

CUP syndrome (first-line therapy)

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Introduction:

5% of all malignancies are CUP syndromes (cancer of unknown primary). The prognosis is serious and therefore a rapid treatment decision necessary. Efforts should be made to formulate a working diagnosis. If this fails, Paclitaxel/Carboplatin achieves an objective response rate between 20-40%.

Methods:

Since February 2008, 118 patients with a CUP have been reported to a registry and 95 have been documented. 76 (64.4%) patients received a 1st-line therapy. 40 specialized oncology practices are involved.

Results:

30 (39.5%) patients have died. Contact broke off with 8 (10.5%) patients.

Patients' characteristics:

Gender: 43 (56.6%) female, 33 (43.4%) male; **Age at start of treatment:** 69 (43-81) years;

General condition: 1 (0-2) according to ECOG

Working diagnoses: 14 (18.4%) none; 18 (23.7%) GI tract; 10 (13.2%) CRC, 9 (11.8%) lung cancer, 9 (11.8%) breast cancer, 7 (9.2%) ovarian cancer, 6 (7.9%) head and neck cancer, 3 (4.0%), genital tumor

Histology: 50 (65.8%) adenocarcinoma; 12 (15.8%) squamous cell carcinoma; 3 (3.9%) undifferentiated; 5 (6.7%) others; 6 (7.9%) unknown

Grading: 2.8% G1; 16.9% G2; 40.8% G3, 4.2% G4, 35.2% Gx

Therapies: The period from initial diagnosis until the start of treatment is a median of 1.1 months.

4 (1-10) cycles were administered.

30 (39.5%) received Paclitaxel/Carboplatin. All other therapies were based on the working diagnosis.

Response:

The response of 68 (89.5%) patients could be assessed. 2 (2.9%) CR / 18 (26.5%) PR / 34 (50.0%) NC / 14 (20.6%) PD.

Survival:

The median progression-free survival was at 5.3 months and the overall survival at 19.8 months, ≥ 70 years (16.5 months)/ <70 years (median survival not reached), ECOG 0 (not reached) / ECOG 1 (15.8 months); ECOG 2 (18.5 months); one affected region (not reached)/ several affected regions (9.9 months)

Conclusion:

The CUP syndrome is not a rare diagnosis in specialized oncology practices.

A working diagnosis could be formulated in 82% of the cases, and the gastrointestinal tract was the one with the highest occurrence with 37%.

With 40%, the therapy Paclitaxel/Carboplatin was the most applied (especially with patients without a working diagnosis or with lung cancer). All other therapies were based on the working diagnosis.

An objective response rate of 29% was achieved. Progression free survival was at 5.3 months, the overall survival at 19.8 months.

The data collection is to be continues.