SKIN CANCER (OTHER THAN MELANOMA)

RISK OF SECOND PRIMARY CANCER IN PATIENTS WITH MERKEL CELL CARCINOMA: ANALYSIS OF NATIONWIDE DATA FROM THE NATIONAL CANCER INSTITUTE SURVEILLANCE, EPIDEMIOLOGY, AND END RESULTS (SEER) PROGRAM

Y. Ali [1] - R. Yousif [2] - E. Gwillim [1] - T. Canter [1] - R. Lefferdink [1] - L. Sadowsky [1] - P. Singh [1] - D.p. West [1] - B. Nardone [1]

Northwestern University, Department Of Dermatology, Chicago, Il, United States [1] - Northwestern University, Department Of Dermatology, Chicago,il, United States [2]

Introduction: Patients with Merkel Cell Carcinoma (MCC) are reportedly at increased risk for a second primary cancer (SPC), especially lymphoma and malignant melanoma (MM).

Objective: The aim of this study is to explore the risk of SPC in those with MCC using SEER.

Materials and Methods: Data from SEER (2000-2015) were analyzed to determine overall risk for SPC in those with MCC surviving at least 2 months after MCC diagnosis. Standardized Incidence Ratios (SIRs), defined as the ratio of the observed (O) number of SPCs among MCC survivors to the expected (E) number among the general population, and 95% confidence intervals (CIs), were calculated. SPC and MCC were detected by using Site recode B ICD-O-3/WHO 2008.

Results: Of 5,245 persons with MCC as a primary malignancy, 595 had >1 subsequent SPC (O:E 1.48, 95% CI 1.36-1.60). As previously reported, there was an increased risk for MM (O:E 2.49, 95% CI 1.85-3.27), for Non-Hodgkin lymphoma (O:E 2.34, 95% CI 1.70-3.14) and for salivary gland (O:E 5.36, 95% CI 2.15-11.04). Notably, there is now a detectable significantly increased risk for stomach (O:E 1.91, 95% CI 1.04 3.20); ascending colon (O:E 2.04, 95% CI 1.12 3.43); pancreas (O:E 1.78 95% CI 1.14 2.64); thyroid (O:E 3.35, 95% CI 1.73 5.85), and kidney (O:E 1.68, 95% CI 1.01 2.62) malignancies.
When stratified by sex, males were at an increased risk for liver cancer (O:E 2.35, 95% CI 1.13 4.33) and Non-Lymphocytic Leukemia (O:E 2.21, 95% CI 1.06 4.07).

Conclusions: MCC survivors are at increased risk for a number of SPCs when compared to the general population, some of which are not previously reported. These findings suggest

that ongoing monitoring and early detection of SPC are likely important factors in the management of patients with MCC.