

PROGNOSTIC FEATURES IN THE THIRD MRC

MYELOMATOSIS TRIAL

MEDICAL RESEARCH COUNCIL'S

WORKING PARTY ON LEUKAEMIA IN ADULTS

The members of the Working Party over the period of the trial were Sir John Dacie

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be eligible patients must not have been pre- weight, haemoglobin, leucocyte count (total

previously treated (except for local radiotherapy) weight, haemoglobin, leucocyte count (total

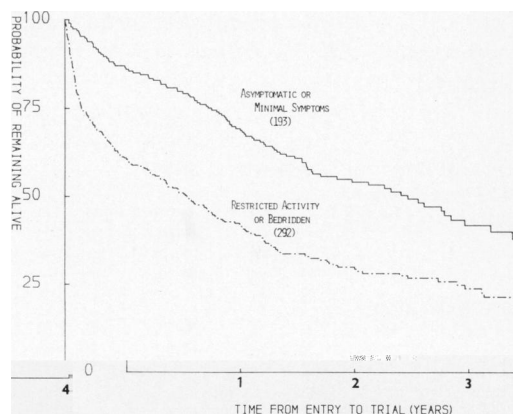
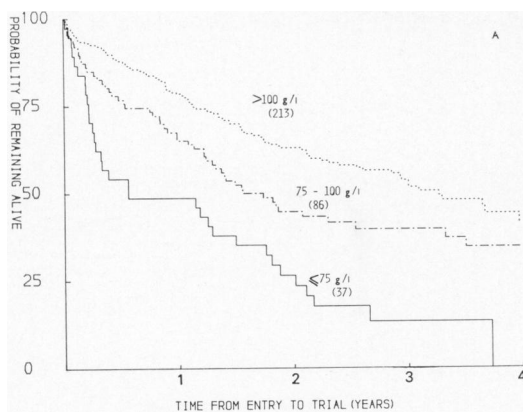


FIG. 4.—Duration of survival for asympto-

symptoms (combined) *vs* patients with

restricted activity or bedridden (combined).

 $\chi^2 = 39.0$, $P < 0.0001$.

TABLE III.—Relative death rates for performance status after correcting for BUC and [Hb] groups (No. of patients in parentheses)

	Minimal symptoms	Re- stricted activity	χ^2 for stratum
A. BUC ≤ 8 mm and [Hb] > 100 g/l	0.66 (105)	1.43 (108)	15.1 $P = 0.0001$
B. All others	0.80 (40)	1.15 (76)	1.81 $P = 0.18$
C. BUC > 10 mm	0.66 (48)	1.43 (108)	15.1 $P < 0.0001$

Overall (corrected) (48) (108) $P < 0.0001$
 0.67 1.29 31.6
 (193) (292) $P < 0.0001$

estimate of clinical performance status.

The χ^2 for performance status after intermediate and poor prognosis groups stratification for these 3 groups is 31.6. have 2-year survival probabilities of 76.

TABLE IV.—*Other prognostic factors*

		Relative death	Relative death	No. of patients
Serum creatinine before				
	100–150	0.82	0.97	100 (30)
	> 150	1.71	1.17	123 (36)
	χ^2	32.7, $P < 0.0001$	5.63, $P = 0.02$	
Serum creatinine after hydration (mm)				
	≤ 100	0.71	0.84	162 (48)
	100–150	0.85	0.93	87 (26)
	> 150	2.24	1.34	92 (27)
	χ^2	51.5, $P < 0.0001$	11.04, $P = 0.008$	
Serum uric acid (mm)				
	≤ 0.3	0.62	0.75	90 (24)
	0.3–0.6	1.00	0.97	229 (62)
	> 0.6	2.46	1.67	52 (14)
	χ^2	36.8, $P < 0.0001$	14.4, $P = 0.0001$	
Platelets ($\times 10^9/l$)				
	> 150	0.87	0.91	341 (75)
	≤ 150	1.55	1.31	116 (25)
	χ^2	21.8, $P < 0.0001$	9.13, $P = 0.003$	
Leucocyte count ($\times 10^9/l$)				
	> 6.0	0.96	0.97	251 (53)
	2.0–6.0	1.02	1.04	205 (43)

TABLE IV. (*cont.*)

Variable	Level	Relative death		No. of patients
		rate unstratified	rate stratified	
Paraprotein level for Class A (g/l)				(%)
	≤ 25	0.53	0.56	14 (17)
	25-50	0.88	0.90	38 (47)
	> 50	1.64	1.49	29 (36)
	χ^2	8.43, $P=0.004$	6.31, $P=0.02$	
IgM (g/l)	> 0.3	0.80	0.80	71 (28)
	0.15-0.3	0.84	0.82	82 (32)
	≤ 0.15	1.34	1.37	101 (40)
	χ^2	7.90, $P=0.005$	8.85, $P=0.003$	
Serum albumin (g/l)	≤ 30	1.43	1.15	95 (30)
	30-40	0.94	0.99	172 (43)
	≥ 40	0.65	0.76	51 (16)
	χ^2	14.4, $P=0.0001$	3.72, $P=0.06$	
Corrected serum calcium* (mm)	> 125	1.25	1.13	96 (21)
	χ^2	4.03, $P=0.04$	1.25	
	≤ 2.75	0.89	0.94	221 (72)
	> 2.75	1.53	1.23	86 (28)
	χ^2	11.2, $P=0.0001$	2.90	
Total urinary protein (g/l)	≤ 0.85	0.74	0.79	137 (63)
Urinary albumin (g/l)	0.85-2.0	1.34	1.24	36 (17)
	> 2.0	1.93	1.55	45 (20)
	χ^2	24.4, $P=0.0001$	12.5, $P=0.0004$	
	≤ 0.05	0.83	0.83	141 (65)
	0.05-0.1	1.61	1.56	24 (16)
	> 0.1	1.24	1.27	42 (19)

natural mortality associated with the patients with levels below $100 \times 10^9/l$
longer follow-up of the 2nd trial. How- fared no worse than those in the 100–150

cases. found that patients of 60 years and counts in this lower range had a slightly

above fared less well than those below 60 better survival.

($P < 0.026$).

Leucocyte counts.—Little prognostic information could be gleaned from total

better survival of κ -type good-prognosis made, varied in a systematic manner, so

patients ($\chi^2 = 5.55$, $P = 0.02$). The association of heavy and light chains was that for each feature values at one end of the numerical range were associated with

by chance, with a homogeneity test yielding other end with high tumour-cell numbers.

the radiological findings as used by International Agency for Cancer Research. The