



Treatment patterns and outcome analysis in 9014 patients with malignant pleural mesothelioma from Belgium, the Netherlands and England

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Disclosures





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Introduction

- Worldwide, malignant pleural mesothelioma (MPM) annually comprises 25.000 new diagnoses
- High incidence rates in industrial regions
- Combination chemotherapy proven effective in 2003-2005; surgical treatment still experimental; little evidence with regard to radiotherapy.
- Little known about real-world management and the current treatment of elderly patients





Aim

- Within a population-based setting
 - to explore the association between age and use of chemotherapy
 - to explore the association between age and survival





Methods

- Query databases of three individual registries
 - Belgian Cancer Registry
 - Netherlands Cancer Registry
 - UK Lung Cancer Audit (England data only)
- MPM diagnosed since 2007
- Pathological verification of diagnosis (cytology/histology) required
- Median survival (p50) calculated from day of diagnosis





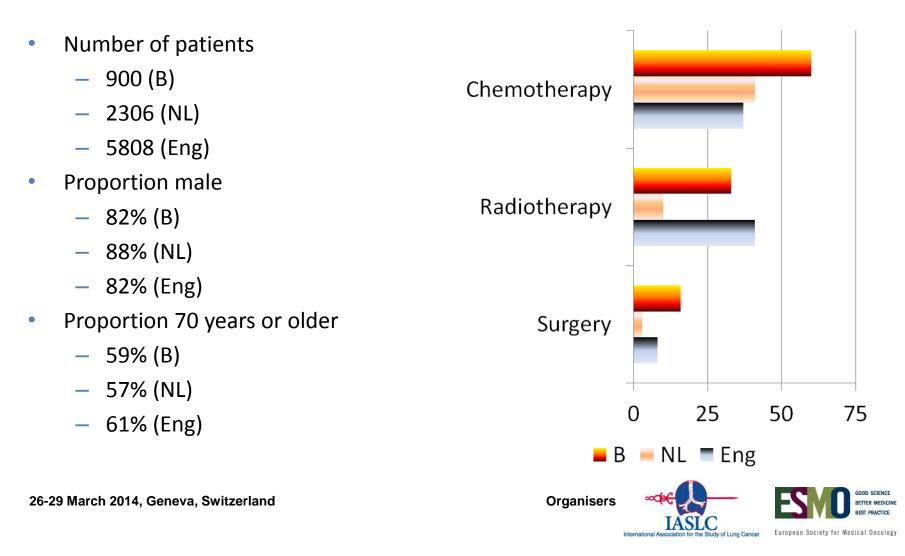
Registries involved

- Belgian Cancer Registry (2007-2010)
 - Treatment up to 9 months recorded
- Netherlands Cancer Registry (2007-2011)
 - Initial treatment recorded (~3 months)
 - Radiation of port-sites not recorded
- UK Lung Cancer Audit (2007-2011)
 - Treatment recorded at any time



