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Role of multimodality treatment approach in the management of solitary plasmacytoma : a retrospective analysis.
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This study attemp to identify factors that tredict for local failure, progression to multiple myeloma, and overall survival (OS) in patients managed with local surgery, radiotherapy and/or chemotherapy, and effect of the radiation dose and chemotherapy on the outcome of plasmacytoma. This study identified 30 patients about median age was 55 years (range 33 to 81), with a male to female ratio of 1.73:1. All patients had biopsy-proven solitary plasmacytoma (bone: 23, soft tissue: 7). M-protein was abnormal in 10 patients (33 percentage). All patients except 2 who were treated with surgery alone, were treated with local radiotherapy (median dose 40Gy) and/or surgery, with 12 patients (40 percentage) also receiving chemotherapy. Maximum tumour sizes were obtained in 8 patients, and pre-radiation ranged from 2.2cm to 13cm. Solitary plasmacytomas are effectively treated with moderate-dose radiotherapy, although bone plasmacytoma have a high rate of recurrence as systemic myeloma. Combined chemotherapy and radiotherapy should be investigated in these high-risk patients to increase the local control rate and the cure rate, especially in bone plasmacytomas. As plasmacytomas are rare, it would be better to have a systemic review of all the patients audited in various institutions, at various time, to have increased statistical significance of studies. In addition, there is a urgent need to identify the role of chemotherapy in combination of radiotherapy in increasing the local recurrence free survival and myeloma free survival. Ideally, this should be done in multi-centre international randomized clinical trial due to the rarity of the tumour.