The role of palliative chemotherapy for advanced pulmonary pleomorphic carcinoma

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Background: Pulmonary pleomorphic carcinoma is an uncommon malignant tumor of the lung, which has the dual cell components of spindle or giant cells and epithelial cells. The objective of this study was to investigate the clinical course and efficacy of palliative chemotherapy in patients with advanced pulmonary pleomorphic carcinoma. Methods: Twenty-three patients were diagnosed with advanced pulmonary pleomorphic carcinoma from February 1994 to December 2007. Twelve patients received palliative chemotherapy including gemcitabine/cisplatin (5 patients), gemcitabine/carboplatin (3 patients), paclitaxel/carboplatin (2 patients), paclitaxel/cisplatin (1 patient) and docetaxel/cisplatin (1 patient) as first line chemotherapy. Results: The median patient age was 60 (range, 32–95 years). Among the 23 patients, 18 patients had disease relapse after curative resection and five patients had metastatic disease at the initial presentation. Among the 12 patients treated with chemotherapy, 7 patients (58%) had progressive disease, 3 patients (25%) had stable disease and only 2 patients (17%) had a partial response after the first-line chemotherapy. With median follow-up of 11 months (range, 1–67), the median overall survival for all patients was only 6 months (95% CI, 1–11). The median overall survival for the chemotherapy group was 8 months, but only 2 months for the group without chemotherapy (P=0.038). The univariate analysis showed a favorable median overall survival for patients with an ECOG performance 0, female gender and chemotherapy. Conclusion: These results showed a slight survival benefit could be achieved in patients treated with platinum-based combination chemotherapy. However, the prognosis and response to chemotherapy were dismal. To improve the clinical outcomes of advanced pulmonary pleomorphic carcinoma, additional novel treatment approaches are needed.

Esophagorespiratory fistula in patients with esophageal cancer

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In patients with esophageal carcinoma, malignant fistula between the esophagus and the respiratory tract is a serious complication with an extremely poor prognosis. The optimal treatment of esophagorespiratory fistula (ERF) resulting from esophageal cancer is unknown. In this retrospective study, we revealed the incidence of ERF in esophageal malignancies, difference of characteristics of groups with or without ERF, presentation and survival of ERF, and prognostic factors for survival. From 1998 to 2007, 1095 patients with squamous cell carcinoma of the esophagus were treated at a single center, Samsung Medical Center. A retrospective review of all patients with radiographic, endoscopic or bronchoscopic evidence of ERF was performed. A total of 52 patients were documented. The incidence of ERF in patients with esophageal cancer was 4.8% (52/1095). The distributions of initial stage, location, length, and initial airway involvement differed significantly between groups: a group with ERF presented with more advanced stage, lesser involvement of lower esophagus, longer segment of tumor, more initial airway involvement. The median time from diagnosis of the esophageal cancer to development of a fistula was 7.9 months. 3 ERF (5.8%) presented initially with diagnosis of cancer, 14 ERF (27.4%) developed at non-PD status of esophageal cancer. The diagnosis of an ERF was made by one or more modalities and included CT scan (n=30), esophagography (n=26), bronchoscopy (n=19), esophagogastrscopy (n=7) and operative finding (n=2). Four patients (8%) received radiation therapy and 9 patients (17%) underwent surgery as treatment of ERF. The median survival after diagnosis of ERF was 8.0 weeks. Univariate analysis demonstrated disease status, stage at diagnosis of fistula, surgery or radiation for ERF, WBC levels as predictive of survival. However, multivariate analysis of these factors showed only surgery or radiation for ERF could predict longer survival. The ERF resulting from esophageal cancer carries a grave prognosis. More aggressive treatment such as surgery or radiation may offer favorable outcome in esophageal cancer with ERF.