ESMO Clinical Practice Guidelines

Mesothelioma
Case Presentation

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Disclosures

No potential conflicts of interest declared

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Case (1)

- Male, 56 year
- Hypertension

- Shortness of breath for two months
- Fatigue
- Discrete right-sided chest pain

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Case (2)

- No weight loss
- Quit smoking 2003, 30 PY
- Asbestos exposure: yes
- Profession: since 1967 carpenter

- Medication: enalapril

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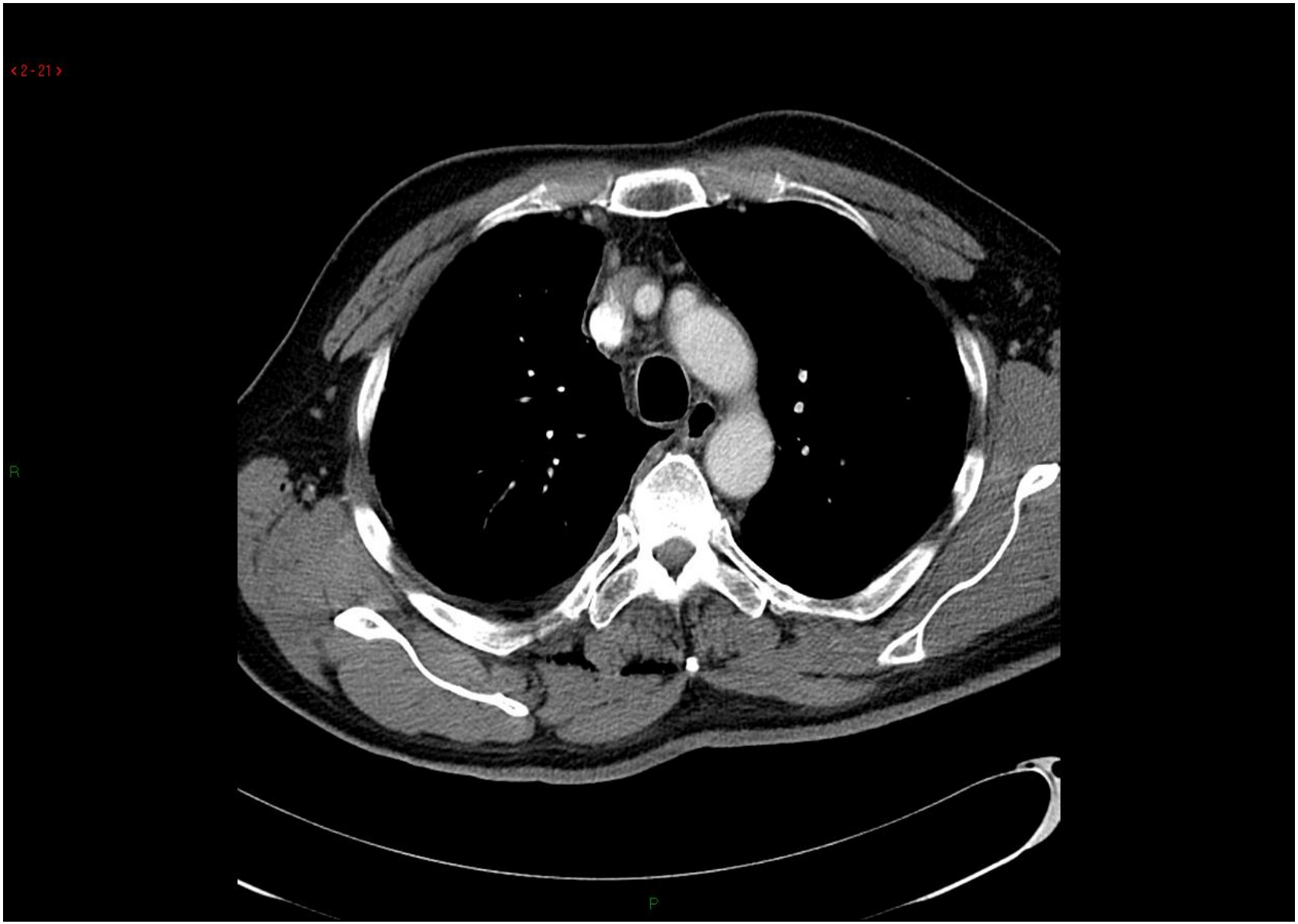
Physical examination

