Poster Session

P2–069

27 CASES OF PARANEOPLASTIC AUTOIMMUNE THROMBOCYTOPENIA IN SOLID TUMORS

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Background: Thrombocytopenia is common in cancer patients. The main cause is bone marrow suppression due to chemotherapy or radiation. Less common causes are bone marrow infiltration by the cancer, drug induced immune thrombocytopenia and disseminated intravascular coagulation. Paraneoplastic autoimmune thrombocytopenia (ITP) is a rare cause of thrombocytopenia and has not received much attention.

Patients and methods: We retrospectively analyzed 27 patients of ITP and solid tumor.

Results: Median age was 77. Patients consisted of 14 male and 13 female. Primary cancers were 8 lung, 4 breast, 3 hepatocellular, 3 colorectal, 2 laryngeal, 2 uterus, 2 prostate, one esophageal, one gastric, one renal pelvis, one urinary bladder, one malignant neurilemmoma and one angiosarcoma. 3 patients had double cancer. Of 21 evaluable cancers, 10 cases were in advanced stage. In 13 cancer cases, curative surgery was performed. Cancer was under control in 16 cases. ITP medications were H. pylori eradication in 14, corticosteroid in 13, danazol in 4, and intravenous immunoglobulin in 4. 25 patients achieved platelet counts more than 50000/mm³. We divided paraneoplastic ITP in three categories according to the temporal relationship to the cancer: ITP prior to cancer (n = 11), concurrent (within 6 months before or after cancer diagnosis) (n = 10), and cancer prior to ITP (n = 9). There was no significant difference in primary cancer site or stage between these three categories. However, only one concurrent case received curative surgery. Concurrent cases had significantly lower overall survival rate than other category cases.

Conclusions: Favorable platelet recovery was achieved in paraneoplastic ITP patients. Low platelet counts may potentially disturb sufficient cancer therapy. Intense ITP treatment may improve prognosis of cancer patients, especially in concurrent cases.

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