INTRODUCTION AND AIM

• The population of cancer survivors has increased as a result of early detection and advances in treatments.
• A major medical concern for cancer survivors is the risk of developing a new cancer (secondary primary cancer).
• In Puerto Rico, between 1987 and 2012, secondary malignancies comprised 15% of all female cancer cases; of those, 3% were CRC.
• CRC is the second most frequent (12.2%) cancer and the second leading cause of death (13.5%) among women in Puerto Rico.
• The purpose of this study is to estimate the risk of developing CRC among women who had survived 2 months or longer after the diagnosis of primary breast or gynecological cancers (corpus and uterus, ovary, or cervix uteri) between 1987 and 2012.

DATA AND METHODS

First primary BGC diagnosed during 1987-2012 from the Puerto Rico Central Cancer Registry (PRCCR) were included (N=47,261). Cases with unknown age and unknown diagnostic confirmation were excluded. Secondary colorectal cancers (SCRC) were defined as those reported after 2 months of surviving a primary BGC. Standardized incidence ratios (SIR) and excess absolute risk (EAR) were calculated for CRC using SEER*Stat 8.2.1 MP-SIR. SIR (observed/expected) is a measure of the risk of developing a secondary cancer relative to the general population. Statistical significance was set at p < 0.05.

RESULTS

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>Age</th>
<th>SIR (95%CI)</th>
<th>EAR (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 year</td>
<td>60+</td>
<td>0.0 (0.0)</td>
<td>0.0 (0.0)</td>
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<tr>
<td>1-4 year</td>
<td>60+</td>
<td>0.0 (0.0)</td>
<td>0.0 (0.0)</td>
</tr>
<tr>
<td>5-9 year</td>
<td>60+</td>
<td>0.0 (0.0)</td>
<td>0.0 (0.0)</td>
</tr>
<tr>
<td>10+ year</td>
<td>60+</td>
<td>0.0 (0.0)</td>
<td>0.0 (0.0)</td>
</tr>
</tbody>
</table>


CONCLUSIONS

• Women with primary ovarian cancer had a significant higher risk of developing CRC than women with primary cancer of breast, cervix, and corpus and uterus (p<0.05). For breast cancer there is a significant risk of SCRC in all age groups after one year of follow up. This risk (EAR) increased in magnitude with length of follow-up. Women in PR with an initial cancer diagnosis of BGC should be monitored carefully for the occurrence of a SCRC. Future research is needed to identify the patients at highest risk of developing a secondary malignancies to aim prevention and screening efforts, and planning for future healthcare needs among cancer survivors. Understanding survivors' health status and behaviors is also important.