Merkel cell carcinoma (MCC) is a rare and lethal skin cancer with few known treatment options. Management of this disease is challenging, and oncology nurses must understand the medical, physical, and psychosocial burden that MCC places on the patient and family caregivers. Patients must navigate a complex medical and insurance network that often fails to support patients with rare cancers. Nurses must advocate for these patients to ensure quality comprehensive cancer care.

**Case Study 1**

B.Y. was a 61-year-old Caucasian woman with a past medical history of epilepsy, fibromyalgia, and diverticulosis who developed a left groin mass that was biopsied. The pathology confirmed MCC. Positron-emission tomography (PET) demonstrated multiple inguinal, internal, and external iliac lymph nodes and a left breast lesion, but no superficial cutaneous lesions. B.Y. was started on chemotherapy with cisplatin (Platinol®) and etoposide (VePesid®) for two cycles but had complications related to neutropenia. Repeat imaging showed progressive disease in the left breast and inguinal regions. The patient was enrolled in a clinical trial for an anti-PDL1 antibody; however, prior to treatment, she developed hydronephrosis of the renal pelvis related to retroperitoneal lymph node enlargement. After receiving two doses of the anti-PDL1 antibody, she quickly began to decline clinically. B.Y. was placed on hospice care and died about nine months after her initial diagnosis.

**Case Study 2**

P.C. was a 46-year-old Caucasian man with a past medical history of squamous cell carcinoma of the lip who presented with a nodule along the fifth digit of the left hand. Clinical and laboratory evaluations were performed for staging purposes, and frequent follow-up visits were required. The excisional biopsy pathology was positive for MCC (Becker, 2010). Two similar and challenging patients with MCC presented to the authors’ cancer center.