FACTEURS PRONOSTIQUES

L'impact pronostique de la précédente stadification TNM de l'IMIG avec l'individualisation de 4 stades a été validé chez les patients opérés (classification pTNM) (16,22) ; la signification pronostique de la classification clinique après estimation de l'extension de la maladie par un *staging* non invasif et la thoracoscopie n'est pas démontrée en raison de l'imprécision de l'estimation de l'extension réelle de la maladie.
Deux scores pronostiques ont été développés, respectivement par le CALGB (23) et l'EORTC (24) sur des séries de patients inclus dans des essais successifs de chimiothérapie et donc atteints à un stade relativement avancé.
Les facteurs prédictifs d'une survie courte étaient :

- Un PS élevé, la présence d'une douleur thoracique, d'une dyspnée, d'une perte de poids, d'une thrombocytose, d'une leucocytose, d'une anémie, un âge > 75 ans et une histologie non épithélioïde dans le modèle du CALGB ;
- Un PS élevé, une leucocytose, une anémie, un diagnostic histologique incertain et une histologie sarcomatoïde pour le modèle de l'eortc.

A partir de ces éléments, l'eortc a défini 2 groupes de patients de pronostic significativement différent :

- Patients de "bon pronostic" ayant 0, 1 ou 2 facteurs de mauvais pronostic, avec une médiane de survie de 10,8 mois et une survie à 1 an de 40% ;
- Patients de "mauvais pronostic", ayant de 3 à 5 facteurs de mauvais pronostic, avec une médiane de survie de 5,5 mois et une survie à 1 an de 12%.

Ces scores pronostiques ont été secondairement validés sur deux séries anglaises rétrospectives (25,26).
Ils sont à prendre avec précaution pour la prise en charge quotidienne des patients car ils ont été établis pour les essais cliniques. Les facteurs les plus pertinents sont sous-type épithélioïde, PS, la réalisation complète du traitement multimodal et pTNM uniquement pour les patients réséqués.

La valeur pronostique de l'intensité de la captation du FDG lors d'une tomographie à émission de positons a aussi été suggérée par plusieurs auteurs (27–29) en l'absence de talcage. Mais, la valeur de la TEP est fortement limitée dans le MPM selon le sous-type histologique car les formes sarcomatoïdes et mixtes peuvent être peu fixantes comparées aux MPM épithélioïdes, voire non fixants pour les formes rares desmoplastiques. Par ailleurs, l'intégration des volumes 3D complexes du MPM, non standardisée, rend l'utilisation pronostique de la TEP délicate.

Recommandations

La prise en compte des facteurs pronostiques suivants : sous-type histologique, PS, est un préalable nécessaire avant toute décision concernant la prise en charge d'un patient atteint de mésothéliome pleural.
Le stade pTNM selon la classification de l'IMIG a une valeur pronostique reconnue chez les patients opérés.

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