

ABOUT CANCER OF UNKNOWN PRIMARY (CUP)

Oncologist **Dr Harpreet Wasan** answers patients questions put by *Jo's friends* Director John Symons

Q. *Put simply, what is CUP?*

A. CUP patients present with cancer that has spread (metastasized) from its original site in the body through the blood or lymphatic systems. When tissue taken from the site of a suspected secondary site (biopsy) confirms that the patient has cancer, but the pathologist cannot match it with that of a known primary cancer site, it is usually referred to as CUP.

Q. *Why do you need to know the origin of the cancer?*

A. It is generally accepted that knowing the origin of the cancer can improve the outcome for the patient because therapies can be targeted to the specific cancer type. Cancers are named and treated according to their primary site, regardless of where they have spread in the body. The cancer cells that have spread are still those of the original cancer cells and need to be treated accordingly. A lung cancer that spreads to the lymph nodes, adrenal glands, and the liver is still classified as lung cancer.

Q. *Why can't the scientists tell what sort of cancer the patient has by studying the cells from a biopsy?*

A. Usually they can, but the further they spread the more bizarre they look and the less like the original cancer cells.

Q. *What happens next to the patient where the initial tests cannot determine the origin of the cancer?*

A. The oncologist working, with other experts, will look at the evidence that has been gathered from the initial tests, examinations and history and may then do more tests. Further tests will depend on the patient's fitness. The biopsy result is particularly important in determining useful tests.

Q. *Why can't the patient's body be scanned using imaging techniques to identify the primary?*

A. The primary tumour of a CUP tends to be very small or may even have disappeared before it spreads. Imaging techniques such as CT, MRI and Ultrasound have become increasingly more sophisticated and can help in diagnosis and treatment planning. In some cases extra tests are necessary and new technologies such as PET may be of value. Imaging techniques work best when focused on a small area of the body so the oncologist will use all the clues he or she has gathered to direct these tests to specific parts of the body.

Q. *Is there a standard pathway for CUP patients in the NHS?*

A. No. In most hospitals a CUP patient's case is likely to be discussed in a meeting of a Multi-Disciplinary Team (MDT) of specialists. The best options, based on the information about the patient, are considered in order to agree a treatment plan. This may include referral for specialist treatment. Sometimes, the patient may be offered a clinical trial testing new technologies for diagnosis or new treatments. (Specific guidance for the management and treatment of CUP within the NHS in England, Wales and Northern Ireland is due to be in place from the Summer of 2010.)

Q. *So CUP is something of an umbrella term for a wide variety of presentations with a wide range of outcomes?*

A. Very much so, and for some patients what was initially an *uncertain* cancer will be diagnosed in the testing process and then it is no longer CUP. Of course, treatment doesn't stop because we can't determine with certainty the primary site. Oncologists will base treatment, including palliative care, on the best evidence available, their experience and the patient's wishes.

For further information on CUP definitions, tests, treatment and research see

www.cupfoundjo.org

