Our patient developed a skin eruption that was clinically and histologically compatible with SCLE after 1 month of mitotane therapy, which resolved after treatment with the drug was stopped. Although test results for serological antibodies were negative, she met some of the guideline conditions for drug-induced LE,4 sufficient to diagnose DISCLE according to our criteria.

In conclusion, we report the first case to our knowledge of DISCLE induced by mitotane. It is important for the clinician to enquire about drug intake history when evaluating patients presenting with SCLE.

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Metastatic Cutaneous Apocrine Adenocarcinoma Treated With a Combination of Pertuzumab-Based Targeted Therapy and Taxane Chemotherapy: A Case Report

There is no effective treatment for metastatic cutaneous apocrine carcinoma (CAC). In some cases of CAC, human epidermal growth factor receptor 2 (HER2) is overexpressed.1,2 We report the case of a patient with metastatic CAC for whom a combination of the anti-HER2 humanized monoclonal antibodies with taxane chemotherapy was effective.

Report of a Case | A man in his 50s presented with an asymptomatic erythematous tumor and lymph nodes fused with the right chest wall, axillary artery, and vein of the right axilla. (Figure 1A). A skin biopsy performed from a specimen of the axilla revealed that atypical tumor cells had proliferated in the dermis to the subcutis (Figure 2A). Immunohistochemically, these tumor cells were positive for gross cystic disease fluid protein 15 and HER2 (immunohistochemical score of 3+) (Figure 2B and C) and negative for mammaglobin and estrogen and progesterone receptors. From these findings, we diagnosed the tumor as CAC. Computed tomography (CT) revealed fused lymph nodes in the right axilla, which infiltrated the right chest wall, axillary artery, and vein. The CT findings enabled us to determine that there was no surgical indication. Therefore, considering that the tumor cells strongly expressed HER2, we administered the combination of pertuzumab and trastuzumab, which are HER2 inhibitors, with taxane chemotherapy according to the treatment of HER2-positive metastatic breast cancer (MBC).3-5 These drugs were intravenously administered every 3 weeks. Pertuzumab and trastuzumab were administered at fixed dosages of 420 mg and 6 mg/kg, respectively, and docetaxel was administered at a dosage of 75 mg/m2. After 7 cycles of this combination therapy, erythematous lesions and fused lymph nodes dramatically decreased (Figure 1B). At this point, we determined that it was possible for the patient to undergo surgical treatment. We performed a wide local excision of the primary lesion and regional lymph node dissection, and the defect was reconstructed using the latissimus dorsi musculocutaneous flap (Figure 1C). Pathological results showed that there were viable tumor cells in dissected lymph nodes; however, the accessory mammary gland was not identified. Additional radiotherapy was administered on the right axilla with a total dose of 60 Gy, and subsequent trastuzumab monotherapy was administered. Following 11 cycles of this monotherapy, CT showed complete response (CR). At the last follow-up, 11 months after surgical treatment, the patient was disease free.

Discussion | The National Comprehensive Cancer Network guidelines recommend the combination of pertuzumab and trastuzumab with docetaxel as a preferred option for first-line treatment of patients with HER2-positive MBC.3 In general, CAC has a histological similarity to the apocrine subtype of breast cancer. Therefore, if patients with metastatic CAC have overexpression of HER2, HER2 inhibitors, such as pertuzumab and trastuzumab, are expected to be effective for them.

Pertuzumab and trastuzumab are more active in combination than when used alone because these 2 agents bind to different HER2 epitopes and provide a comprehensive signaling blockade.6 According to a randomized clinical trial of patients with HER2-positive MBC,6,7 the combination of pertuzumab and trastuzumab with docetaxel compared with placebo and trastuzumab with docetaxel significantly improved both progression-free and overall survival. Therefore, the addition of pertuzumab plays an important role in the improvement of outcomes for patients with HER2-positive MBC. However, with regard to HER2-positive metastatic CAC, to our knowledge, there are no reports of therapy with pertuzumab. In the present case, the tumor cells dramatically regressed with the combination of pertuzumab and trastuzumab with
Because of the effect of this combination therapy, we could perform surgery in this patient; to date, for 11 months after surgical treatment, CR has been maintained by combining subsequent radiation therapy and trastuzumab monotherapy.

This case suggests that the combination of pertuzumab-based targeted therapy with taxane chemotherapy may develop into a new treatment option for patients with HER2-positive metastatic CAC.

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Figure 1. Clinical Features at the Patient

A, A 90 × 50-mm, slightly raised erythematous lesion with lymphadenopathy (100 × 100 mm in size) is present at the right axilla. In-transit or satellite metastases are present around the tumor. B, After 7 cycles of the combination therapy of pertuzumab and trastuzumab with docetaxel, right axillary lesions dramatically decreased. C, After 1 month of surgical treatment.

Figure 2. Biopsy Specimens From the Axillary Area

A, A biopsy specimen revealed that atypical tumor cells proliferated in the skin, forming strands or solid pattern nests in collagen fibers (hematoxylin-eosin, original magnification ×100). B, Immunohistochemical staining for gross cystic disease fluid protein 15 (original magnification ×100) revealed positive tumor cells. C, Immunohistochemical staining for human epidermal growth factor receptor protein 2 (HER2) (original magnification ×100) revealed positive tumor cells.

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I read with great interest the article by Bloom et al on the use of Google Trends to assess the US population’s interest in skin cancer. The authors should be commended for presenting this novel methodology as an approach to assessing patient interest in skin cancer, and for examining the putative relationship between the search volume index (SVI) and melanoma outcomes.

The authors highlight that interest in skin cancer and melanoma is cyclical and that the “summer months” consistently demonstrate the highest SVI for skin cancer and melanoma searches. Yet Google Trends data show a consistent peak for the search term “skin cancer” in the month of May. Given sun exposure trends, the prior assumption would be that searches for skin cancer and melanoma, spurred by sun overexposure and burns, would peak in mid July. The early peak in May, before most Americans have increased their sun exposure behaviors, followed by a persistently high level of interest over the summer months, suggests that something other than sun exposure patterns may be driving this phenomenon. Interestingly, a recent Brazilian study on the frequency of web visits to the Brazilian National Cancer Institute website failed to demonstrate a cyclical pattern of interest in skin cancer.

Since 1985, the American Academy of Dermatology has sponsored May as skin cancer awareness month. The May peak in searches for skin cancer, and the frequent May peak in searches for melanoma, may suggest that such outreach programs are having an impact, at least insofar as SVI correlates with actual screening behaviors, which a recent study has questioned. The May peak for melanoma and skin cancer echoes a similar October peak for breast cancer searches, as breast cancer awareness month has become a major cultural trope in the United States and beyond.

These findings suggest that the cycle of awareness, led by outreach programs, may lead to a significant and meaningful feedback loop, with the founding of an awareness month leading to increased media coverage, which in turn leads to more searches and public interest, which then again feeds an increased interest in media coverage.

While it is difficult to draw valid conclusions from secular trends, these data should be heartening to the dermatology community at large because they suggest that outreach, advocacy, and education efforts, coupled with free skin cancer screenings, may be effectively contributing to an increased awareness of skin cancer.

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