- Vital, PS 1, RR 140/85 mmHg
- Thorax: normal chest movements
- Lungs: decreased breath sounds right side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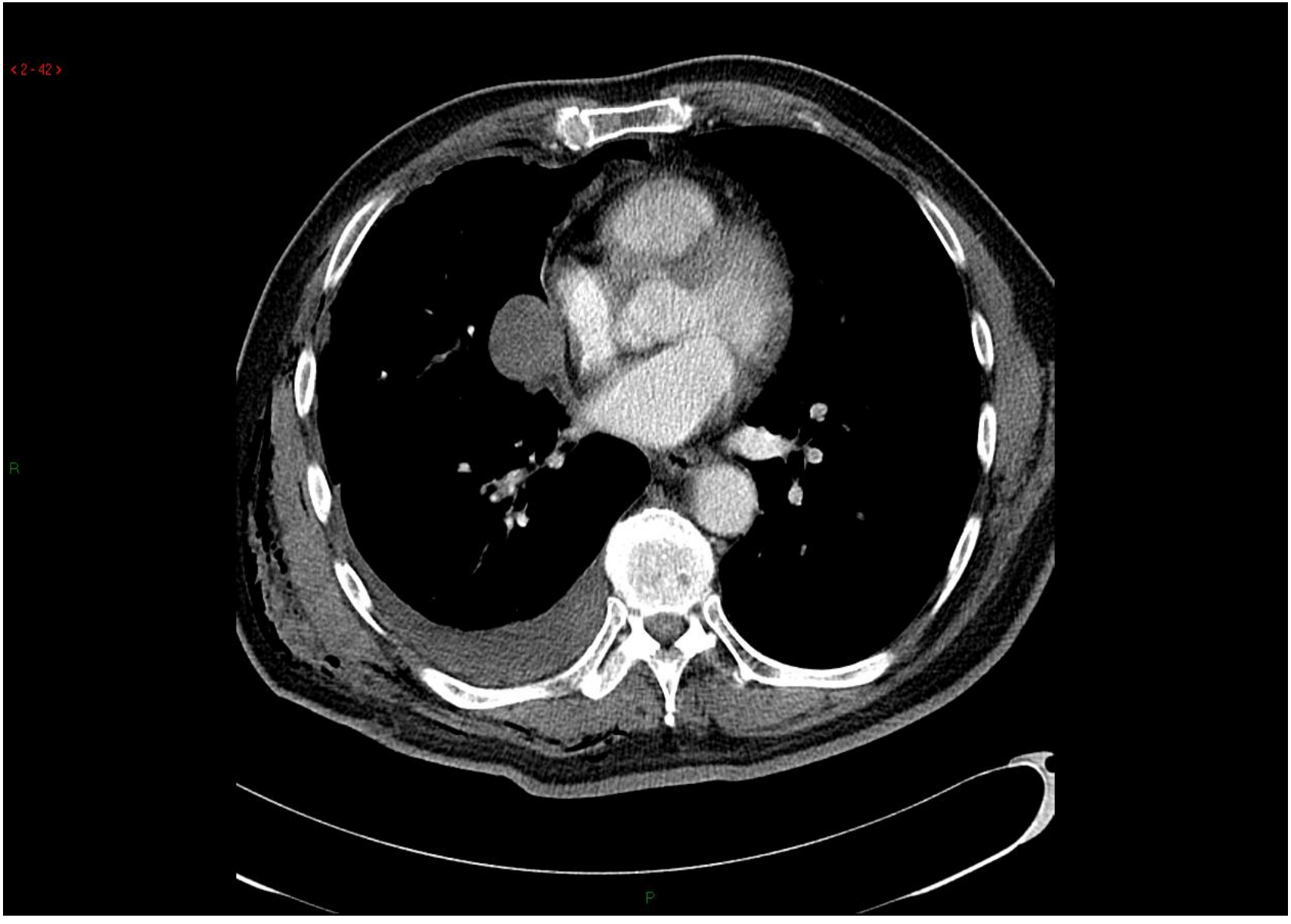

