



Pleurésie et cancer



Mésothéliome malin
Y-a-t-il des référentiels ?

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SOR mésothéliome 1998

- Déjà ancien
- Intérêt conservé pour :
 - Diagnostic clinique
 - Pathogénie
 - Anatomo-pathologie
 - Reconnaissance maladie professionnelle
 - Radiothérapie préventive
- Obsolète (?) pour :
 - Traitements chimiothérapeutiques

Recommandations SPLF 2006

- Comment évaluer une exposition à l'amiante et identifier une population à risque ?
- Quels critères diagnostiques pour le mésothéliome pleural ?
- Quel bilan pré-thérapeutique faut-il proposer à un patient porteur d'un mésothéliome pleural malin ?
- Quelle stratégie thérapeutique ?
- Quelles sont les méthodes de contrôle des symptômes et de la qualité de vie ?
- Aspects médico-sociaux

Recommendations ESMO

- Incidence
- Diagnosis
- Staging and risk assessment
- Treatment
 - Surgery
 - Radiotherapy
 - Chemotherapy

Recommendations ESMO

surgery

- Different surgical procedures have been tested with varying degrees of success.
- Extra-pleural pneumonectomy (EPP) with resection of the hemidiaphragm and the pericardium en bloc has the potential to be a radical treatment and this approach is generally combined with chemotherapy and/or adjuvant radiotherapy.
- Surgery, the appropriateness of which is still under consideration, should only be performed on selected patients by experienced thoracic surgeons in the context of a multidisciplinary team [III, A].

Recommendations ESMO

radiotherapy

- The use of hemithoracic radiotherapy is limited because of the severe side-effects of irradiation of the underlying lung.
- Conventional radiotherapy doses can be delivered locally as a palliative measure for pain management.
- Modern radiotherapy techniques allow for delivering high-dose radiotherapy in an attempt to improve local control after EPP.
- Prophylactic radiotherapy to reduce the incidence of port metastases is controversial and not routinely applied.of mesothelioma.

Recommendations ESMO

chemotherapy

- Platinum analogs, doxorubicin and some antimetabolites (raltitrexed, pemetrexed) have shown modest single-agent activity [III, B].
- The combinations of both pemetrexed/cisplatin and raltitrexed/cisplatin have been shown to improve survival as well as lung function and symptom control in comparison with cisplatin alone in randomized trials [II, A].
- In a phase III trial examining second-line pemetrexed versus best supportive care, a longer time to disease progression was seen in the chemotherapy arm with no difference in overall survival.
- If EPP is planned, neoadjuvant or adjuvant chemotherapy should be considered.mesothelioma.

Recommandations NCI

- Anatomopathologie
- Stadification
- Options thérapeutiques
 - Stade I
 - Stade II à IV
 - Récidives non opérables

Recommendations NCI

Stage I

- Standard treatment options:
 - Solitary mesotheliomas: Surgical resection en bloc including contiguous structures to ensure wide disease-free margins. Sessile polypoid lesions should be treated with surgical resection to ensure maximal potential for cure.
 - Intracavitary mesothelioma:
 - Palliative surgery (i.e., pleurectomy and decortication) with or without postoperative radiation therapy.
 - Extrapleural pneumonectomy.
 - Palliative radiation therapy.
- Treatment options under clinical evaluation:
 - Intracavitary chemotherapy following resection.
 - Multimodality therapy.
 - Other clinical trials.

Recommendations NCI

Stage II to IV and recurrent

- Standard treatment options:
 - Symptomatic treatment to include drainage of effusions, chest tube pleurodesis, or thoroscopic pleurodesis.
 - Palliative surgical resection in selected patients.
 - Palliative radiation therapy.
 - Single-agent chemotherapy. Partial responses have been reported with doxorubicin, epirubicin, mitomycin, cyclophosphamide, cisplatin, carboplatin, and ifosfamide.
 - Combination chemotherapy (under clinical evaluation).
 - The safety and efficacy of pemetrexed, an antifolate, and cisplatin in chemotherapy-naive patients with malignant mesothelioma who were not eligible for curative surgery was demonstrated in a randomized phase III trial.[18][Level of evidence: 1iiA]
 - Multimodality clinical trials.
 - Intracavitary therapy. Intrapleural or intraperitoneal administration of chemotherapeutic agents (e.g., cisplatin, mitomycin, and cytarabine) has been reported to produce transient reduction in the size of tumor masses and temporary control of effusions in small clinical studies. Additional studies are needed to define the role of intracavitary therapy.

Cancer Care Ontario

- MAJOR RECOMMENDATIONS

- The strongest evidence supports the use of pemetrexed 500 mg/m² and cisplatin 75 mg/m² every 3 weeks, with vitamin supplementation with B12 1000 micrograms monthly and folic acid 0.4-1.0 mg daily and is recommended for the palliative treatment of adult patients with advanced malignant pleural mesothelioma. Both vitamin supplements should be started before the administration of pemetrexed.
- If pemetrexed is not available then there is weaker evidence to recommend the use of raltitrexed 3 mg/m² and cisplatin 80 mg/m² every three weeks.
- The routine substitution of carboplatin for cisplatin is not recommended.
- Given the very limited amount of high-quality evidence on the role of chemotherapy in malignant pleural mesothelioma, patients should be encouraged to participate in clinical trials of treatment for this disease.

Cancer Care Ontario

- MAJOR RECOMMENDATIONS

- The role of surgery in the management of malignant pleural mesothelioma cannot be precisely defined. Specifically, the lack of randomised controlled clinical trials makes it impossible to determine whether the use of extrapleural pneumonectomy or pleurectomy improves the survival of patients with malignant pleural mesothelioma or effectively palliates the symptoms of the disease.
- In patients who undergo surgery, combined with chemotherapy and/or radiotherapy, multivariate analysis shows that longer survival is associated with small, epithelial-type, node-negative pleural mesotheliomas.

Cochrane database

- Pemetrexed disodium in combination with cisplatin versus other cytotoxic agents or supportive care for the treatment of malignant pleural mesothelioma (Review).
Green J, Dundar Y, Dodd S, Dickson R, Walley T
- Radiotherapy for malignant pleural mesothelioma (Review) .Chapman E, Berenstein EG, Diéguez M, Ortiz Z
 - Dont radiothérapie préventive