P13. PROGNOSTIC VALUE OF THE INTERNATIONAL STAGING SYSTEM IN MULTIPLE MYELOMA. COMPARISON WITH THE SALMON DURIE STAGING SYSTEM.

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Background: Multiple myeloma (MM) is a malignant monoclonal gammopathy characterized by bone pain, lytic bone lesions, hipercalcemia, anemia, impaired renal function, bone marrow plasmacytosis. Since 1975 the Salmon Durie staging (SDS) system has been used for the evaluation of prognosis of these patients, a staging system that takes into account the clinical features listed above. The subjectivity of the interpretation of bone lesions, an important part of the staging system, and the poor positive predictive value of the Salmon Durie system has led to the design of a new staging system, the International Staging System (ISS) in 2005. ISS takes into consideration the serum levels of beta 2 microglobulin and albumin. Several comparisons of the two systems have demonstrated the superiority of ISS.

Aim: To compare the prognostic value of the ISS and Salmon Durie staging system for patients with multiple myeloma treated in the hematology department in Cluj-Napoca

Material and method: The study is a prospective analytic study of the prognostic value and survival rates of 47 MM patients treated in 2012-2013 in the hematology department in Cluj-Napoca, that were grouped according to both systems. 30 patients (63%) were female and the median age was 60 years (range 82–42). Evaluation of response included immunoglobulin levels, serum and urine immunofixation, radiologic evaluation of the plasmacytoma, bone marrow aspiration/biopsy –plasmacytosis, and were done at the end of 8 cycles of chemotherapy.

Results: According to the Salmon Durie staging system 9% of our patients were stage I, 28% stage II, and 63% stage III. Using the ISS, 28% were stage I, 30% stage II and 41% stage III. Until now 17 patients had undergone one or two evaluations, 10 of which had a complete response and have stopped treatment. Among the complete responders, 8 patients were in stage III SDS and 2 patients were in stage II SDS, while according to ISS, 5 patients were in stage III, 3 patients were in stage II and 2 patient was in stage I. The non-responder group was formed of 7 patients who had stable disease (5 in stage III SDS and 2 in stage II SDS; according to ISS, 4 patients were stage III 3 patients were stage II and 1 patient was stage I) and continue treatment with 2-nd line therapy. One patient, who initially had a complete response (stage IIIB SDS and stage III ISS) had an early relapse (6 months after autologous stem cell transplantation). Forty-six patients are currently alive and continuing observation regularly at 6 months interval; one patient (stage IIIB SDS and stage III ISS) died 18 months after diagnosis.

Conclusions: Between the responders group and the non responders group there were no differences according to Salmon Durie system, stage III patients forming the majority in both groups (80% and 71%), while, according to the ISS there were differences between the two groups: in the responders group the majority were stage I (50%), while in the non responders group stage II formed the majority of patients (44%). Therefore, the Salmon Durie staging system has a poorer prognostic value than the ISS, because it tends to confer a poor prognosis to the majority of patients.