



Review article

Gastrointestinal Metastasis From Primary Lung Cancer. Case Series and Systematic Literature Review[☆]



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A B S T R A C T

Aim of the present study is to report clinical characteristics and outcomes of patients treated in authors' hospital for GI metastasis from primary lung cancer, and to report and analyze the same data concerning patients retrieved from a systematic literature review.

We performed a retrospective analysis of prospectively collected data, and a systematic review using the Meta-analysis Of Observational Studies in Epidemiology (MOOSE) guidelines.

Ninety-one patients were included, 5 patients from the authors' hospital and 86 through PubMed database using the keywords "intestinal metastasis" AND "lung cancer". The median time between primary lung cancer diagnosis and GI metastasis diagnosis was 2 months and the median overall survival was 4 months.

This group of patients present a poor prognosis and the gold standard treatment is not defined. None of the reported treatments had a significant impact on survival.

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Metástasis gastrointestinales de carcinoma pulmonar primario. Serie de casos y revisión sistemática de la literatura

R E S U M E N

Palabras clave:

Cáncer pulmonar
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Revisión sistemática de la literatura

El objetivo del presente estudio es describir las características clínicas y el manejo de los pacientes tratados en nuestra institución por metástasis GI de cáncer pulmonar primario; así como realizar una revisión sistemática de casos reportados en la literatura.

Se realizó un análisis retrospectivo de una base de datos prospectiva y revisión sistemática de la literatura utilizando las normas MOOSE (Meta-analysis Of Observational Studies in Epidemiology).

Se incluyeron 91 pacientes, 5 de la base de datos de nuestra institución y 86 de la base de datos PubMed usando las palabras claves «intestinal metastasis» y «lung cancer». La mediana de tiempo entre el diagnóstico de cáncer pulmonar y el diagnóstico de metástasis GI fue 2 meses, la mediana de supervivencia global fue 4 meses.

Este grupo de pacientes presentan mal pronóstico. El tratamiento estándar no se encuentra bien establecido. Ninguno de los tratamientos descritos ha mostrado tener impacto significativo sobre la supervivencia.

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Introduction

The lung cancer is the neoplasia with the highest known cancer-related death rate ranging from 18% to 23%.^{1,2} Despite advances in prevention, it has been reported that approximately 50% of cases present metastasis at the time of diagnosis.³ However, due to new technologies in diagnosis and treatment, patients' survival is increased in the recent years, making it easier to develop metastasis in the long-term period.⁴

Several studies in literature, report that gastrointestinal (GI) metastasis from primary lung cancer are uncommon, with an incidence that ranges from 0.3% to 1.7%.⁵ On the other hand, post-mortem studies have estimated that the incidence of this type of metastatic lesions ranges from 4.6% to 14%.^{5,6} This discrepancy, between the estimated incidence in clinical case studies and autopsies, seems to indicate that, in most cases, there are asymptomatic undiagnosed metastasis.³

Despite the increasing of clinical publications in the literature, there is no still consensus regarding the management of these patients due to their high associated mortality.⁷ It has been estimated that GI metastasis represent a prognostic sign that occurs late in the lung cancer course.³ In addition, due to the difficulty in its clinical detection, it is complex to develop prospective studies and, due to the poor reported literature, principally case report and retrospective studies,⁸ until today an adequate diagnostic and therapeutic data to improve patients' prognosis are missing.

The aim of the present study is to report clinical characteristics and outcomes of patients treated in authors' hospital for GI metastasis from primary lung cancer, and to report and analyze the same data concerning patients retrieved from a systematic literature review.

Methods

This study is a retrospective analysis of prospectively collected data of patients with GI metastasis from lung primary cancer treated in the authors' center (Hospital de la Sant Creu i Sant Pau, Barcelona, Spain) between 2012 and 2017. All patients admitted to authors' center sign an informed consent where they authorize us to use their clinical data for educational purposes. Institutional review board (IRB) approval was obtained.

At the same time, a systematic literature review was conducted according to the Meta-analysis Of Observational Studies in Epidemiology (MOOSE) guidelines.⁹ It includes only papers about GI metastasis from primary lung cancer.

Search Strategy

The research was carried out on PubMed database using the keywords: "intestinal metastasis" AND "lung cancer". The search revealed 414 published papers, dating from January 2000 to August 2017.

Studies were included in the review if present the following criteria: (1) studies that included the terms for GI metastasis from primary lung cancer; (2) they were in English or Spanish; and (3) they included adults patients only.

Studies were excluded if (1) involved animals and (2) they were systematic reviews, meta-analysis, image papers, comment papers or correspondence.

Data such as age, gender, smoking habit, lung neoplasia site, TNM, pathological histology, interval time between the lung cancer diagnosis and intestinal metastasis diagnosis, symptoms or diagnosis for hospital admission, diagnostic instrument employed, GI metastasis site, other metastasis site, GI treatment, and survival time were extracted and analyzed.

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