CHAPTER 5

CONCLUSION

In conclusion,

a) The different ethnic groups in Sarawak showed marked differences in the incidence of NPC. The Ibans exhibited the highest prevalence of NPC cases followed by the Chinese. NPC was more common in males (77.4%), with male/female ratio of 3.4:1, with the mean age of NPC patients being 47.9 years.

b) Anti-EBV antibodies (IgA/VCA, IgG/VCA, IgA/EA and IgG/EA) occur more frequently and at higher levels in NPC patients than in healthy controls. The EBV antibodies titres for all four EBV antigens were independent of sex, age and ethnic groups of the NPC patients in Sarawak.

c) Positive titres of $\geq 10$ for IgA/VCA, $\geq 160$ for IgG/VCA, $\geq 5$ for IgA/EA and $\geq 40$ for IgG/EA, best separate NPC patients and healthy controls. With these cut-off titres, the IgA/VCA had sensitivity of 83.6% and specificity of 97.3%, IgG/VCA: sensitivity of 89.0% with specificity of 98.0%, IgA/EA: sensitivity of 75.0% with specificity of 100.0% and IgG/EA: sensitivity of 76.8% with specificity of 99.3%.

d) The use of IgG/VCA (at $\geq 160$) together with IgA/VCA could further improve the clinical value of EBV serology in the diagnosis of NPC by increasing the sensitivity to 90.9%.

e) Further studies are needed to determine if peptide 17 of BHRF1 is a significant epitope recognised by serum IgA, which may be useful in the diagnosis of NPC.