Cisplatin and gemcitabine in malignant mesothelioma

We read with interest Steele and Klabatsa’s review of chemotherapy in malignant mesothelioma [1]. Whilst we welcome the randomised evidence for a survival benefit from pemetrexed and cisplatin, we believe the activity of gemcitabine and cisplatin in this disease has been misrepresented. The authors correctly reported our single centre study of this combination, with a response rate of 48% (95% CI 26% to 69%) in 21 patients [2]. However, they have not reported that this study was followed with a multicentre phase II study of the same combination and schedule in 53 patients, giving a response rate of 33% (95% CI 20% to 46%) [3] and supporting the ability of this regimen to palliate some of the worst-rated symptoms of this disease [4]. These studies used a 28-day regimen with cisplatin 100 mg/m² on day 1 and gemcitabine 1000 mg/m² on days 1, 8 and 15. Trials showing lower response rates (16% and 26%) for this combination used 21-day schedules, with cisplatin doses of 75–80 mg/m² [5, 6]. Furthermore, these trials used WHO response criteria in a disease in which bi-dimensional measurement of tumour response is probably inappropriate [7].

Unfortunately, whilst we would welcome a randomised comparison of cisplatin and pemetrexed versus cisplatin and gemcitabine in this disease, this is unlikely to occur as the same pharmaceutical company manufactures both pemetrexed and gemcitabine.

A. K. Nowak¹,²* & M. J. Byrne³

¹Department of Medical Oncology, Sir Charles Gairdner Hospital, Nedlands, WA, 6009 Australia; ²Department of Medicine and Pharmacology, University of Western Australia, Nedlands, WA, 6009 Australia

(*E-mail: anowak@cyllene.uwa.edu.au or Anna.Nowak@health.wa.gov.au)

References


doi:10.1093/annonc/mdi303
Published online 6 July 2005