seen and followed closely in a single-practice, real-world situation that provides a representative picture of cancer patients in general. It defines the relative incidence and subtypes of multiple primaries among cancer patients of various ethnic groups as well as their impact on survival. It showed relatively consistent results, whether cancer was inclusive of all subtypes or limited to a certain stage of disease, and whether the study population was initially diagnosed over several decades or limited to a defined period of time.

Conclusion

In conclusion, patients with multiple primaries are usually of Caucasian ancestry, have less aggressive malignancies, present at earlier stages of disease, and frequently have a strong family history of similar malignancies. They tend to have cancers with indolent clinical behavior and longer overall survival, especially in those developing second malignancies more than 5 years after the initial primary diagnosis. For patients with three or more primaries, their survival has been similar to the projected life expectancy of the age-matched and sex matched normal population, even though they were treated less aggressively. The development of multiple primaries may possibly be related to genetic disorders of known or an unidentified nature. The higher frequency of cancer predisposition genes in Caucasians may well explain this increased frequency of multiple primaries. The possibility of multiple primary malignancies should always be considered during the treatment and follow-up of cancer patients, especially those of Caucasian ancestry and those having a strong family history of cancer. Due to the potential for long-term survival, more aggressive treatment may be warranted. For elderly and relatively asymptomatic cases having more than three primaries, a less aggressive approach to therapy may be adequate.

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Disclosure

The author reports no conflicts of interest in this work.

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