Syndromatic osteosarcoma, does it carry a poor prognosis? King Hussein Cancer Center experience

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Introduction: Association of osteosarcoma with certain syndromes is well known, but the incidence varies from one report to another, and from one syndrome to another, Ruthmond syndrome is the most common syndrome reported to be associated while others like blackfan diamond anemia and osteogenesis imperfect are very rarely associated, and others like osteopoikelosis are never reported to be associated with Osteosarcoma.

Purpose: Our aim from this review is to report our experience and frequency of association of osteosarcoma with syndromatic features, and to try to see if these syndromes have effects in the prognosis of osteosarcoma.

Methods: Retrospectively we reviewed files of all patients diagnosed with osteosarcoma during the period from January 2003 till December 2011, information regarding presence of syndromatic features, current condition of the patient whether alive or dead or lost and whether had localized or metastatic disease at diagnosis were recorded.

Results: During the study period, a total of 69 patients were diagnosed to have osteosarcoma, six of them were having syndromes; two were having Ruthmond syndrome, one blackfan diamond anemia, one cockyne syndrome, one osteogenesis imperficta and one osteopoikelosis, constituting 8.7% of all cases. From the 63 non-syndromatic patients 41 (65%) were having localized disease, 22 (35%) were metastatic, and from the six syndromatic patients 2 (33.3%) were localized and 4 (66.6%) were metastatic at diagnosis. Regarding prognosis, from the non-syndromatic patients 14 were lost for follow up, from the reminder 49 patients, 34 (69.3%) were alive and 15 (30.6%) dead, from the syndromatic patients, one lost for follow up, one alive only (20%) and four died (80%).

Conclusions: Syndromatic features present in 8.7% of our osteosarcoma patients. Number is small but gives some evidence about the bad prognosis of osteosarcoma when associated with syndromes. Further studies needed in this field.

Speaker Biography

Abdulqader Al-Hebshi has completed his Jordanian and Arab Board in General Pediatrics in 2010 then he did a Clinical Fellowship in Pediatric Hematology Oncology for three years from King Hussein Cancer Centre in Jordan. After that he joined The Hospital For Sick Children in Toronto for another Clinical Fellowship in Pediatric Hematology and Oncology for the duration of 2014-2015. Currently, he is working as a Consultant of Hematology and Oncology and the Clinical Supervisor of Medical Student and Medical Interns at Prince Mohammed Bin Abdul Aziz Hospital-National Guard Health Affairs in Saudia Arabia. He is an active Member in ASPHO American Society of Hematology and Oncology.

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