALE, ARIZ. — If there was an award given for “oldies but goodies” in the dermatologic armamentarium, Dr. Haines Ely would surely nominate bleomycin, a medication he has long relied upon for difficult squamous and Merkel cell lesions.

“My love affair with bleomycin began when I was a senior medical student,” he recalled at the annual meeting of the Noah Worcester Dermatological Society.

The experience exposed him to two near-miraculous responses to intralesional bleomycin: the first, in a patient who refused a penectomy for advanced squamous cell carcinoma (SCC) of the penis.

And the second, in a patient with multiple fast-growing metastatic skin lesions from SCC of the lung that had left the patient “screaming in agony” on the hospital ward where Dr. Ely was moonlighting as a phlebotomist.

“By morning, those tumors had resolved. He was sitting up and eating break-

fast,” said Dr. Ely, a dermatologist in private practice in Grass Valley, Calif.

Through the years, Dr. Ely’s reliance on bleomycin in tough cases has been reconfirmed.

The drug has a profound antiviral effect, demonstrated by the drug’s effectiveness for treating Kaposi’s sarcoma patients in the early days of HIV therapy.

It has also been useful for treating aggressive acantholytic SCC patients who refused surgery or were poor surgical candidates, he said. But perhaps its greatest utility is in treating patients with Merkel cell carcinoma (MCC), which has recently been linked to a previously unknown polyomavirus that may prove susceptible to bleomycin (*Science* 2008;319:1096-100).

“The treatment of choice is still surgery,” he emphasized, but patients are often unable to undergo surgery because

of their advanced age, comorbidities, and immunocompromised state. In several cases he presented, radiation therapy proved unsuccessful or resulted in profound complications.

One such case involved an 84-year-old woman residing in a nursing home who

was seen for a “cyst” on her cheek that proved to be a 6-cm MCC. “I called several plastic surgeons in town, but nobody would touch it,” he said.

DR. ELY

“tremendous regrowth,” prompting Dr. Ely to inject bleomycin directly into the tumor base in two treatments, 1 week apart.

The tumor resolved. “She lived 5 years with no recurrences,” he said.

For tumors that strongly resemble MCC, “I don’t even fool around,” said Dr. Ely, noting that he injects 3 IU of bleomycin with lidocaine prior to biopsy-

‘My love affair with bleomycin began when I was a senior medical student.’



ing the site. In one such case sent for referral following prebiopsy intralesional bleomycin, no evidence could be found of MCC by the time of excision.

Dr. Ely said his experience has led him to add to the recently described acronym AEIOU associated with features of MCC: asymptomatic/lack of tenderness, expanding rapidly, immune suppression, older than age 50, and UV-exposed site in a fair-skinned person (*J. Am. Acad. Dermatol.* 2008;58:375-81).

His own acronym, AEIOU-VB, includes “viral associated” and “bleomycin sensitive.”

He cautioned that patients must have adequate renal function for bleomycin to be considered, and some patients may have transient side effects such as chills and fever following intralesional injections of the medication. The most serious, albeit rare, complication of bleomycin is pulmonary fibrosis, more commonly seen in elderly patients and those receiving high doses of the chemotherapy.

Dr. Ely reported having no conflicts of interest. ■