The trend of hemoglobin levels in nasopharyngeal cancer patients treated with chemotherapy in low human development index region in Indonesia

I A Lestarini1*, H Kadriyan2, M A Sulaksana2, M S A P Firdausy3, I L Harahap3, T P Karuniawati3 and N Wedayani3

1Department of Clinical Pathology, Faculty of Medicine, Mataram University, Indonesia
2Department of Otolaryngology Head and Neck Surgery, Faculty of Medicine, Mataram University, Indonesia
3Department of Biomedical Sciences, Faculty of Medicine, Mataram University, Indonesia

*Corresponding author: imaarum@unram.ac.id

Abstract. Nasopharyngeal cancer (NPC) is a malignant tumor in the epithelial cell of the nasopharynx. Globally, the incidence was around 80,000 new cases annually or it composed 0.7% of cancer cases in the world. In locally advanced cases, chemotherapy and radiotherapy is a treatment of choice for this cancer. Chemotherapy could be given before the radiotherapy, or simultaneous, or after the radiotherapy. Chemotherapy can affect the hemoglobin levels by inducing a suppressive effect on bone marrow and a toxic effect on erythrocytes. Thus, this study aimed to explore the trend of hemoglobin levels in every cycle of chemotherapy in patients with NPC. This study is a retrospective study with secondary data collection of patients with NPC who received chemotherapy at the West Nusa Tenggara, one of the regions with low human development index (HDI) in Indonesia, during the period 2017-2019. The data obtained were analyzed descriptively and repeated measurement ANOVA test to explore the difference of hemoglobin levels during every cycle of chemotherapy. The results showed a trend of decreasing mean hemoglobin levels in six series of chemotherapy, with p-value = 0.06 on repeated measurement test. There was a trend of decreasing mean haemoglobin levels in patients with nasopharyngeal cancer who received chemotherapy in low HDI region in Indonesia.

Keyword: haemoglobin level, nasopharyngeal cancer, chemotherapy, trend

1. Introduction
Nasopharyngeal cancer is a malignant tumor that attacks the epithelial cells in the nasopharynx [1]. This cancer has a strong association with Epstein-Barr virus infection, as well as a strong tendency to metastasize to regional and distant lymphatic organs, as well as chemo-radio-sensitive [2]. The incidence is rare globally, with around 80,000 new cases per year or 0.7% of all cancer cases in the world. The incidence is only about 1 case per 100,000 globally; however, this cancer is endemic in Asia, especially in Southeast Asia, where the incidence was more than 30 cases per 100,000 population [3]. There were around 6.2 cases per 100,000 population in Indonesia, with the number of new cases as many as 12,000 cases [4]. However, this figure was still below the actual figure because many Indonesia cases are not properly registered.

This cancer causes inflammation of the oral mucosa and mucus membranes of the digestive system, pain, and reduced of saliva secretion, psychological stress, and dental abnormalities. Decreased of nutritional intake due to difficulty on oral intake, persistent bleeding, and persistent chemotherapy may lead to anemia [5,6]. Anemia is a frequent complication of malignancy and exacerbated by
chemotherapy. Up to 90% of cancer patients experience anemia during the disease [7]. However, the frequency varies according to the type and stage of the tumor and its treatment.

Treatment of NPC depends on the severity of cancer itself, but in general, the management of nasopharyngeal cancer includes surgery, radiotherapy, and chemotherapy [8]. In locally advanced (stage 3 and 4), the management is mainly radiotherapy and chemotherapy. Chemotherapy is carried out to control the malignant cells. However, chemotherapy have several side effect due to its potency on destruction of normal cells with fast regenerating cycles, such as skin cells, hair cells, and hematology cells [9].

Chemotherapy reduces hemoglobin levels through a suppressive effect on bone marrow and a toxic effect on erythrocytes. The incidence of anemia has been directly correlated with the chemotherapy. On the other hand, anemia has the adverse effects on the patient functional capacity, quality of life, prognosis, and cancer survival [10]. Pre-clinical studies showed that anemia is associated with the resistance to antineoplastic therapy, partly due to anemia's hypoxic effect. Anemia also correlated with ionizing radiation and some types of chemotherapy agents. Both defend on tissue oxygenation adequacy for their ability to destroy cancer cells. This study aims to determine the trend of red blood cell damage by assessing patients’ hemoglobin levels after chemotherapy.

2. Materials and Methods

This study is a retrospective study using a secondary data which was taken from medical records at West Nusa Tenggara General Hospital. The data collection using total sampling from patients who was diagnosed as NPC and chemotherapy was given. The data will be collected on the period 2017-2019. The stage was defined according AJCC 2018. The hemoglobin level was measure using the routine hematology analyzer and available on the medical record. The hemoglobin level was documented from the initial NPC diagnosis and followed until the last chemotherapy series. The data obtained then analyzed with SPSS software to explore the trends of the mean hemoglobin levels in patients with NPC who received chemotherapy. The differences mean of hemoglobin levels in each cycle of chemotherapy was analyzed by repeated measurement Anova test.