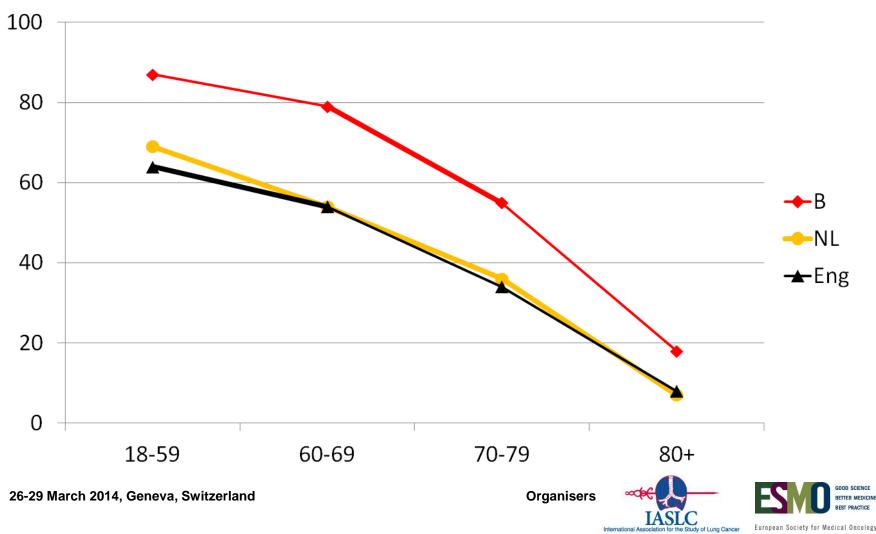


Patient and treatment characteristics



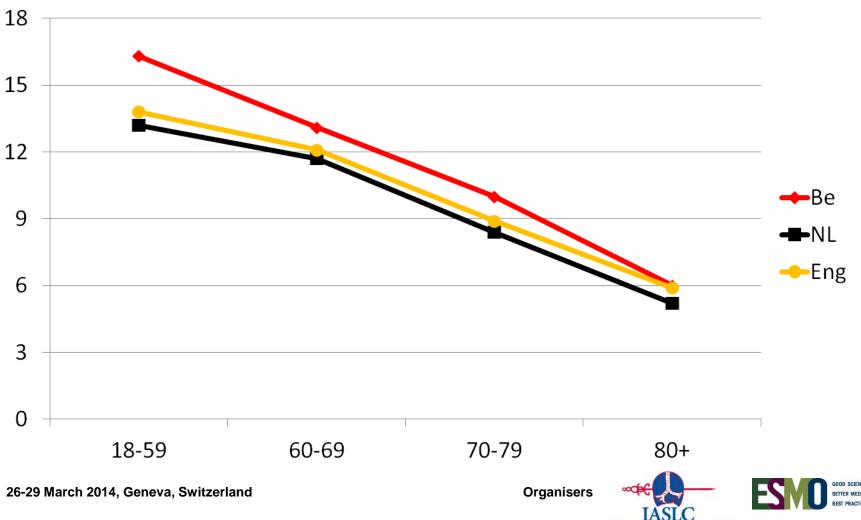


Association between age and use of chemotherapy





Median survival by country and age-group



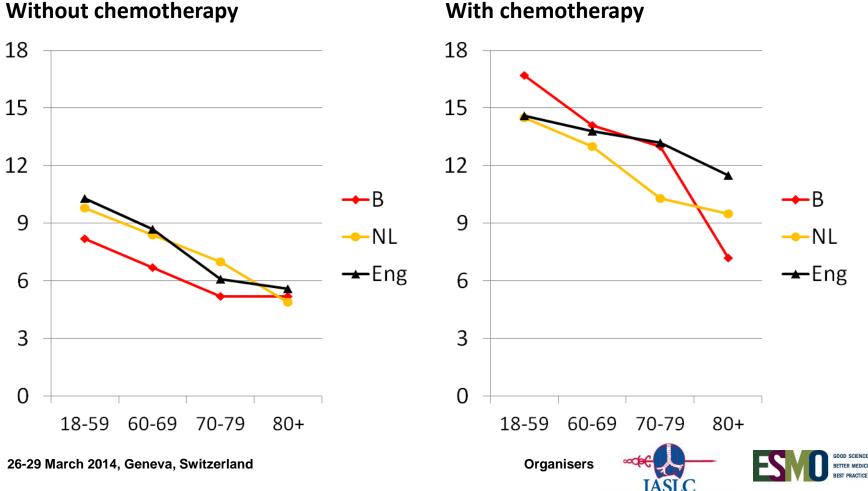
European Society for Medical Oncology

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Internation



Median survival by country, age-group and treatment with chemotherapy



With chemotherapy

International

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Summary

- More than half of MPM patients are 70 years or older
- Chemotherapy use higher in Belgium (60%) than in the Netherlands (41%) and England (37%)
- Median survival decreases with age, irrespective of chemotherapy
- Four months survival 'benefit' for patients treated by chemotherapy, irrespective of age





Conclusion

- Median survival less than a year
 - In a real-world MPM population
 - After introduction of combination chemotherapy
- Little evidence available about the efficacy of treatment
 - Especially in the elderly
- Less toxic treatment options required for the elderly





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