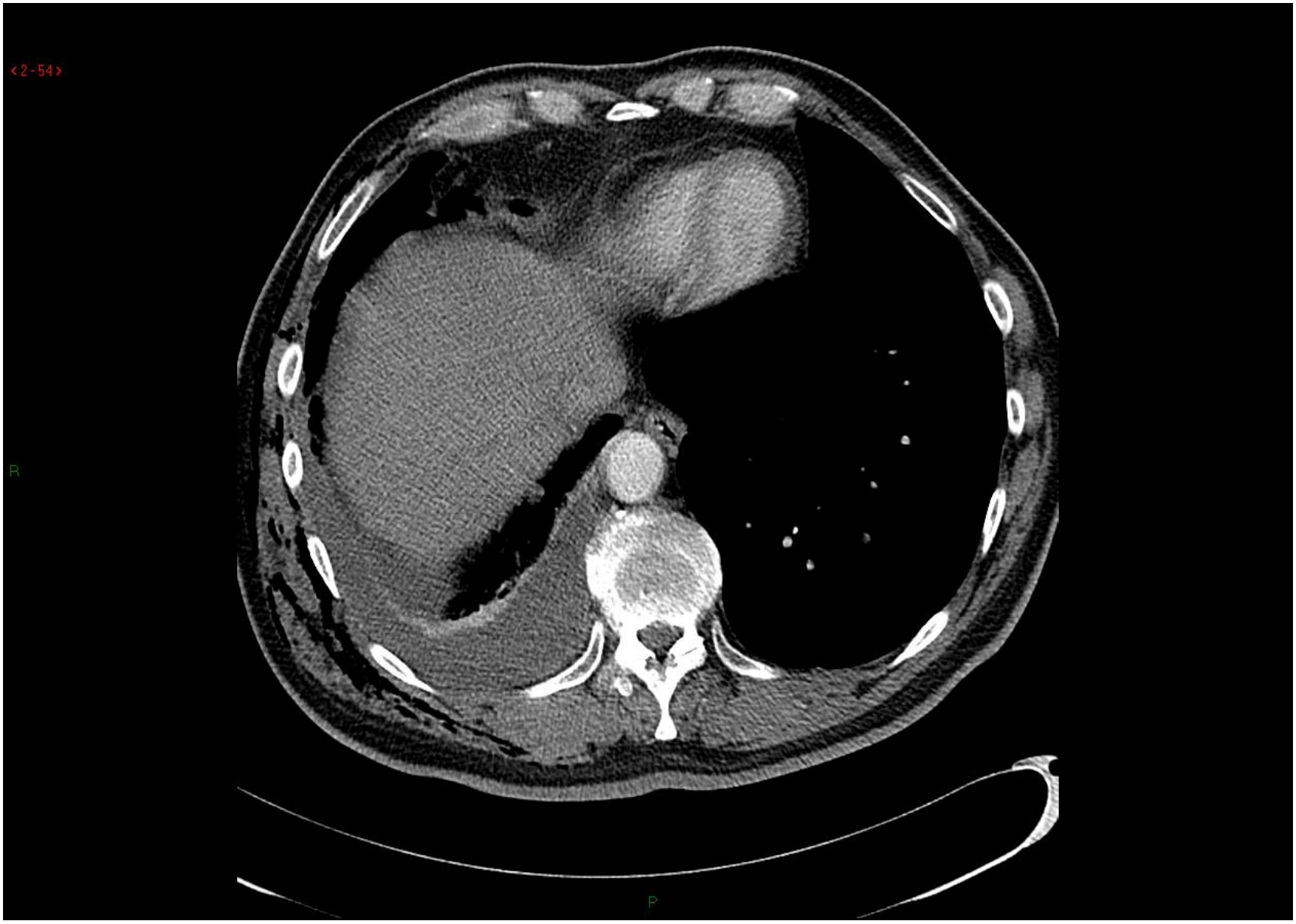
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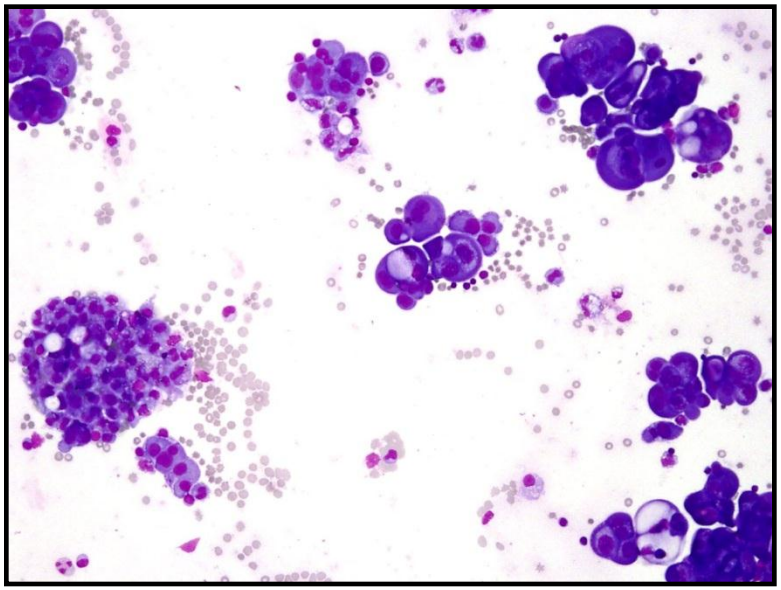
Diagnostic procedure

