

INDEX PRONOSTIQUES

Deux index sont proposés dans la littérature :

1. L' index DS-GPA (*disease specific-graded prognostic assessment*)

Il a été publié en 2012 par Sperduto *et al.* (4). Score établi à partir d'une série de 3666 CBNPC et 562 CPC, données recueillies entre 1985 et 2007. Il utilise le score GPA détaillé dans le tableau ci-dessous, avec des survies analysées spécifiquement dans les cancers bronchiques : index DS-GPA ou « Lung GPA ».

| | SCORE GPA | | |
|--------------------------------------|-----------|-----------|----------|
| | 0 | 0,5 | 1 |
| Age | > 60 ans | 50-59 ans | < 50 ans |
| KPS | < 70 | 70-80 | 90-100 |
| Nombre de métastase cérébrale | > 3 | 2 à 3 | 1 |
| Métastases extra crâniennes | Oui | – | Non |

| Valeur du Score DS-GPA | Survie médiane CBNPC (mois) | Survie médiane CPC (mois) |
|------------------------|-----------------------------|---------------------------|
| 3,5-4 | 14,78 | 2,79 |
| 2,5-3 | 9,43 | 4,5 |
| 1,5-2 | 5,49 | 4,9 |
| 0-1 | 3,02 | 2,7 |
| Tous | 7 | 4,9 |

Tableau 1- Index DS Lung GPA

Le tableau 1 montre les médianes de survie spécifiques pour les métastases cérébrales des cancers bronchiques : elles varient de 2,7 à 14,8 mois. Les facteurs pronostiques retrouvés sont l'âge, l'index de Karnofsky, le nombre de métastase cérébrale et la présence ou non de métastase extra cérébrale. Ce score est le plus communément admis pour évaluer le pronostic des patients avec des métastases cérébrales d'un cancer bronchique.

2. L' index Lung-molGPA (*Lung-molecular-graded prognostic assessment*)

Ce nouveau score publié en 2017 (5) et actualisé en 2020 (6) élaboré à partir de 2186 patients, concerne uniquement les CBNPC, en les séparant en 2 groupes : adénocarcinomes et non adénocarcinomes. Par ailleurs ce score analyse des données plus récentes, recueillies entre 2006 et 2014. De plus, il ajoute dans les facteurs pronostiques la présence d'une mutation de l'*EGFR* ou d'un réarrangement d'*ALK*, qui comptent comme 1 point dans le score. Ainsi, seuls les patients avec une mutation de l'*EGFR* ou un réarrangement d'*ALK* peuvent avoir un score à 4 (Tableau 2).

| Score | 0 | 0,5 | 1 |
|-----------------------------|--|----------|--------------------------------------|
| Age | ≥70 ans | < 70 ans | //// |
| KPS | < 70 | 80 | 90-100 |
| Métastases extra crâniennes | OUI | //// | NON |
| Nombre de MC | >4 | 1 à 4 | //// |
| Statut oncogénique | Pas d'altération <i>EGFR</i> ou <i>ALK</i> | //// | Altération <i>EGFR</i> ou <i>ALK</i> |

| Valeur du score Lung-molGPA | Type histologique | 0-1 | 1,5-2,5 | 2,5-3,5 | 3,5-4 | Tout |
|----------------------------------|-------------------|-----|---------|---------|-------|------|
| Médiane de survie globale (mois) | Non ADK | 5,3 | 9,8 | 12,8 | NA | 9,2 |
| | ADK | 6,9 | 13,7 | 26,5 | 46,8 | 15,2 |

Tableau 2- Score Lung-molGPA : calcul (haut) et survie globale selon la valeur du score.

Les survies globales selon ce score montrent des survies significativement plus élevées que le score DS-GPA, atteignant 46 mois pour les patients avec un score entre 3,5 à 4 et un ADK (ce groupe comprend les patients avec mutation *EGFR* ou réarrangement de *ALK*). Il faut donc utiliser ce score de préférence pour les patients avec un CBNPC, surtout chez les patients avec une addiction oncogénique *EGFR* ou *ALK*.

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