Figure 07 : MPN 10 and response to treatment

Impact of Comorbidities and Response to Treatement on the MPN SAF Assessment of Myeloproliferative Syndromes Phi-

Amina Ramdoum MD, Asma Hadjeb MD, Soraya Benichouf MD,
Zahia Zouaoui MD, Sidi Mohamed El Amine Benlazar MD
Hematology Department, Universitary Hospital of Sidi Bel Abbes, Sidi Bel Abbes, Algeria.

Abstract

Patients with Ph negative myeloproliferative (MPN) are frequently comorbid and present a significant symptomatological burden. It was therefore necessary to find a better assess for the symptomatology. This questionnaire (MPN 10) is a validated tool to assess the symptoms presented by patients. Our study demonstrated the usefulness of evaluation's NMP therapy. However, The comorbidities worsen the symptomatology of the NMP, thus the inflammatory state of an uncontrolled or poorly controlled comorbidity, interferes with the symptomatology of NMP. Hence, The control of the comorbidities presented by a patient with NMP seems very useful for reducing his symptomatology, essentially, that which is functional, and improving the quality of life of patients.

Background

Ph chromosome–negative myeloproliferative neoplasms(MPN) are a heterogeneous group of hematological malignancies including essential thrombocythemia (ET), polycythemia (PV), and primary myelofibrosis (PMF). The MPN Symptom Assessment Form (SAF), or MPN 10, questionnaire is a validated tool for assessing the symptoms presented by patients with MPN, and their evolution during treatment

Objective

The study aims to assess the impact of comorbidities and response to treatment on the symptomatology of patients with MPN assessed by the MPN SAF.

Materials & Methods

This study, carried out in our hematology department, involved patients monitored and treated for MPN. We used the MPN SAF questionnaire, which includes 10 items, rated from 0 to 10, in relation to the MPN symptoms burden. Comorbidities were assessed using the (Cumulative Illness Rating Scale (CIRS)). Statistically, ANOVA and log rank tests were used to study the impact of comorbidities and response to treatment on MPN SAF scores. The tests are significant if P< 0.05.

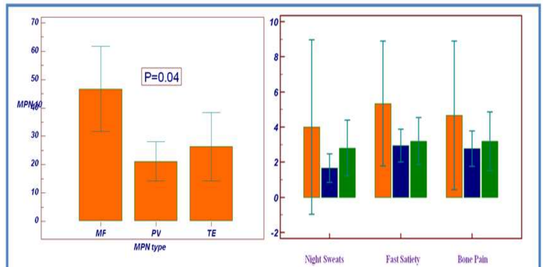


Figure 02 : Evaluation of symptoms by MPN 10 according to pathologies

Figure 03: NMP symptomatology according to MPN10

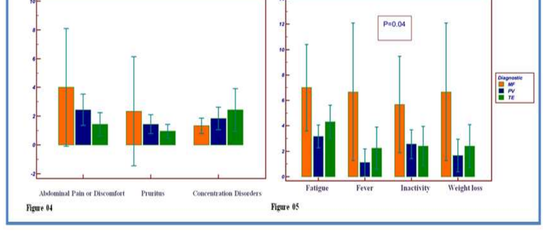


Figure 04

Figure 05

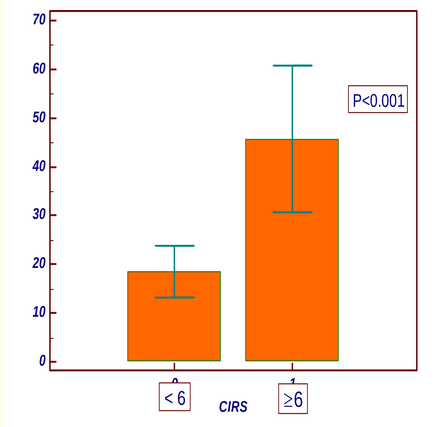


Figure 06: Impact of comorbidities on the MPN 10 score

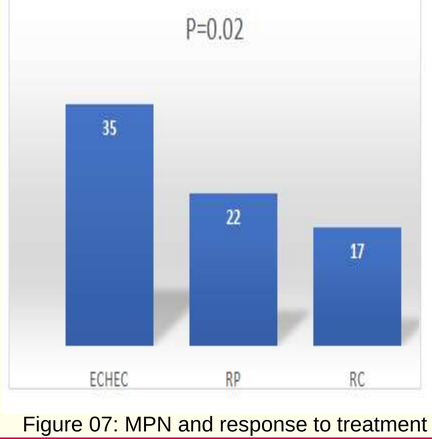


Figure 07: MPN and response to treatment

Summary

Our study concludes that worsening of MPN symptoms is associated with comorbidities. It is very likely that associated diseases maintain a chronic inflammatory state, that adds to that of chronic myeloid neoplasia, mainly when it is refractory to treatment.

Discussion

Sixty-seven patients participated in this study, 31 women and 36 men,, with a median age of 65 years [22–-86]. Thirty-six(54%) patients had PV, 25 (37%) had ET, and 6(9%) had PMF. Sixteen(24%) patients had splenomegaly, and half of these cases were bulky. The mean MPN SAF score was higher for patients with PMF (47) than forthose with ET (26) or PV (21) (P=0.04). Forty-three(64%) patients had at least one associated disease, and 17 (25%) of these hada CIRS score ≥6 . The MPN SAF scores was werewell correlated with the patients' comorbidity scores (P<0.001): patients with CIRS scores < 6 had a mean MPN score of 48 versus18 for patients with CIRS scores ≥6. Depending on the response to treatment and disease control, the MPN SAF scores were higher for patients refractory to treatment (mean: 35),than for those with complete or partial remission (17 and, 22, respectively, P=0.02).

References

1. Approach to MPN Symptom Assesment, Current Hematologic Malignancy, October 2017.
2. Validation d'une version modifiée du formulaire d'évaluation des symptomes des NMP, Journal of Hematology, October 2021.

Insert Footer or Copyright Information Here