

ホジキンリンパ腫罹患後の死亡 (Abstract #: 10006)

小児ホジキンリンパ腫既往者の長期経過観察の結果から、これらの患者は早期死亡のリスクが高いことが示唆された

Long-term follow-up of survivors of childhood Hodgkin's lymphoma suggests these patients have an increased risk of premature death

小児ホジキンリンパ腫既往者は早期死亡のリスクが高い可能性があることが示唆された、とAmerican Society of Clinical Oncology学会で発表された。研究者らは1970～1986年の間に診断された患者1,927人のデータを解析した（5年後以降の再発、別の悪性疾患、および3～4度の心血管疾患を目的とした追跡期間中央値は23年）。20年間の再発率は13.2%であった。他の悪性腫瘍の30年間の累積発症率は男性で10.6%であり女性で10.9%（乳がん症例を除く）であった。3～4度の心血管疾患発現率に性差はなかった。他の悪性腫瘍および心血管疾患は男女ともに死亡の主要原因であった。再発は女性において死亡の有意な予測因子であり、3～4度の心血管疾患は男女ともに死亡率増加と相関した。他の悪性腫瘍もまた全患者の生存率を低下させたが、その影響は女性よりも男性においてより強固であった。

Full Text

Long-term follow-up of survivors of childhood Hodgkin's lymphoma suggests these patients have an increased risk of premature death, according to a presentation at the annual meeting of the American Society of Clinical Oncology.

Although the incidence of second malignancies among survivors is well known, few studies prior to the current analysis had specifically addressed treatment-associated mortality after childhood Hodgkin's lymphoma.

The Childhood Cancer Survivor Study (CCSS) followed a cohort of survivors of childhood cancer diagnosed between 1970 and 1986. Childhood survivors of Hodgkin's lymphoma had a standardized mortality ratio of 8.3 compared with the overall population of the United States.

Presenter Sharon M. Castellino, MD, of the Wake Forest University School of Medicine, presented an analysis of mortality risk factors for these survivors. The overall study, a retrospectively assembled cohort with subsequent prospective follow-up, included 1,927 survivors of Hodgkin's lymphoma (13 percent of all participants). Patients have been followed for a median of 23 years for relapse beyond 5 years, occurrence of second malignancy, and grade 3 or 4 cardiovascular conditions.

The incidence of relapse by 20 years after diagnosis was 13.2 percent. The 30-year cumulative incidence of second malignancies was 25.3 percent in women and 10.6 percent in men. When breast cancer was eliminated from the analysis, the 30-year cumulative incidence of second malignancies in women was 10.9 percent, comparable with that for men.

There was no significant difference by gender in cumulative incidence of grade 3 and 4 cardiovascular conditions. Second malignancy and cardiac conditions were the leading causes of death for both men and women.

Results for all patients were analyzed separately in Cox proportional hazard models adjusted for patient demographics. In a multivariate analysis, chemotherapy with anthracyclines was a significant risk factor for mortality in men. Supradiaphragmatic and infradiaphragmatic radiotherapy were significant risk factors for mortality in women patients at all radiation doses.

Relapse was a significant predictor of mortality in women, whereas grade 3 and 4 cardiovascular conditions were associated with an increased mortality risk in all patients. Second malignancies also decreased survival for all patients, with a stronger effect in men than women.

Castellino concluded that therapy-related morbidity and premature mortality is a trend as the cohort ages. She suggested that aging survivors and their health care providers should have a heightened awareness of second malignancies and cardiovascular risks and perform earlier targeted screening for these conditions.

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