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Multiple Primary Malignant Neoplasms

The Connecticut Experience, 1935-1964

In collaboration with

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With 139 Tables



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Dedicated to the memory of

CHARLES SCHOENBERG	LOUIS BRODSKY
JOSEPH LIEBERMAN	OLIVER ROSS
HENRY EISENBERG	BARBARA CHRISTINE

and the all too many who annually
succumb to cancer

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Preface

When asked why he robbed banks, an astute and successful criminal is said to have replied "Because that's where the money is kept."

Why study patients with multiple primary cancers? The answer follows the same practical approach. Because the intensive investigation of such patients is very likely to yield data useful to both the clinical and research oncologist.

Studies of this problem provide an immediate return for the clinician responsible for the care of cancer patients. With improved forms of therapy, these individuals are enjoying longer periods of survival. One important factor in maintaining increased survival is the early detection and treatment of new primary tumors which may develop. Analyses of multiple primary malignancies serve as a guide to the probable anatomic location of a subsequent primary and help define characteristics of the individual at high risk for multiple primary cancer. But just as treatment may improve the life of the cancer patient, it may also increase the risk of a subsequent malignancy. Studies of multiple primaries provide an efficient means for quantifying potentially harmful effects of current therapeutic modalities.

The present study allows one to compare the observed and expected number of subsequent primary cancers. Tumors which occur together more often than expected may reflect a common etiology. Patients with more than one malignant neoplasm deserve careful study, as this occurrence may derive from an unusually high exposure to carcinogenic factors or unusually high susceptibility to such factors. The results of this study should mirror the findings of genetic, clinical, and laboratory endeavors in research oncology.

The tabulations presented in this monograph represent the *first and only* currently available systematic review of the multiple primary cancer experience of a large-

scale, population-based tumor registry. Both the incidence rates used to calculate the expected numbers of subsequent cancers and the cohort of individuals under observation with a first primary cancer are derived from the same population. The Connecticut Registry has served as a high-quality data resource for over thirty years and is regarded as a model for cancer registration systems throughout the United States and abroad.

To carry out this investigation, the routine data collection and editing methods of the registry were supplemented by special efforts. This required a considerable investment of time and money and necessitated limiting the study to the period 1935—1964. Wherever possible, in order to reduce the chance of error, computer-generated tables were prepared in a format suitable for offset printing. Each chapter was written as a discrete unit, and although this procedure resulted in some duplication, the reader interested in particular forms of cancer can focus his attention on specific sections of the text without the need to scan the entire book. The interpretations in each chapter represent one opinion. In all cases, the results underlying these interpretations are provided. The reader is encouraged to form his own conclusions, based on these tabulations. Chapter 5 which discusses sources of bias in these analyses should be reviewed by anyone using these data. Finally, results of this investigation should not be interpreted as providing definitive answers, but rather should be regarded as stimuli to more intensive clinical, pathologic, and laboratory investigations. Only if these stimuli evoke appropriate investigative responses will this effort be considered a success.

Rochester, Minnesota

BRUCE S. SCHOENBERG

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