- Laboratory:
  no abnormalities

- Pleural fluid examination:
  suggestive for
  mesothelioma



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Q 1: The diagnosis mesothelioma (MPM) can best be made on:

1. A history of asbestos exposure in combination with typical image of CT-scan
2. Cytology examination of pleural fluid
3. Histology: fine needle biopsies
4. Histology: during thoracoscopy
   (biopsies of normal and abnormal pleura)

Q 2: What do you consider the optimal staging approach?

1. Using the International Staging System (2010)
2. All patients should undergo VATS and PET scan for diagnosis and staging
3. Depending on the choice of treatment staging procedures should be less or more extensive

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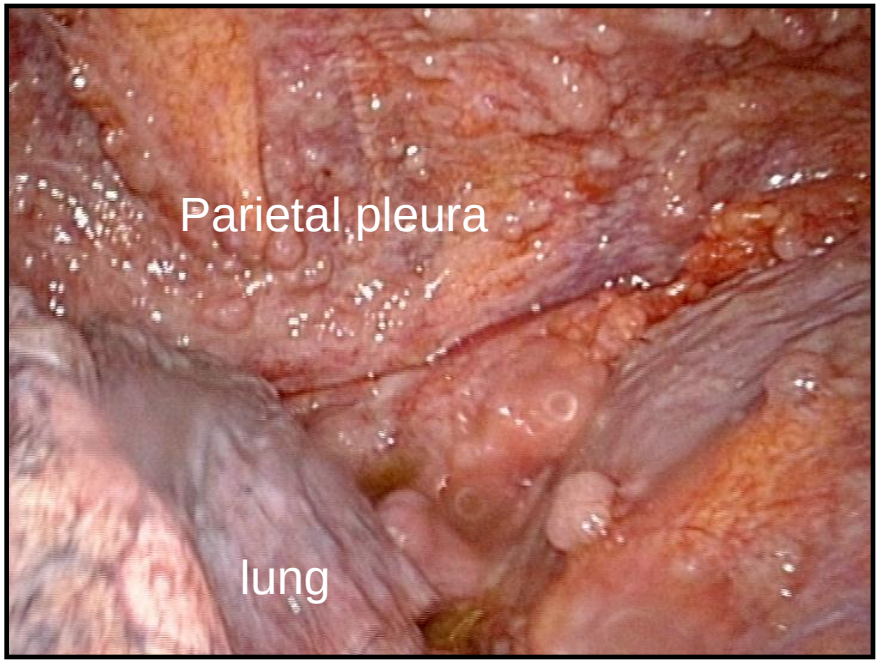
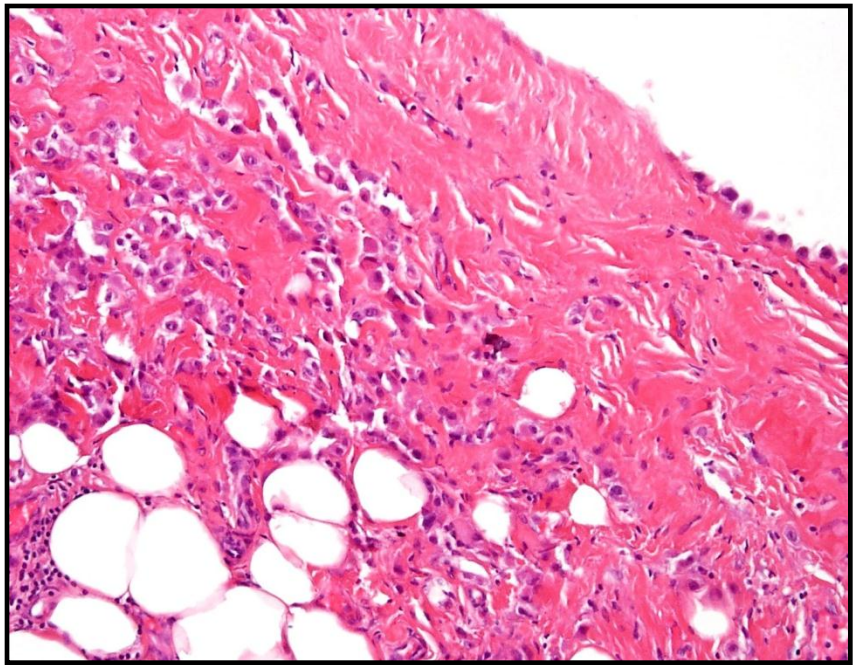
Case continued



