

The relative risk of second primary cancers in Switzerland

Anita Feller¹; Katarina L. Matthes^{2,3}, Andrea Bordoni⁴; Christine Bouchardy⁵; Jean-Luc Bulliard⁶; Christian Hermann^{7,8}, Isabelle Konzelmann⁹; Manuela Maspoli¹⁰; Mohsen Mousavi^{7,8}; Sabine Rohrmann^{2,3}, Katharina Staehelin¹¹; Volker Arndt^{1,12}, the NICER Working Group

¹National Institute for Cancer Epidemiology and Registration (NICER), Zurich, CH; ²Cancer Registry Zurich and Zug, Zurich, CH; ³Epidemiology, Biostatistics and Prevention Institute, University of Zurich, CH; ⁴Ticino Cancer Registry, Locarno, CH; ⁵Geneva Cancer Registry, Geneva, CH; ⁶Vaud Cancer Registry, Lausanne, CH; ⁷Cancer Registry St. Gallen-Appenzell, St. Gallen, CH; ⁸Cancer Registry Grison & Glarus, Chur, CH; ⁹Valais Cancer Registry, Sion, CH, ¹⁰Neuchâtel and Jura Cancer Registry, Neuchâtel, CH; ¹¹Cancer Registry Basel-Stadt & Basel-Landschaft, Basel, CH; ¹²Unit of Cancer Survivorship, Division of Clinical Epidemiology and Aging Research, German Cancer Research Center (DKFZ), Heidelberg, DE

1. Background

- Currently, more people are living with a history of cancer than ever before and this increasing trend is likely to continue: one of the consequences of surviving cancer is the risk of being diagnosed with a second cancer.
- Previous studies showed that cancer survivors have an increased risk for being diagnosed with a second primary cancer (SPC) [1-4].
- The only systematic investigation of SPC risks in Switzerland is outdated and based on data from a single canton cancer registry covering less than 10% of the Swiss population [5].

2. Aim

- This study aims to investigate the relative risk of SPCs in cancer survivors in Switzerland combining data from all Swiss cantonal cancer registries with at least 15 years of consecutive incidence data.

3. Methods

Data source

- This study used population-based cancer registry data from nine Swiss cantonal registries (incidence years 1981-2009) with a minimum survival of 6 months and a potential follow-up until the end of 2014 allowing a minimum of five years after initial diagnosis to ascertain the occurrence of a SPC ($N_{\text{initial cancers}} = 310,113$, $N_{\text{SPCs}} = 33,793$)

Second primary tumour

- A second primary tumour was defined as first subsequent primary cancer occurring at least 6 months after the first cancer. The definition of primary cancers followed the rules defined by the IACR/IARC.

Statistical analyses

- Incomplete or missing follow-up was addressed using multiple imputation with 25 imputations.
- The risk of second primary cancers was quantified using standardized incidence ratios (SIRs) for risk comparison with the general population.

4. Selected Results

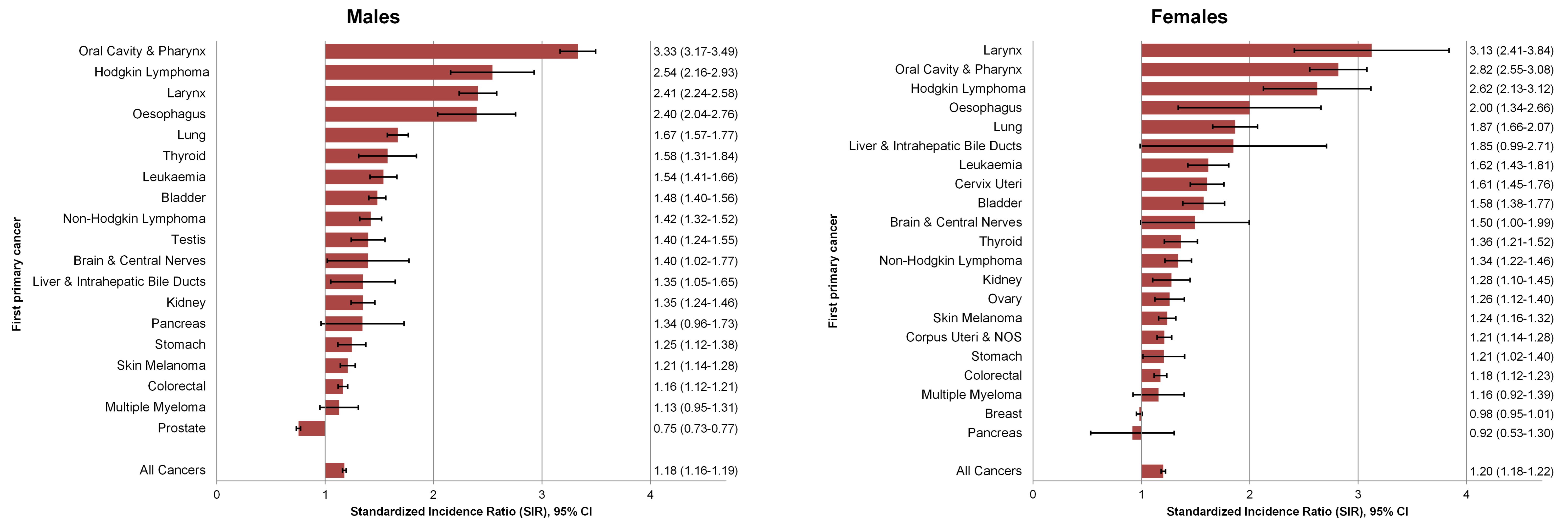


Fig. 1: Relative risk of second primary cancers by first primary cancer and sex

Table 1: Relative risk of second primary cancers by first primary cancer and age

First primary cancer	0-49 years			50-64 years			65+ years		
	O	SIR	95% CI	O	SIR	95% CI	O	SIR	95% CI
Oral Cavity & Pharynx	403	6.61	(5.94-7.28)	1103	3.76	(3.54-3.99)	665	2.05	(1.89-2.21)
Oesophagus	30	8.03	(4.80-11.25)	118	2.89	(2.33-3.44)	96	1.57	(1.24-1.91)
Stomach	49	1.79	(1.24-2.34)	205	1.43	(1.22-1.63)	317	1.09	(0.96-1.21)
Colorectal	251	1.81	(1.58-2.04)	1376	1.27	(1.20-1.34)	2814	1.09	(1.05-1.13)
Liver	17	5.39	(2.40-8.37)	44	1.50	(1.01-1.99)	62	1.16	(0.85-1.47)
Pancreas	4	1.14	(0.00-2.65)	37	1.61	(1.03-2.18)	51		