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Research article

Second Primary Lung Cancer: A Current Problem in Long-Survivor Cancer Patients

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Abstract

Background: Lung may be the site of synchronous or metachronous second primary malignancies (SPM) with an incidence between 0.8 and 14.5% of cases. Synchronous or metachronous SPM present, however, diagnostic and therapeutic challenges. The authors report their experience in the treatment of second primary lung tumors.

Methods: A retrospective study from 2008 to 2014 was conducted in patients with synchronous or metachronous second primary lung cancer.

Results: 30 patients (69.8%) underwent to pulmonary lobectomy, 4 (9.3%) to segmentectomy and 6 (14.0%) to wedge resections (Table n.1). Lung-sparing resections were referred to patients with unsuitable respiratory volumes for anatomical ones. The presence in the medical history of an intra- or extrathoracic primary cancer does not significantly influence survival, while the second primary malignancy's stage is crucial.

Conclusions: Lobectomy with hilar-mediastinal lymph node dissection should be offered to all suitable patient.

Keywords: Second Primary Lung Cancer; Martini and Melamed's Criteria; Lobectomy; Overall Survival.

Abbreviations

SPLC: Second Primary Lung Cancer;

SPM: Second Primary Malignancies;

DFI: Disease Free Interval

Introduction

Lung cancer is the leading cause of cancer-related death [1]. Non small cell lung cancer (NSCLC) and Small cell lung cancer (SCLC) are the major histotypes, with the previous representing about 85% of cases [2,3]. The lung may be the site of synchronous or metachronous second primary malignancies

(SPM) with an incidence between 0.8 and 14.5% of cases [4]. However, synchronous or metachronous SPMs present diagnostic and therapeutic challenges. In fact, occasionally, it is difficult to differentiate a SPM from a local recurrence or distant metastasis. Martini and Melamed's [5] and Antakli's [6] diagnostic criteria are universally accepted. The Authors report their experience in the treatment of second primary