

Relapse patterns in WHO 2/3 nasopharyngeal cancer: Is there a difference between ethnic Asian vs. non-Asian patients?

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Reference: Corry, J., R. Fisher, D. Rischin and L. J. Peters (2006). "Relapse patterns in WHO 2/3 nasopharyngeal cancer: Is there a difference between ethnic Asian vs. non-Asian patients?" *International Journal of Radiation Oncology Biology Physics* 64(1): 63-71.

Key Words:

cancer, Chinese, relapse rates

Research aim:

The purpose of this study was to assess whether ethnicity is an independent prognostic factor in patients with World Health Organization (WHO) type 2 or 3 nasopharyngeal carcinoma (NPC).

Results/Conclusion:

The 5-year rates for freedom from local recurrence (FLR), failure-free survival (FFS), and overall survival (OS) for Asian and non-Asian patients were 74% vs. 82%, 61% vs. 55%, and 75% vs. 63%, respectively. Corresponding 10-year figures were: 62% vs. 82%, 43% vs. 48%, and 58% vs. 49%, respectively. Multifactor analysis showed stage and the use of MRI for staging to be significant prognostic factors for all three endpoints. Age was also significant for FFS and OS. There were no significant differences in FFS or OS between Asian and non-Asian patients. However, the FLR interval was significantly worse in the Asian group (hazard ratio [HR], 2.37; 95% confidence interval [CI], 1.11-5.06), whereas duration of freedom from distant metastasis tended to be better (HR, 0.71; 95% CI, 0.33-1.53)

Implications:

Although this study provides no evidence that race is an independent prognostic factor for overall survival in patients with WHO 2/3 NPC, it does suggest that relapse patterns may vary, with a higher rate of late primary failures (offset by a lower rate of distant failure) in the Asian population.

Cultural Group(s):

Chinese, 'non-Asian'

Location of study:

Victoria (Melbourne - Peter MacCallum Cancer Centre)

Age group:

Number included in study:

158 patients

Type of participants:

All patients planned for radical treatment at the Peter MacCallum Cancer Centre from April 1985 to December 1999 were included in this study; 86 Asian, 72 non-Asian

Research approach:

Quantitative

Type of data:

Primary

Secondary data sources used:

Specific scales or analytical techniques used:

Implications/ Recommendations:

Notes:

Not specifically about older people