<table>
<thead>
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<td>Sawai, Terumitsu; Nakamura, Akihiro; Jibiki, Masaaki; Akama, Fumitaka; Uchikawa, Tetsuya; Sasaki, Nobufumi; Shingu, Hiroshi; Hatano, Kazuhiko; Matsumoto, Yosihiro; Muraoka, Masashi; Tagawa, Tsutomu; Hayashida, Ken; Yamaguchi, Shinya; Ide, Seiichiro; Nanashima, Atsushi; Taniguchi, Yoshitaka; Fujise, Naoki; Kurosaki, Nobuko</td>
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Esophageal Carcinomas with Synchronous and Metachronous Primary
Malignant Carcinomas in Other Organs

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Seventeen patients with 10 synchronous and 7 metachronous double cancers with carcinomas of the esophagus
were surgically treated in the First Department of Surgery, Nagasaki University School of Medicine. All patients were
men with an average age of 68.5. The incidence of double cancers with carcinoma of the esophagus accounted for 12.7% in
a total of 134 of this series. The three triple cancers were included. Of the three, one was synchronous triple cancers in
the esophagus, the stomach and the colon. The outcome was not necessarily satisfactory. Two had recurrence 3 and 5
months after surgery, but one is still alive for 33 months, free from carcinoma.

Introduction

It is well known that the incidence of double cancer is relatively high in the head and the neck. And also it is
believed double cancers are more likely to occur in the esophagus. According to improvement of the outcome for
carcinomas of the esophagus, physicians have become to encounter more often the chances of the treatment of
double cancer patients associated with esophageal cancers.

Great concern is focused on the treatment of carcinomas of the esophagus implicated in high incidence of the
presence of double cancers.

The purpose of this study is to clarify clinical characteristics of triple cancers related to esophageal cancers on the
basis of a result of our clinical experience.

Patients and Results

Ten synchronous and four metachronous double cancer patients with carcinoma of the esophagus were experienced
our department. Of 10 synchronous one, associated organs were the stomach in 7 and the larynx, the pancreas and
stomach with the colon in one, respectively. On the other hand, of metachronous double cancer patients, they were
the stomach in 4, the lung, the kidney with larynx and the larynx with the prostata in one, respectively as shown in
Table 1.

Among them, three triple cancer patients were treated in two synchronous and one metachronous primary malign-
ants neoplasms. The first case, 70-year-old man, had a resection for renal carcinoma, followed by an interval of
24 months, underwent neck dissection and irradiation therapy for laryngeal carcinoma, and 32 months later,
esophagectomy with radiation therapy for a esophageal carcinoma. He had expired with recurrence 3 months after
the last operation. The second case, male age 73, had received laryngectomy with irradiation and chemotherapy
for carcinoma of the larynx, elapsing 31 months, endocrine-chemotherapy for prostatic cancer, and 18
months later, esophagectomy for a esophageal cancer. He is still living 5 months after surgery with tumor-bearing.
The last case, man aged 65, underwent simultaneous combined resection of the esophagus and the stomach as
shown in Table 2 for early esophageal cancer (a0, 0-la) and early gastric cancer (I type) and also polypectomy for
carcinoma in adenoma of the colon. The patient is now in good health, 33 months after surgery. All of the triple
cancers were in early stage. The reasons for fair outcome were that a complete resection was achieved with minimal
surgical invasion and all were in early stage of carcinomas.

Table 1 Esophageal cancers with synchronous and metachronous primary malignant tumors

<table>
<thead>
<tr>
<th>Synchronous</th>
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<tbody>
<tr>
<td>gastric cancer</td>
<td>10</td>
</tr>
<tr>
<td>carcinoma of the larynx</td>
<td>7</td>
</tr>
<tr>
<td>pancreas cancer</td>
<td>1</td>
</tr>
<tr>
<td>gastric and colon cancer</td>
<td>1</td>
</tr>
<tr>
<td>Metachronous</td>
<td>7</td>
</tr>
<tr>
<td>gastric cancer</td>
<td>4</td>
</tr>
<tr>
<td>lung cancer</td>
<td>1</td>
</tr>
<tr>
<td>renal and laryngeal cancer</td>
<td>1</td>
</tr>
<tr>
<td>laryngeal and prostata cancer</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 2 Early esophageal cancer (a0, 0-la) and early gastric cancer (I type)
Table 2  Triple cancers

<table>
<thead>
<tr>
<th>Case</th>
<th>Age</th>
<th>Gender</th>
<th>Organs 1</th>
<th>Stage 1</th>
<th>Organs 2</th>
<th>Stage 2</th>
<th>Organs 3</th>
<th>Stage 3</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>70 yrs, M</td>
<td>renal</td>
<td>24M</td>
<td>laryngeal</td>
<td>neck dissection</td>
<td>esophageal</td>
<td>resection</td>
<td>irradiation</td>
<td>death</td>
</tr>
<tr>
<td>2</td>
<td>73 yrs, M</td>
<td>laryngeal</td>
<td>31M</td>
<td>prostata</td>
<td>endochemotherapy</td>
<td>esophageal</td>
<td>resection</td>
<td></td>
<td>alive</td>
</tr>
<tr>
<td>3</td>
<td>65 yrs, M</td>
<td>esophageal</td>
<td>gastric</td>
<td>colon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>alive</td>
</tr>
</tbody>
</table>

Discussion

The definition of double cancers is 1) malignant diseases in each tumor 2) arising from different sites 3) denying that each is not metastatic. It is generally accepted that the time interval discriminating synchronous from metachronous one is within 6 months. The incidence of double cancers in carcinomas of the esophagus has been reported to be in the range of 2.9 to 6.5% in spite of 3.6% in the nationwide survey in 1977. It is more frequent in Japan that double cancers of the esophagus accompany gastric cancer, despite a low incidence of 1.4% in Europe. It is common that gastric cancer associated with double cancer of esophageal cancer is frequently detected. It is attributable to carcinogenesis related to daily diet and reflects the digestive tract fragile to continuous stimulation of carcinogens. Physicians should be aware of concomitant occurrence of gastric cancer with esophageal cancer in postoperative follow-up study.

On the other hand, Tepperman reported the second cancer occurred at the incidence of 3.6% every year after the treatment of carcinomas in the floor of the oral cavity and most were squamous cell carcinoma of the upper air way and upper digestive tract in origin. In the peri-and postoperative follow-up course of carcinomas of the esophagus, much attention should be paid to the presence and occurrence of synchronous and metachronous primary malignant tumors in the stomach and the oral cavity. In particular, a high incidence of gastric cancer is troublesome with respect to the use of the stomach susceptible to concomitant or subsequent carcinomas as an organ of reconstruction following esophagectomy.

The prognosis of double cancers associated with esophageal cancers correlates with advancing stages of esophageal cancers. Application of endoscopic surgery is also recommended for synchronous double cancers which is in early stage of carcinoma. In contrast, it is most common that subsequent carcinoma to preceding esophageal cancers is gastric cancer that is relatively advanced. In fact, undue delay in detection of metachronous cancer is not infrequently experienced so that no effective therapy is prescribed. Furthermore, the elapsing time following surgery for esophageal cancers develops a high incidence of metachronous cancers. It is mandatory for meticulous follow-up to improve surgical outcome for metachronous double cancers.

References