

中文題目：對於頭頸部鱗狀上皮癌病人產生第二種原發食道癌病變的內視鏡追蹤及危險因子探討

英文題目：Endoscopic surveillance for metachronous esophageal squamous cell neoplasm among head and neck cancer patients

作者：林志豪<sup>1,2</sup>，陳以勳<sup>1,2</sup>，王耀廣<sup>1,2</sup>，莊昀璇<sup>3</sup>，許文鴻<sup>1,2</sup>，郭昭宏<sup>1,2,4</sup>，吳宜珍<sup>1,2</sup>

服務單位：<sup>1</sup>高雄醫學大學附設醫院內科部，<sup>2</sup>高雄醫學大學附設醫院胃腸內科，<sup>3</sup>高雄醫學大學附設醫院家醫科，<sup>4</sup>高雄市立小港醫院內科

## Subjective

Esophageal squamous-cell neoplasm (ESCN) was the most common second primary cancer in patients with head and neck squamous cell carcinoma (HNSCC), and few studies focused on metachronous ESCN. We aimed to evaluate the incidence and risk factors of metachronous ESCN as well as to provide a reasonable endoscopic follow-up plan for HNSCC patients.

## Material and methods

We extended our prospective cohort since October 2008, recruiting incident HNSCC patients. All enrolled patients received an interview to collect the information of substances use (smoking, alcohol, and betel nut) and an esophagogastroduodenoscopy (EGD) with Lugol chromoendoscopy for synchronous ESCN soon after HNSCC diagnosis. Endoscopic screen for metachronous ESCN was performed during 6 to 12 months after previous examination. They were followed-up till death or the end of the study in July 2019.

## Results

1042 incident HNSCC patients were enrolled, and only 175 patients met all the criteria and were analyzed. 20 patients had metachronous ESCN (20/175, 11.4%), including 17 low-grade dysplasia and 3 SCC. Only initial Lugol-voiding lesion (LVL) classification significantly predicted the development of metachronous ESCN. Patients with LVL classification C/D had higher risk to develop metachronous ESCN compared to those with LVL classification A/B (adjusted Odds ratio: 5.03, 95% confidence interval: 1.52~16.67). The mean intervals of metachronous ESCN and ESCC was 33 and 30.6 months respectively, but the shortest interval to develop metachronous esophageal SCC was 12 months. HNSCC patients with second primary

ESCN had significantly worse 5-years- survival rate compare those without ESCN.

### **Conclusion**

Lugol chromoendoscopy screening among incident HNSCC patients predicts the risk of developing metachronous ESCN. Closer follow-up endoscopy every 6 months is recommended for those with LVL classification C and D.