

PRIMARY TRACHEAL MALIGNANCY: OUR EXPERIENCE

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Purpose : Tracheal malignancy was not often seen in clinical practice. Its prevalence was about 0.2-0.5% of all respiratory tract malignancies, with 1:100 ratio of tracheal to bronchial tumors in reported series. Prognosis of patients with tumor of the trachea remains poor. The treatment choice for early stage disease is surgery because extensive resection provides better control. For patients with advanced stage disease definitive radiotherapy has shown modest gain. Several studies have demonstrated the value of radiotherapy in controlling primary tumor in the trachea.

Material and Method : From 1985 to 2000, there were twelve patients with primary tracheal malignancy found in Taichung Veterans General Hospital. Seven patients were squamous cell carcinoma, three were adenoid cystic carcinoma, one was melanoma and one was neuroendocrine carcinoma. Among them, two patients' details were not available anymore. One died of surgical complication within two months after resection. Thus nine of ten evaluable patients entered into the analysis of possible prognostic factors for primary tracheal malignancy. Univariate analyses of prognostic factors were carried out by Kaplan-Meier log rank method.

Results : Seven of ten evaluable patients received definitive radiotherapy as curative purpose and one for palliation. The estimated median survival time for all ten patients was 33 months (CI: 0~66 months), with the survival rate at one and two years being 70% and 60%. Local invasion and duration of initial symptoms were possible significant prognostic factors for poor survival. Besides, we also identified the same factors as the possible significant prognostic factors for disease-free survival time. Local lymph node involvement and histological type of cancer showed effects in both survival and disease-free survival but didn't reach the significant level.

Conclusion : From our experience, radiotherapy either as a curative or palliative purpose seems to be safe and effective for tracheal cancer. However, due to rarity of primary tracheal malignancy, there was small group in our series. We offered our experience of radiotherapy for tracheal cancer and discuss possible prognostic factors, although less statistic meanings.

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Key words: Tracheal malignancy, Radiotherapy, Prognostic factor.

INTRODUCTION

Primary tracheal tumors are rare. The inci-

dence of tracheal malignancy was about 0.2-0.5% of all respiratory tract malignancies, with 1:100 ratio of tracheal to bronchial tumors in

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