Nº: 4CPS-229

CLINICAL MANAGEMENT OF MALIGNANT MESOTHELIOMA IN AN ASBESTOS ENDEMIC AREA

Hijazi-Vega M, Méndez-López P, López-Esteban L, Diez-Fernández R, Sanchez-Peña A, Molina-García T

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.

LINE	First line	Second line	Third line	Fourth line
PATIENTS	100%	44%	24%	16%
CHEMOTHERAPY	Pemetrexed (76% as a platinum doublet)	Raltitrexed, gemcitabine, irinotecan or vinorelbine (alone or combined)		
TTNT (months)	4.2 (IQR=8.8)	2.6 (IQR=2.1	2.6 (IQR=4)	-
PFS (months)	4.5 (IQR=8.1)	2.3 (IQR=1.6)	2.7 (IQR=3.6)	2.5 (IQR=2.8)

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

Email:mariam.hijazi@salud.madrid.org

http://www.eahp.eu/24-4CPS-229