



THE CANADIAN ASSOCIATION
OF GENERAL PRACTITIONERS
IN ONCOLOGY



L'ASSOCIATION CANADIENNE
DES MÉDECINS OMNIPRATICIENS
EN ONCOLOGIE

CANCER UNKNOWN PRIMARY CASE

Case #1

Cancer Unknown Primary Case

Mrs. J. is a 58-year-old woman who presented to her family doctor with a complaint of fatigue. She had suffered from an URTI six weeks previously. All the symptoms had resolved, but the fatigue persisted. She is otherwise a healthy woman, with no significant past medical history. Other than her complaint of fatigue, the remainder of her functional inquiry is negative.

Her family physician performs a complete physical examination, including breast and pelvic examinations. She has a palpable, non-fixed 2 cm node in the left axilla. The rest of her physical examination is normal. CXR, mammography and blood work, specifically, CBC, LFTs, lytes, Ur, Cr, and a urinalysis are performed. Pap smear is done. All investigations are normal or negative.

Mrs. J. is referred to a local surgeon who does a fine needle aspirate of the node. Pathology reveals a poorly differentiated carcinoma.

1. Can FNA provide an adequate tissue sample to allow the pathologist to perform special stains, test for markers etc.? If not, how will you obtain that information?
2. What other staging investigations would you perform? Why?
3. If this patient were male, would you do any different investigations or examinations?
4. What serum markers would you order? What diseases would they help you differentiate between?
5. How common is carcinoma of unknown primary?
6. How would you advise such a patient regarding treatment recommendations?
7. What is the median survival for a patient with a diagnosis of an unknown primary?

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