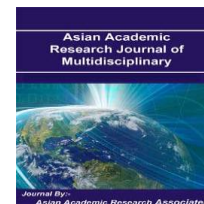




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PRETREATMENT PREDICTORS OF SURVIVAL FOR MALIGNANT PLEURAL MESOTHELIOMA

HALA AZIZ SHOKRALLA¹; RABAB M GAAFAR²; MOHAMED M RAHOUMA³

¹(corresponding author), Lecturer Of Medical Oncology, National Cancer Institute-Egypt.

²Professor Of Medical Oncology, National Cancer Institute-Egypt.

³Assistant lecturer of surgical oncology, National Cancer Institute-Egypt.

Abstract:

Introduction: Although worldwide use of asbestos has decreased, the incidence of malignant pleural mesothelioma (MPM) is expected to increase over the next few decades. Despite the advances in loco-regional and systemic treatments, the overall prognosis for MPM patients remains poor. A number of scoring systems have been proposed to assess clinic-pathological features and to predict the prognosis.

Objectives: Our study aims to evaluate pre treatment prognostic factors of MPM from a single Institution practice data. The Identification of valid prognostic factors is mandatory and can be relevant in order to select the best treatment strategy.

Materials and Methods: We retrospectively analyzed patients with locally advanced or metastatic MPM, treated at the Department of Medical Oncology –national cancer institute in Egypt. Data on age, gender, smoking history, asbestos exposure, performance status, tumor stage, histology, type of treatment (Raltitrexed-Bortezomib-Gemcitabine-Vinorelbine with platinum containing agents) and routine laboratory tests including complete blood count panel, date of death or censored status were collected. Progression free survival and overall survival were estimated using Kaplan-Meier method and Cox analysis was performed to analyze the prognostic relevance of clinical parameters.

Results: 114 patients had MPM. Sixty-six patients (57.8%) were men. The median age of patients was 45 years. Dyspnea and Chest pain were the most prevalent symptoms (91.2%, and 85.9%, respectively). Eighty-six (75.4%) patients reported asbestos exposure. The median overall survival (OS) and Progression free survival (PFS) were 17 months and 10 months, respectively. Performance status (PS), mediastinal lymph nodes, response to first line platinum containing therapy, pre-treatment Hemoglobin (HB); total leucocytic counts (TLC), neutrophils/lymphocytes ratio (NLR) and body weight loss were significant prognostic factors. Conversely, no significant correlation was found between age, histological types, reported exposure to asbestos or pre-treatment platelets counts.

Conclusions: Our results showed that anaemia ,leucocytosis, higher neutrophils/lymphocytes ratio and body weight loss might be considered a negative prognostic parameter in MPM patients and confirmed the prognostic role of performance status mediastinal lymph nodes and response to first line platinum containing chemotherapy.

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