

SECOND AND THIRD TUMORS IN PATIENTS WITH HEAD AND NECK CANCER.

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INTRODUCTION

In the medical consult of more than two thousand patients evaluated by the Head and Neck Surgery Group at the Instituto de Cancerología Clínica Las Américas of Medellín, we have found every year more patients with other second and third primary tumors. This finding has pointed some questions about if there is any association between these tumors or if this multiple malignancy diagnosis worsens prognosis. We also have questioned if there is any pattern of presentation that enables us to give genetic counseling to our patients.

OBJECTIVE

To evaluate the incidence of second and third primary tumors in subjects with head and neck carcinomas and to assess the most frequent tumors found together in this population.

METHODS

Retrospective trial based on medical records in the Head and Neck Surgery consult at the Instituto de Cancerología Clínica Las Américas located at Medellín, Colombia.

RESULTS

Between 2011 and 2015 we found 217 patients that had a head and neck tumor and also a second and even a third primary malignancy. Of these 71% were female and 29% male. The average age of the subjects was 64.

66% of the head and neck tumors were malignant and 34% were benign. We analyzed the data of the 131 patients in whom the two or three tumors founded were malignant and discovered that the most frequent head and neck cancer were thyroid (52.7%), larynx (18.3%) and oral cavity (13.0%) carcinomas. The most common histology was papillary cancer of the thyroid (46.0%) and the second was squamous cell carcinoma (37.0%). For the second primary malignancy we detected the breast cancer as the most common (26.7%) followed by hematologic cancer (11.5%) and prostate cancer (9.9%); being the adenocarcinoma the most viewed histology. We identified 44 patients (33.5%) with both cancers being adenocarcinomas and 8 (6.1%) subjects with two squamous cell carcinomas.

49.7% of the tumors were metachronous and 9.2% were synchronous and there were 14 subjects with more than 2 tumors.

CONCLUSIONS

Due to advances in early diagnosis and treatment of cancer and the better access to medical attention in our population, local and regional control has been improved. The development of programs of follow up has lead to an increase in the diagnosis of multiple malignancies in the same subjects as it was found at the Head and Neck Surgery consult at the Instituto De Cancerología Clínica Las Américas. This situation is more commonly found in women with thyroid carcinoma and breast carcinoma being the malignancies that predominated.

We did not established a direct correlation between the different tumors that could potentially explain the development of multiple malignancies, but according to our findings we enforce the importance of a close and extended follow up in our patients.