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SECONDARY LEUKEMIA IN POLYCYTHEMIA VERA PATIENTS TREATED WITH PIPBROMAN: A RETROSPECTIVE ANALYSIS

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The "gold standard" for treating Polycythemia Vera (PV) is to date undefined, as no one of the different proposed approaches (phlebotomy, alkylating agents, radiophosphorus, hydroxyurea) commonly used during the last decades has proved to be superior to the others as for antiproliferative activity and safety. Pipbroman (PBI), a piperazine derivative, has shown to be active in PV and to have a lower toxicity when compared to other agents. Between July 1972 and October 1991, at the Hematology Department of the University "La Sapienza" of Rome, 366 PV adult patients were diagnosed according to Polycythemia Vera Study Group (PVSG) criteria. Of these 366 patients, 201 were treated with PBI as a single agent at the dosage of 1 mg/kg/day until response (hematocrit values <50% in males and <45% in females) was achieved and thereafter treatment was modulated according to toxicity and maintenance of response. The remaining 165 patients were treated with other procedures (phlebotomy: 43; radiophosphorus: 58; hydroxyurea: 8; combination of 32 treatments: 35; other treatments: 29). We evaluated in a retrospective analysis the incidence of secondary leukemia in the cohort of PV patients treated with PBI. Six patients (3%) developed acute myelogenous leukemia after a median time of treatment of 43 months (range 13-186). The median overall survival from the development of leukemia was 1.5 months (range 1-10). Considering the alternative treatments given in a significant cohort of patients, leukemic transformation was observed in 11/58 or 19% of patients treated with radiophosphorus and in 3/42 or 7% of patients treated with phlebotomy. In conclusion, this retrospective analysis confirms the efficacy and safety of PBI in PV patients and its low leukemogenic role.

KEY WORDS: Secondary leukemia - Polycythemia Vera - Pipbroman

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TURKISH CANCER MORTALITY STATISTICS

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Mortality statistics in the year 1990 was evaluated in this study. Turkish population census was realized in 1990 by the Prime Ministry State Institute of Statistics. Percentages of deaths due to different causes for all ages were as following: cardiovascular diseases 38.6%, cancer 10.1%, cerebrovascular events 7.5%, infectious diseases 6.7%, injury / poisoning 3.1%. According to these relative frequencies if mortality statistics are taken as a health indicator, Turkey is somewhere between the developed and developing world. 15,157 cases were reported to die of cancer in urban districts in 1990, 66.4% of being male and 33.6% female. Relative frequencies of cancer deaths were lung 40.3%, stomach 9.9%, prostate 5.9%, hematopoietic malignancies 4.1%, colorectal 3.6%, larynx 3.5%, esophagus 1.5% in males and lung 16.5%, breast 11.0%, stomach 11.0%, colorectal 7.1%, hematopoietic malignancies 5.6%, uterus 2.1%, esophagus 2.0% in females. Age standardized and site specific mortality rates were calculated.

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THYROID CANCER : THE POPULATION REGISTRY OF ARDENNES-MARNE, 1979-1992. DESCRIPTIVE RESULTS AND COMPARISON WITH THE OTHER FRENCH CANCER REGISTRIES. Theobald S., Delisle MJ. Institut Jean Godinot, Reims France.

Since 1966, the cases of thyroid carcinoma (ICD 9 : 193) were recorded in the department of nuclear medicine, Institut Jean Godinot, Reims, France. Since 1979 the completeness for the two French administrative areas Ardennes and Marne has been achieved. The intercensal estimates of the population has been computed using interpolation between 1979 and 1990 and extrapolation for the two last years. The average number of notification was equal to 4.6 and 99.8% of the cases were histologically confirmed. Between 1979 and 1992, 561 cases (444 females, 117 males) were notified to the registry. The cumulative incidence rates (age 0-74) were equal to 0.59% (se=0.003) and 0.17% (se=0.001) in females and males respectively. We also have calculated the cumulative incidence rates (CIR) for the periods 1979-1985 and 1986-1992. The value of the CIR was virtually the same in the first period in comparison to the last period (0.59 vs. 0.60) for the females. On the opposite side the CIR has gone up from 0.12 to 0.24% between the two periods for the males. We have compared these values of the CIR to the average values computed from the data of the other French cancer registries for the periods 78-82 and 83-87 published in the book "Cancer Incidence in Five Continents" (IARC). For all of the periods (78-82 or 83-87) the CIR of Ardennes-Marne were higher than those of the other registries especially in females. These results tend to prove that in the case of rare tumours, like thyroid carcinoma, generalist population-based cancer registries probably under estimate the number of new cases. An organ specific population-based cancer registry like that of Ardennes-Marne is probably well suited to register all of the new cases.