thoracoscopy



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Q 3: What is your preferred treatment for this patient?

1. Active support of care: there is no evidenced based treatment for MPM
2. Chemotherapy consisting of platinum and pemetrexed or raltitrexed
3. Radical surgery (EPP) followed by RT
4. Targeted agents (mTOR and PI3K inhibitors)

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- Participation in randomised phase 2 study
- Cisplatin and pemetrexed combined with VEGF TKI Axitinib or placebo
- Thoracoscopy before and after 3 cycles
- Pleurectomy/Decortication

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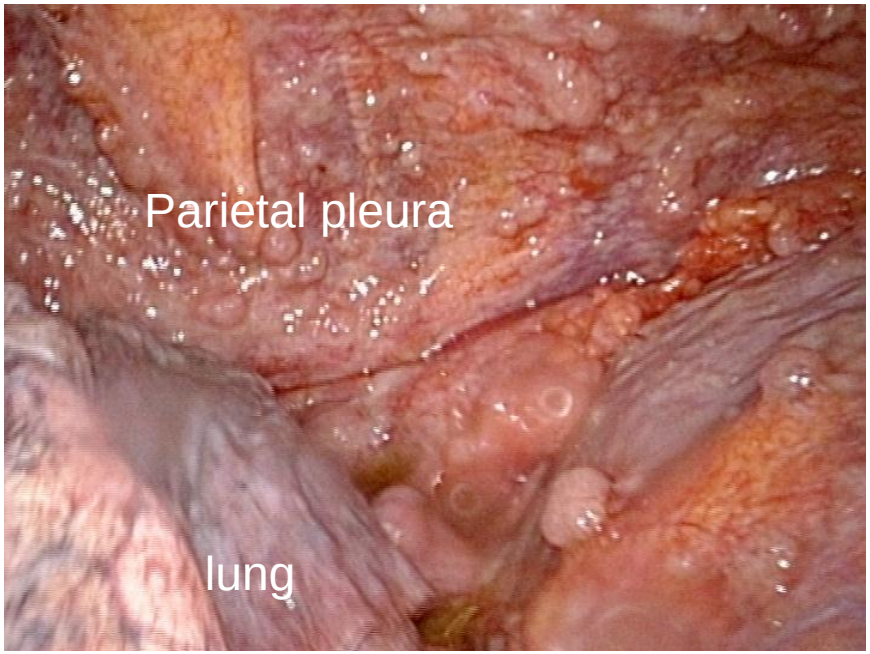
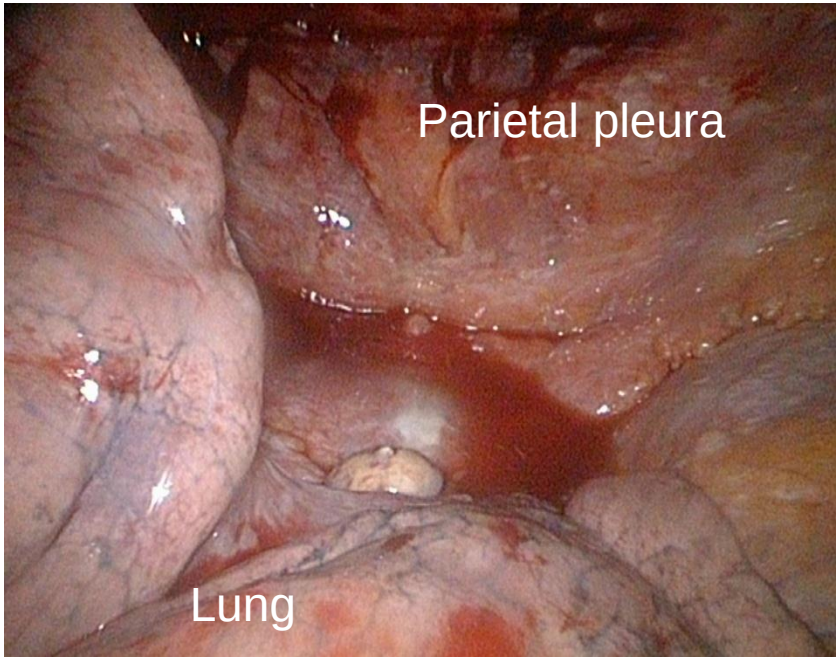
Thoracoscopy