3. Results and Discussion

During the study period, there were 94 patients with NPC, however, only 92 subject who has a complete routine hematology laboratory test. The patients mainly male with the male and female ratio 3:1. Particularly the stage NPC on this research is stage 3 followed by stage IVA, the detailed data can be seen in table 1.

| Characteristic | N (%) |
|---------------|-------|
| Gender        |       |
| Male          | 65 (69,1) |
| Female        | 29 (30,9) |
| Total         | 94 (100) |
| Stage         |       |
| II            | 12 (12,8) |
| III           | 34 (36,2) |
| IVA           | 26 (27,7) |
| IVB           | 17 (18,1) |
| IVC           | 5 (5,3) |
| Total         | 94 (100) |
Figure 1. The average of hemoglobin level on chemotherapy series.

Figure 1 shows that the average haemoglobin level has decreased from the first chemotherapy to fifth chemotherapy, and increases again at the 6th chemotherapy. The number of patients who continued the chemotherapy therapy until the 6th chemotherapy was 18 subject from the initial 92 subject. During chemotherapy, two patients did not continue the chemotherapy due to died or experienced a decrease in hemoglobin levels and lead to transfusion or patients dropped out.

In this study, the figure of the average haemoglobin level showed a trend decreased by the number of chemotherapy cycles. To determine the difference in hemoglobin levels in each chemotherapy series, a further test analysis was performed using repeated measurement anova test and found \( p = 0.06 \). There was no significant difference but showed a trend of decreasing hemoglobin levels in each chemotherapy treatment.

The characteristics of NPC patients in this study was like another previous research. The incidence of nasopharyngeal cancer globally is 1.2 per 100,000 (in men, 1.7 per 100,000; in women, 0.7 per 100,000) [11] where cases in men are more than in women's cases. In the European region, there are generally less than two cases per 100,000 in 1 year among men and less than one case per 100,000 among women. In contrast, in China, Southeast Asia, and the Arctic region and among immigrants from these regions, the incidence was 30 cases per 100,000 in men and 10 cases per 100,000 in female subjects [12]. Indonesia has around 6.2 cases per 100,000 population, with the number of new cases as many as 12,000 cases [4]. The incidence of nasopharyngeal cancer is 2-3 times greater in men; this may be due to differences in lifestyle between men and women (for example, alcohol consumption and smoking habits) [13].

According to the stage, the result of this study was comparable with the other research worldwide. (Wang and Lu, 2017) was found the incidence of stage I-II was 35 (26.9%) patients and stage III-IV 75 (57.7%) patients. On the other study found that according to 650 participants there were subsequently 4 (0.6%), 59 (9.1%), 429 (66.0%), and 158 (24, 3%) patients at stage I, II, III, and IV A and B [15].

The interesting finding in this study was the mean haemoglobin levels decreased from the first chemotherapy to the fifth chemotherapy, but the average increased at the sixth chemotherapy. Guo et
al., found in their study, the mean baseline haemoglobin levels were 14.1 g / dl, (from 7.5 g / dl to 18.1 g / dl). About 64 (9.8%) patients had anemia before chemotherapy out of 650 patients. The mean haemoglobin level during chemotherapy was 12.9 g / dl, ranging from 7.4 g / dl to 15.9 g / dl, and the mean haemoglobin level after chemotherapy was 12.0 g / dl, with a range of 5.8 g / dl to 12.2 g / dl [15]. In this study, the mean baseline haemoglobin level was 11.51 g / dl (from 5.70 g / dl to 15.50 g / dl). After receiving chemotherapy on the 5th cycle, the mean haemoglobin level was decreased to 10.71 g / dl (from 7.60 g / dl to 13.40 g / dl). This mechanism could be due to chemotherapy's effect on hematopoiesis. The compression of the bone marrow by chemotherapy agents will affect the hematopoiesis, including the erythropoiesis process. Monitoring the routine haemoglobin levels is a mandatory to be done before delivering the chemotherapy agents.

The aim of chemotherapy is to destroy the malignant cells. However, chemotherapy have side effects and can also destroy the cells with fast regenerating cycles, including hematological cells [9]. Hematologic cells consist of erythrocyte, leukocyte, and platelet cells. These cells easily regenerate and proliferate in the process of hematopoiesis. Chemotherapy agents can suppress the process of hematopoiesis, furthermore, the blood cell production will be decrease. The standard requirement of chemotherapy should be the haemoglobin level more than 8 g / dl to avoid tissue hypoxia, in the meantime, the body will lose many erythrocytes during chemotherapy. If the haemoglobin level was less than 8 g / dl, a transfusion will be performed first [16]. In the analysis of the difference in haemoglobin levels statistically using repeated measurement tests, the results were not significant (p = 0.06). This was possible because some patients received blood transfusions which increased their haemoglobin levels prior to chemotherapy. As a result, the mean haemoglobin levels in the sixth chemotherapy cycles found 11.57 gr/dl. The limitation of this study was that it did not analyze the nutritional intake and history of blood transfusions.

