CLINICAL MANAGEMENT OF MALIGNANT MESOTHELIOMA IN AN ASBESTOS ENDEMIC AREA

OBJECTIVES
Malignant mesothelioma (MM) is a rare cancer considered an occupational disease in many patients. It has limited therapeutic options with poor outcomes and chemotherapy is still the best therapeutic approach.

Objectives:
Describe MM patients in an asbestos endemic area and the treatment received since diagnosis.

Treatment efficacy end-points
- Time to Next Treatment (TTNT)
- Progression Free Survival (PFS)

MATERIALS and METHODS
- Retrospective
- Descriptive

All MM patients treated with chemotherapy from Jan 2001 - Sep 2018

- Previous asbestos exposure
- Radiotherapy
- Surgery
- Chemotherapy

Dates of administration → dates of the events (change of therapy, radiologic or clinical progression).

RESULTS
- 51 patients (84% males)
- Median age at initiation therapy 72.3(IQR=6.4) years.
- 84% previous asbestos exposure.
- 8% of patients had pleurectomy or extrapleural pneumonectomy surgery.
- 44% had radiotherapy for pain control.

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<thead>
<tr>
<th>LINE</th>
<th>First line</th>
<th>Second line</th>
<th>Third line</th>
<th>Fourth line</th>
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</thead>
<tbody>
<tr>
<td>PATIENTS</td>
<td>100%</td>
<td>44%</td>
<td>24%</td>
<td>16%</td>
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<tr>
<td>CHEMOTHERAPY</td>
<td>Pemetrexed (76% as a platinum doublet)</td>
<td>Raltitrexed, gemcitabine, irinotecan or vinorelbine (alone or combined)</td>
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<td>TTNT (months)</td>
<td>4.2 (IQR=8.8)</td>
<td>2.6 (IQR=2.1)</td>
<td>2.6 (IQR=4)</td>
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<tr>
<td>PFS (months)</td>
<td>4.5 (IQR=8.1)</td>
<td>2.3 (IQR=1.6)</td>
<td>2.7 (IQR=3.6)</td>
<td>2.5 (IQR=2.8)</td>
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CONCLUSIONS
- Most patients had previous exposure to asbestos.
- All patients received pemetrexed in the first line of chemotherapy and mostly combined with a platinum and surgery is an option for just a few patients.
- Radiotherapy is still necessary in many patients for control of symptoms.
- TTNT and PFS diminished with each subsequent chemotherapy line

Conflict of interest: nothing to disclose
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