Role of platinum-based radio-chemotherapy for locally advanced non-small-cell lung cancer: possible influence of type of platinum on survival data

In the March 2006 issue of Annals of Oncology, Dr. Auperin et al. [1] conducted a meta-analysis addressing the role of concomitant platinum-based radio-chemotherapy in locally advanced non-small-cell lung cancer (NSCLC) patients. In this meta-analysis, the authors included both cisplatin- and carboplatin-based regimens within platinum-based chemotherapy. They demonstrated that the concomitant platinum-based radio-chemotherapy yielded a significant absolute benefit of chemotherapy of 4% at 2 years compared with the radiotherapy alone. In spite of indirect comparisons, there was no significant difference between cisplatin- and carboplatin-based chemotherapy in terms of overall survival.

Cisplatin-based chemoradiotherapy has intensively been investigated in patients with locally advanced non-small-cell lung cancer in many randomized trials and is considered to be standard treatment [2]. However, carboplatin-based chemoradiotherapy has not fully been evaluated in terms of overall survival in this population. In addition, no large randomized trials directly comparing these two agents are available. Thus, to date, one cannot affirm the true therapeutic equivalence between cisplatin and carboplatin for locally advanced NSCLC.

Despite our great respect for Dr. Auperin’s meta-analysis, in these circumstances, we still consider that the role of both cisplatin-based and carboplatin-based radio-chemotherapy should be separately evaluated in the future. We are very pleased to hear that an update of the 1995 meta-analysis on locally advanced NSCLC is now underway [3] and we eagerly await each updated survival result of the agents when combined with thoracic irradiation.

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