



SKIN CANCER (OTHER THAN MELANOMA)

GENDER DIFFERENCES IN THE RISK OF SECONDARY MALIGNANCIES IN PATIENTS WITH MYCOSIS FUNGOIDES OR SÉZARY SYNDROME

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Background: Few studies suggested an increased risk of secondary malignancies in patients with Mycosis fungoides (MF) or Sézary syndrome (SS).

Objective: To assess risk of developing secondary malignancies patients with MF or SS and to characterize the risk by gender.

Materials and Methods: A cohort of patients with MF or SS was formed from thirteen population-based US cancer registries utilizing the Surveillance, Epidemiology, and End Results Program (SEER-13). Patients were diagnosed and followed up from 1992 to 2014. Relative risk was estimated using the standardized incidence ration (SIR).

Results: 4229 patients with MF or SS were analyzed in the SEER-13 cohort. Of those 2,391 (56.5%) were males. 550 developed a secondary malignancy. Of those, 329 (59.8%) patients were males. The risk of developing a secondary malignancy was statistically significant in MF/SS patients compared to the matched general population (SIR = 1.26, CI:1.16-1.37). Males had a significantly increased risk of HL (SIR = 9.93, CI: 3.99-20.47) and NHL (SIR = 4.86, CI: 3.64-6.35). Females had a significantly increased risk of melanoma (SIR = 2.56, CI: 1.28-4.59), lung cancer (SIR = 1.89, CI: 1.33-2.6), NHL (SIR = 6.26, CI: 4.41-8.63), HL (SIR = 13.34, CI: 4.33-31.12), and CLL (SIR = 3.5, CI: 1.14-8.17). Malignancies diagnosed within two months of diagnosis of MF or SS were excluded to avoid detection bias.

Conclusions: An analysis of nationwide cancer registries of US patients with MF or SS showed an overall increase of secondary malignancies by 26% compared to matched general population. There was significant increased risk of HL and NHL in male patients and a significant increased risk of melanoma, CLL, HL, NHL, and lung cancer in females. Providers managing patients with MF or SS must be aware of increased risk and should screen those at risk accordingly.