West Nusa Tenggara General Hospital is lies in the one of region with low HDI in Indonesia. According national statistics bureau 2019, West Nusa Tenggara Province stand on 29th from 34 province in Indonesia [17]. One of the indicators in establishing the HDI is health status. Thus, this condition may contribute to the anemia incidence in population and may altered the trend of hemoglobin level in NPC patients. However, an advanced research should be delivered to explored this issue.

4. Conclusion

This study shows a trend of decreasing haemoglobin levels in nasopharyngeal cancer patients receiving chemotherapy in low HDI region in Indonesia although it’s not significant. The further research should be done to explore this phenomenon.

5. References

[1] Du T, Xiao J, Qiu Z, et al., 2019 The effectiveness of intensity-modulated radiation therapy versus 2D-RT for the treatment of nasopharyngeal carcinoma: A systematic review and meta-analysis. PLoS One; 14: 1–14.

[2] Liang XX, Li Q, Su Z, et al., 2015 Significant prognostic impact of chemoradiotherapy-induced hemoglobin decrease on treatment outcomes of nasopharyngeal carcinoma. J Cancer; 6: 502–10.

[3] WHO. 2014 Review of Cancer Medicines on the WHO List of Essential Medicines Nasopharyngeal Carcinoma. Union Int Cancer Control ; 1–9.

[4] Adham M, Kurniawan AN, Muhtadi AI, et al., 2012 Nasopharyngeal carcinoma in indonesia: Epidemiology, incidence, signs, and symptoms at presentation. Chin J Cancer ; 31: 185–96.

[5] Kurnianda J, Wiyadi N, Wulaningsih W., 2008 Risk factors of anemia in head and neck cancer patients undergoing chemotherapy with high-dose cisplatin. Med J Indones ; 17: 248–54.
[6] Kadriyan H, Sulaksana MA, Lestarini IA, et al., 2019 Incidence and characteristics of anemia among patients with nasopharyngeal carcinoma in Lombok, Indonesia. *AIP Conf Proc*; 2199. Epub ahead of print. DOI: 10.1063/1.5141329.

[7] Groopman JE, Itri LM., 1999 Chemotherapy-induced anemia in adults: Incidence and treatment. *J Natl Cancer Inst*; 91: 1616–34.

[8] Lopez MPA, Pousa E, Perez BP, et al., 2018 SEOM clinical guideline in nasopharynx cancer (2017). *Clin Transl Oncol*; 20: 84–88.

[9] Nurgali K, Jagoe RT, Abalo R., 2018 Editorial : Adverse Effects of Cancer Chemotherapy : Anything New to Improve Tolerance and Reduce Sequelae ? ; 9: 1–3.

[10] Feinberg BA, Bruno AS, Haislip S, et al., 2012 Hemoglobin Trends and Anemia Treatment Resulting From Concomitant Chemotherapy in Community Oncology Clinics. *J Oncol Pract*; 8: 18–23.

[11] Yousefi MS, Sharifi-Esfahani M, Pourgholam-Amiji N, et al., 2018 Nasopharyngeal cancer in the world: incidence, mortality and risk factors. *Biomed Res Ther*; 5: 2504–17.

[12] Mohammadian M, Pakzad R, Towhidi F, et al., 2017 Incidence and mortality of kidney cancer and its relationship with HDI (Human Development Index) in the world in 2012. *Clujul Med*; 90: 286–93.

[13] Jia WH, Qin H De., 2012 Non-viral environmental risk factors for nasopharyngeal carcinoma: A systematic review. *Semin Cancer Biol*; 22: 117–26.

[14] Wang Y, Lu X., 2017 The Incidence and Prognosis of Nasopharyngeal Carcinoma Patients With Family History. *Int J Radiat Oncol*; 99: E381.

[15] Guo SS, Tang LQ, Chen QY, et al., 2015 Is hemoglobin level in patients with nasopharyngeal carcinoma still a significant prognostic factor in the era of intensity-modulated radiotherapy technology? *PLoS One*; 10: 1–11.

[16] Abdel-Razeq H, Hashem H., 2020 Recent update in the pathogenesis and treatment of chemotherapy and cancer induced anemia. *Crit Rev Oncol Hematol*; 145: 102837.

[17] Badan Pusat Statistik, 2020 Indeks Pembangunan Manusia 2019. Jakarta, Badan Pusat Statistik