COMPARISON OF TWO DIAGNOSTIC CRITERIA SCHEMES FOR MULTICENTRIC CASTLEMAN'S DISEASE IN 72 CASES

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BACKGROUND

Two clinical schemes have been proposed that define an acute episode of HIV-associated multicentric Castleman's disease (MCD).

The French ANRS (Agence Nationale de Recherche sur le SIDA) CastlemanB trial group definition requires: raised serum C-reactive protein (CRP) (in the absence of any other cause), pyrexia, and at least 3 of 12 clinical features (J Clin Oncol. 2007;25:3350-6). The National Cancer Institute's scheme requires: raised serum CRP; at least one clinical symptom and one laboratory abnormality probably or definitely attributed to MCD (Curr Opin Oncol. 2012;24: 495-505). Of note the serum CRP cut-off was higher in the French than in the US scheme. Neither system has been validated on an independent data series.

METHODS

We applied the two diagnostic schemes to our cohort of 72 patients treated for MCD. All patients had histologically confirmed MCD with IgM lambda restricted plasmablasts with positive immunostaining for KSHV.

RESULTS AND CONCLUSIONS

The sensitivity of these schemes were 92% for the ANRS criteria and 96% for the NCI criteria. The difference between the two schemes relates to the higher cut-off used for serum CRP in the French scheme and the requirement for at least 3 specified clinical abnormalities.

- **ANRS**: fewer than 3 criteria met 8%
- **NCI**: raised CRP with one clinical and one laboratory abnormality NON met 4%

**CONCLUSIONS**

Although both schemes categorize the majority of our patients as having active MCD, the looser criteria in the NCI scheme identifies more of our cohort as having active MCD (false negative rates 8% ANRS and 4% NCI).

The study has not attempted to establish the capacity of either scheme to correctly exclude patients without MCD and so the specificity and power of the two schemes cannot be established.