



EXPERIENCE ON THE MANAGEMENT OF MALIGNANCY IN HEMOPHILIC PATIENTS.

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Introduction

Advances in hemophilia care, including safer blood products and more effective treatments for human immunodeficiency virus (HIV) and hepatitis C infection (HCV), have improved the life expectancy of people with hemophilia (PWH). At least in more developed countries, it is approaching that of the general population. Therefore, age-related diseases, such as lifestyle disorders, cardiovascular diseases and cancer, have been increasingly recognized in PWH. Physicians working in hemophilia centers now face a new challenge: the management of cancer in people with inherited hemorrhagic disorders. Indeed, the congenital bleeding tendency may influence the cancer in different ways, by interfering with its clinical presentation, diagnosis and treatment.

We describe five cases of cancer in PWH, focusing in their management and adverse events during cancer treatment.

Patients

All patients followed at a national reference Hemophilia and Cancer treatment Center were evaluated between August 2009 and December 2011 and data pertaining to five hemophiliacs with cancer were retrospectively collected.

Results

Data regarding diagnosis and cancer details are displayed in Table 1. Bleeding was the first symptom of cancer in patients 2, 4 and 5. Patient 2 presented hematuria since the admission related to urinary bladder metastasis associated with severe refractory thrombocytopenia. All patients received factor replacement during cancer treatment, invasive and surgical procedures. There was no hemorrhagic complication. Patient 4 received antithrombotic prophylaxis after surgery, due to associated obesity. All patients were HIV negative and only patient 2 was HCV positive (with no response after treatment).

Table 1: Patients characteristics

xCT= chemotherapy; xRT= radiotherapy

Patient	Haemophilia type	Type of malignancy	Age at diagnosis	HIV / HCV	Treatment	Outcome
1	HB (2%)	Medulloblastoma	19 yo	-/-	Surgery, xCT, xRT	Remission
2	HB (2%)	Adenocarcinoma of colon	57 yo	-/+	xCT	Death (disease progression)
3	HA (<1%)	Ewing sarcoma	15 yo	-/-	Surgery, xCT	On treatment
4	HA (8%)	Liposarcoma (thigh)	34 yo	-/-	Surgery, xRT	Completely resected / remission
5	HB (7%)	Nasopharyngeal carcinoma	58 yo	-/-	Surgery, xCT	Completely resected / remission

Discussion and Conclusions

Overall the prevalence of most cancers in the non-infected PWH seems to be similar to that of age matched controls. The management of such patients represents a new challenge for physicians working in hemophilia centers.

Bleeding episode may reveal an underlying oncologic disorder. Sixty percent of our patients had bleeding as the first manifestation of cancer disease. On the other hand, it should be taken in account the hemophilia-associated increased bleeding risk, mainly during chemotherapy (xCT), radiotherapy (xRT) program, diagnostic invasive procedure or cancer treatment. Eighty percent of our patients were submitted to surgical procedure under adequate replacement therapy, without hemorrhagic and/or thrombotic complications (one patient received pharmacological antithrombotic prophylaxis).

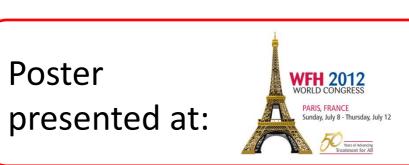
Diagnosis of hemophilia should not preclude the adequate diagnosis and cancer treatment. In the absence of clinical trials and any evidence-based guidelines to guide the approach to management symptomatic patients should be evaluated accordingly. Prospective trials are warranted to optimize the management of hemophiliacs with cancer.

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Poster





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