The role of a regional mesothelioma MDT in improving prognostication

McCracken DJ, Bedawi E, Mercer R, Hassan M, Asciak R, Rahman NM.

Introduction

Malignant pleural mesothelioma (MPM) is a malignancy of the pleura that is primarily associated with asbestos exposure. Prognosis is poor, with median survival often quoted as 6-12 months. Although uncommon, its incidence has been steadily increasing and is predicted to peak in 2020. The National Lung Cancer Audit report on MPM, published in 2015 demonstrated significant variation in management and outcomes across the UK and subsequently lead to the production of the British Thoracic Society Guideline for the investigation and management of malignant pleural mesothelioma published in 2017. This included the recommendation for regional mesothelioma MDTs. We present the findings from the first 15 months of the regional MDT in Oxford and its impact on other recommendations contained within the guidelines.

Method

Complete follow up data was collected prospectively from all patients with MPM treated at the Oxford Pleural unit since 2005. Following the establishment of a mesothelioma MDT in March 2017, 39 patients have been diagnosed and discussed at this meeting. These cases were compared with the 39 preceding cases to assess the impact of the introduction of a specialist MDT.

Results

Demographics between both groups were similar. Average age was 77.4 in the MDT group versus 73.8. Sex showed a male predominance in both groups of 82.5% (32/39 in each).

There was some variation in the distribution of histological subtypes within the groups, however there may be a slight improvement in the number of patients with a clinical diagnosis, no histological subtype or those requiring post mortem (Table 1).

There was no difference in the number of patients being considered for enrolment in a clinical trial however there were significant increases in the number of patients who had prognostic scores calculated (54% versus 0%) and those who had formal staging documented (56% versus 21%, p =0.001).

Discussion

Mesothelioma MDTs appear to improve documentation and communication of disease stage and prognosis. Further improvement in this area and in the consideration of enrolment in a clinical trial may be possible with the introduction of an MDT proforma. Further work is required to assess the impact on diagnostic accuracy.

Table 1: Incidence of MPM Histological Subtypes		
	Mesothelioma MDT (n=)	Control (n=)
Epithelioid	72% (28)	54% (21)
Sarcomatoid	8% (3)	15% (6)
Biphasic	10% (4)	18% (7)
Not specified/Unknown/Clinical diagnosis	8% (3)	13% (5)