Sinonasal Adenocarcinoma (SNA) - Experience of an Oncology Center

SINONASAL ADENOCARCINOMA (SNA) - EXPERIENCE OF AN ONCOLOGY CENTER

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Aim: Sinonasal cancer represent 3% of all head and neck cancers, with an annual European incidence of 1-2/100000. Squamous cell carcinoma is the most frequent type, and adenocarcinoma accounts for 10-20%. The average age is 50-60 years (yrs), with male predominance. Occupational wood exposure is considered a risk factor. SNA grows silently which leads to a late diagnosis and low survival rates.

Methods: 32-year (1981-2013) retrospective cohort analysis of all consecutive patients (pts) with histologically confirmed primary SNA, diagnosed/treated in our tertiary cancer centre. Medical records were reviewed. Survival analysis was done using Kaplan-Meier estimator and log-rank/Peto tests.

Results: From 275 pts with sinonasal cancer, 31 were SNA. Patient median age was 70 yrs (49-108), 54.8% male. 38.7% had professional exposure to leather dust/wood/cork. Primary sites at diagnosis were: nasal cavity (48.4%), maxillary sinus (3.3%), ethmoid sinus (3.3%). Nasal obstruction (74.3%), epistaxis (45.2%) were the most common presenting symptoms. Most pts (54.8%) presented with stage III and stage IV disease at diagnosis and 45.2% with stage I/II. The Intestinal-Type SNA (ITAC) was the most common type of adenocarcinoma (61.3%) followed by tubulopapillary (22.6%). The median time between the first symptom and the definitive diagnosis was 5 months (0-39) and from the diagnosis to the initial treatment was 2 months (0-9). Surgery was the primary treatment in 77.4%. Adjuvant radiation was performed in 51.6% and chemotherapy in 3.3%. Recurrence was seen in 13 pts (41.9%): 28.7% recurred locally, 6.6% systemically, and 6.6% both. The median follow-up, overall survival (OS) and progression free-survival (PFS) were 3.5 yrs, 5.45 yrs and 3.41 yrs, respectively.

Table: 1028P

<table>
<thead>
<tr>
<th>OS</th>
<th>Stage I/II</th>
<th>Stage III/IV</th>
<th>p value</th>
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<tbody>
<tr>
<td>10.02 yrs</td>
<td>3.51 yrs</td>
<td>0.0179, log-rank</td>
<td></td>
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<tr>
<td>PFS</td>
<td>4.14 yrs</td>
<td>2.27 yrs</td>
<td>0.0573, peto-test</td>
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Conclusions: Our results suggest a tendency of SNA to late diagnosis and an occupational exposure as predisposing factor. In our series ITAC was the most frequent histological type and mucinous subtype tends to worse the outcome.

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