Before



After

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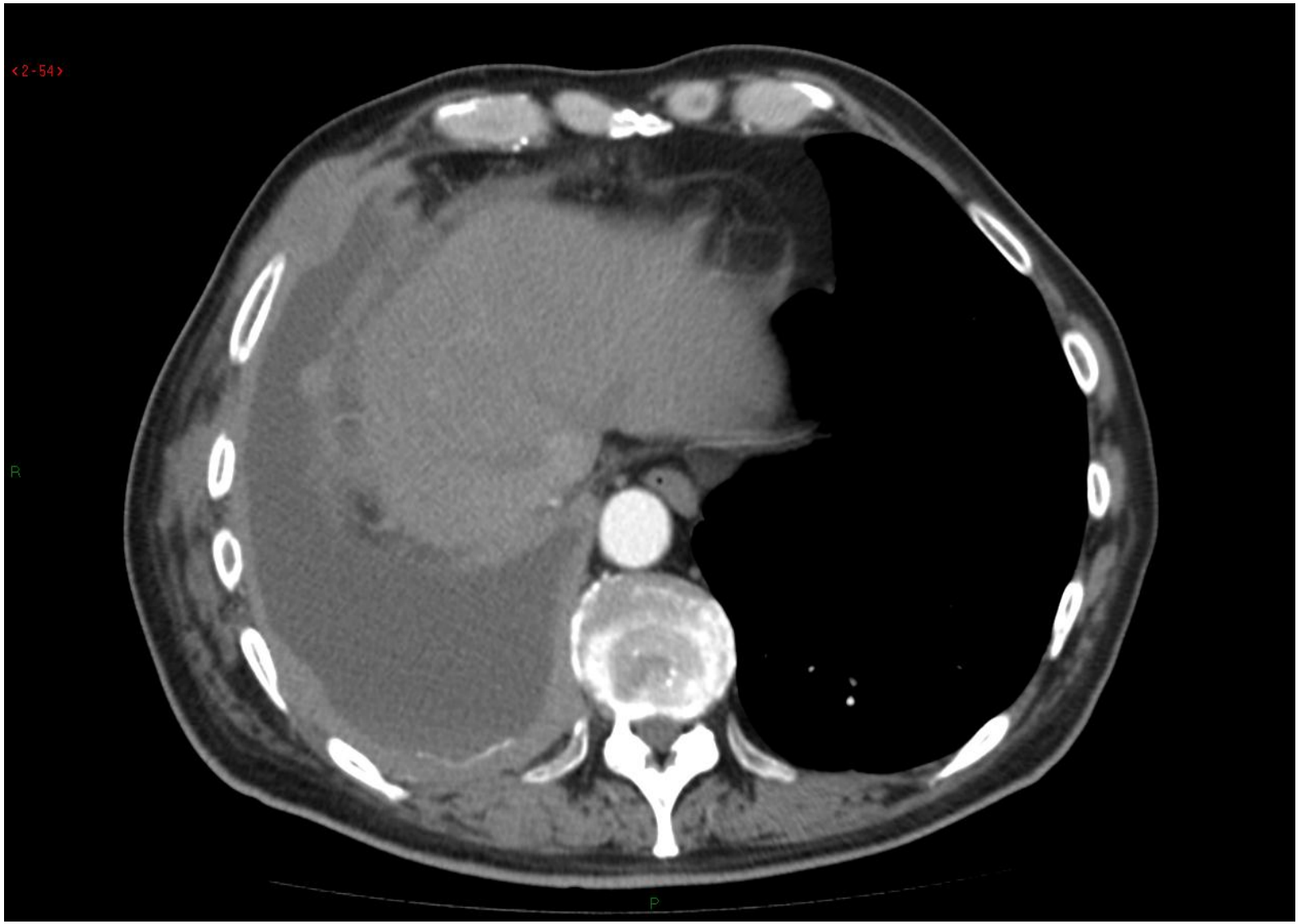
Follow-up at 9 months



