

**DR. JERRY**

Hi, I'm Dr. Jerry Brewer, one of the dermatologic surgeons in the Department of Dermatology at Mayo Clinic in Rochester, Minnesota. Talking to you about a publication in the Mayo Clinic's Proceedings August 2011, entitled Increased Metastasis of Malignant Fibrous Histiocytoma in Patients With Chronic Lymphocytic Leukemia and Non-Hodgkin's Lymphoma.

**BREWER:**

Chronic lymphocytic leukemia and non-hodgkin's lymphoma, are lymphoproliferative disorders that affect the bone marrow. We've found over the last few years that there's an increased tendency of secondary malignancy in the setting of lymphoma. Some theories on why that is include, and an innate immune suppression that accompanies the lymphoma with decreased tumor surveillance. Or a shared genetic tendency, or possibly even carcinogenesis from the chemotherapy, used to treat these lymphomas.

We found that not only is there an increased tendency for secondary malignancy, but there's an increased chance of an aggressive behavior of the secondary malignancy in patients with lymphoma, including basal cell carcinoma, squamous cell carcinoma, melanoma, and Merkel cell carcinoma. Malignant fibrous histiocytoma, otherwise known as pleomorphic soft tissue sarcoma, represents 25% of all soft tissue sarcomas. And usually affects the extremities or retro peritoneum. Malignant fibrous histiocytoma can have an aggressive behavior, especially if it involves deep structures like the bone or muscles.

Our goal in this study was to determine the behavior of malignant fibrous histiocytoma in patients who had a prior history of lymphoma looking at 15 cases, compared to 45 matched controls. We found that the recurrence rate in cases and controls was 27% and 29%, which was not statistically different. And seemed to be right around what has been previously reported in the literature of recurrence rate of anywhere from 26% to 28%.

We did find that the metastatic rate in patients who had a prior history of lymphoma was 40%, compared to a 13% metastatic rate in controls. That was statistically significant and did seem to be much higher than what has been reported in the literature of a metastatic rate of anywhere from 15% to 34%.

Our next question was, since these patients now have an increased tendency for metastasis, are they more likely to die from metastatic malignant fibrous histiocytoma? And due to the small sample size, we were not able to answer that question. And in this preliminary study, the overall survival was no different.

The take home message however from this study would be that patients who have lymphoma have a higher chance of secondary malignancy and may have worse prognosis of certain forms of secondary malignancy. What you can tell your patients, would be that if a new growth is found on the skin, or if there are no symptoms found on review of systems, it may be warranted to investigate that earlier. And perhaps, if we can find the growth of secondary malignancies earlier, prompt treatment may decrease the chance of aggressive behavior in these patients and potentially affects their outcomes. Thank you.

**NARRATOR:**

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