



Contribution ID: 54

Type: Poster

## Metachronous cancers in patients with survival greater than 5 years

Friday, 23 June 2017 10:30 (5 minutes)

**Introduction:** As a result of an increase in diagnosis and therapy efficiency, as well as supportive therapies, the number of survivors and the overall surviving period for cancer patients has increased. A subgroup of these patients are diagnosed with a second cancer, this being one reason for readmission to an Oncology Department, others being the relapse of the first tumor, or periodic controls in absence of any signs of disease. The goal of this study was to evaluate the causes of readmission of patients to the Radiation Oncology Department of Oncology Institute Cluj-Napoca, Romania who were first registered at the Institute more than 5 years ago. An additional goal was to describe the characteristics of the metachronous subgroup patients.

**Methodology:** From the patients admitted to the Radiation Oncology Department of Oncology Institute Cluj-Napoca, Romania in 2014-2015, we selected only those patients who were first admitted to the same institute at least 5 years prior to 2014-2015. For these patients we evaluated the reasons of the first presentation, as well as those for the 2014-2015 readmission. Furthermore, we analyzed every case with metachronous tumor by considering the location of the first and second primary tumour.

**Results:** Between 2014 and 2015 a total of 5080 cancer patients were admitted to the Oncology Institute Cluj-Napoca, Romania. 110 (2.17%) of these patients were first admitted more than 5 years ago. 25 (22.7%) of these 110 patients had no signs of oncologic disease, 21 (19.1%) had a continuous disease progression, 20 (18.2%) had a relapse after a free disease period, and 44 (40%) had a second primary tumor. Median age in this group was 65, with a median survival of 12 years after the diagnosis of the first cancer. The female to male ratio F:M was 1.3:1. In women's metachronous cancer subgroup, the first primary tumors were: breast 12 (48%), followed by cervical 4 (16%), endometrial 3 (12%), colon 2 (8%), and ovary, thyroid and skin 1 (4%) each. In the same subgroup, the second primary cancers were: lung 5 (20%), cervix and central nervous system 4 (16% each), rectum 3 (12%), endometrial 2 (8%), and breast, head and neck, soft tissue, lymphoma, myeloma, kidney, parotids 1 (4%) each. In men's metachronous cancer subgroup, the first tumors were: head and neck 5 (26.3%), followed by gastric, colon, lung, and prostate 2 (10.5%) each, and urinary bladder, rectum, melanoma, and skin 1 (5.3%) each. In the same subgroup, the second primary cancers were: lung 8 (42.1%), head and neck 3 (15.8%), gastric, rectum and soft tissue 2 (10.5%) each, prostate and esophagus 1 (5.3%) each. Metachronous cancer at central nervous system level was found only in women (16 vs 0%), and lung cancer was more frequent in men (42.1% vs 20%), but not statistically significant. Among all male and female patients whose first primary cancer diagnosis was head and neck cancer and who subsequently developed a second primary cancer, it was found that the incidence of second primary cancer was more frequent in men (26.3% vs 3.8%,  $p=0.02$ ).

**Conclusion:** Metachronous tumors are a frequent cause of readmission for cancer patients who survived for more than 5 years. In the women's subgroup, breast cancer was found to be the most frequent first cancer. In the men's subgroup, the most frequent first cancer was head and neck. The second primary cancer that occurred most frequently was lung cancer, in both men and women. For patients who were diagnosed with head and neck cancers as first cancer and who survived long (>5 years) and who also developed a second primary cancer, it was found that the second primary cancer occurs more frequently in men than in women. The ratio of central nervous system cancer as second primary tumor for female to male was found to be F:M=4:0. However, this observation did not reach statistical significance and is currently the subject of further investigation. In patients with risk factors for smoking-related malignancies, follow-up and survivorship programs must continue to focus on the development of second primaries.

**Country**

Romania

**Institution**

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**Session Classification:** Friday morning - Poster Presentations - Screen3

**Track Classification:** Clinical Radiation Oncology