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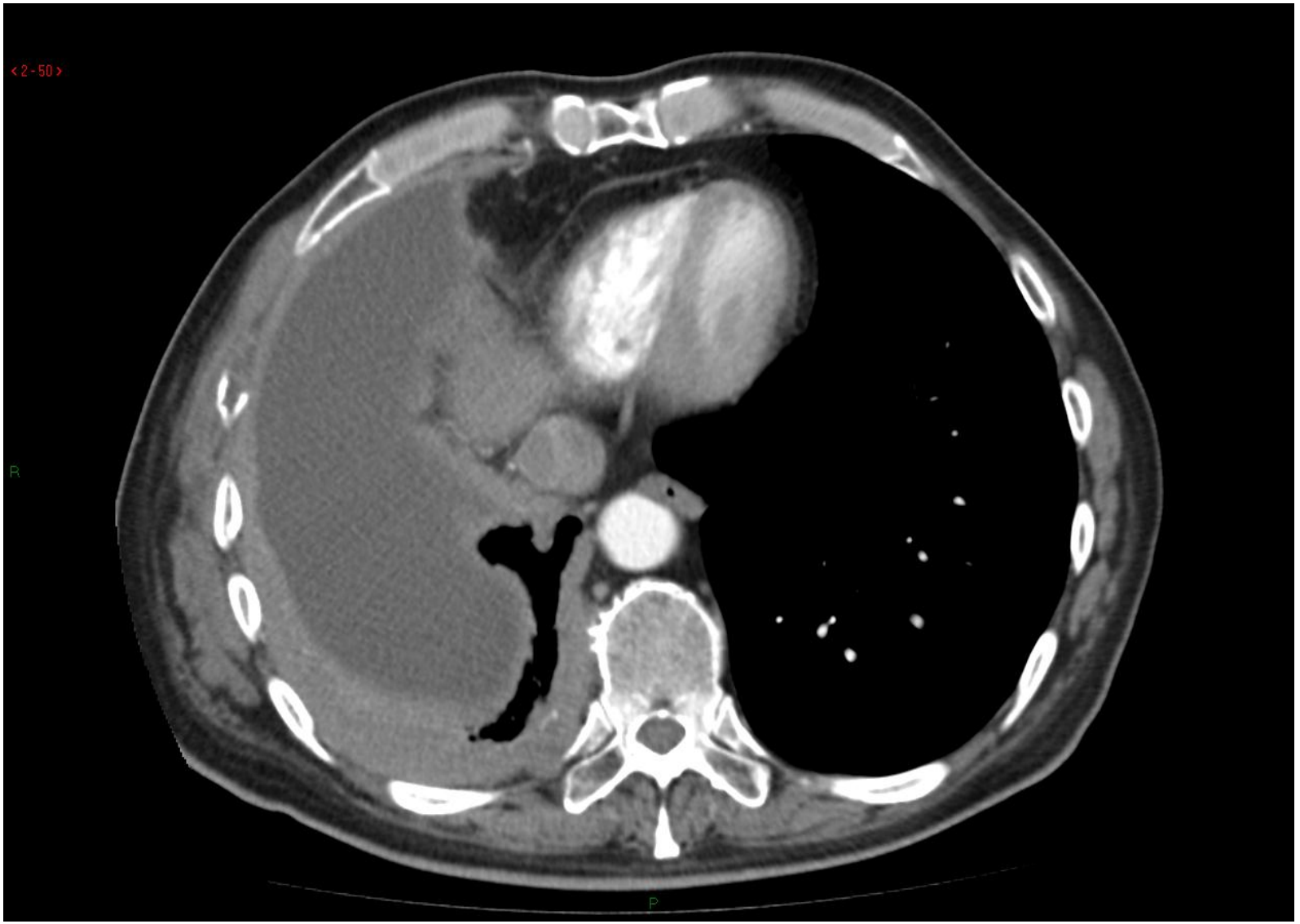

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Q 4: What is your opinion on the role for radiotherapy in MPM?

1. Radiotherapy would have prevented parital seeding along the drainage tracts

2. Radiotherapy is indicated after pleurectomy/decortication

3. Palliative radiotherapy aimed at pain relief may be considered in case of painful chest wall infiltration