Oral session

O1 - 13 - 1  Clinical feature in adolescent and young adult with suspected carcinoma of unknown primary

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Background: Improvement of survival rate in adolescent and young adult (AYA) is relatively less than that achieved in younger and older generation. It is necessary to clarify problem and new approach in clinical care of AYA. The purpose of our study is to describe clinical feature in AYA patients with suspected carcinoma of unknown primary (CUP) comparing with other generations.

Methods: We include patients who are suspected with CUP at other hospitals and came to our hospital from 4/2007 to 12/2013. Data was collected retrospectively from an electronic medical record. We compare clinical feature in AYA (15 to 39 years old) and older generation (over 40 years old).

Results: Among 236 patients with suspected CUP, 18 cases (7.6%) were identified in AYA. Median age of AYA patients was 36 years old (19-39). In 9/18 patients (50%), primary sites were confirmed with additional survey. Final diagnosis were as follows: CUP (50%), germ cell tumor (17%), sarcoma (17%), malignant lymphoma (5.6%), colon cancer (5.6%), malignant mesothelioma (5.6%). The reasons why we confirm primary site were to implement biopsy (4 cases), change pathological diagnosis (4 cases), and add imaging test (1 case). 60% cases (132/218) in older generation were confirmed primary site. Germ cell tumor was diagnosed in only AYA male patients. Also, rare cancers were more diagnosed in AYA patients. No difference was seen in proportion of CUP between AYA and older.

Conclusions: Our study find rare cancer (88%) or curative cancer (22%) was more commonly diagnosed in AYA patients with suspected CUP compared to older generation. This suggests that it may help to confirm primary site and lead to appropriate treatment for AYA patients with suspected CUP by proactive biopsy to inaccessible portion or pathological diagnosis with immunohistochemistry. Particularly, appropriate differential diagnosis of curable disease is absolutely imperative to improve survival rate of AYA patients.