

LETTERS TO THE EDITOR

Cisplatin or Carboplatin for Advanced Non-Small-Cell Lung Cancer?

To the Editor:

We have read with great interest the article “Cisplatin versus Carboplatin-Based Regimens for the Treatment of Patients with Metastatic Lung Cancer. An Analysis of Veterans Health Administration Data” reported by Santana-Davila and colleagues in *Journal of Thoracic Oncology* (May 2014).¹ We are impressed that the authors presented a great retrospective study with competent data and accurate statistical analysis. However, selection bias obviously existed in the study, as they stated in the discussion part. First, although the study sample is large enough, which included 4352 patients, only 291 (6.7%) patients in the cisplatin group. Second, the inhomogeneity of combined chemotherapeutic agents may affect the overall survival.² Approximately 30% of patients treated with cisplatin were administered with etoposide, whereas only 1.7% of patients in the carboplatin group. Third, bevacizumab was used more in carboplatin group (5.9%) than in cisplatin group (0.7%). When added to paclitaxel/carboplatin, it can improve survival in previously untreated patients with advanced non-squamous non-small-cell lung cancer (NSCLC).³ In addition, the authors did not mention the post-study treatment. During the last decade, many advances have been made in the treatment of advanced NSCLC, e.g., targeted therapy. Further treatment after first-line chemotherapy may also impact on overall survival.

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As we know, good-designed randomized clinical trials provide strong evidence that may change the current treatment pattern. Rosell and colleagues conducted direct comparison of paclitaxel/carboplatin versus paclitaxel/cisplatin in advanced NSCLC.⁴ The baseline patient's characteristics and follow-up therapy were well balanced between the two treatment arms. The overall response rate in the two arms of paclitaxel/carboplatin and paclitaxel/cisplatin was 28% and 25%, respectively, which was similar. However, patients received paclitaxel/cisplatin had the significantly longer median survival (9.8 months) than paclitaxel/carboplatin (8.2 months). This is confirmed by an individual patient data meta-analysis.⁵ In patients with non-squamous histology, cisplatin-based chemotherapy prolonged survival in comparison to carboplatin-based chemotherapy (hazard ratio = 1.12, 95% confidence interval = 1.01–1.23), but not in squamous histology. In our opinion, there are enough evidences to support use of cisplatin in advanced NSCLC, especially in non-squamous histology. In our daily clinical practice, for eligible patients with non-squamous NSCLC, we would like to recommend cisplatin preferentially.

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EGFR Mutations in Asian Patients with Advanced Lung Adenocarcinoma

To the Editor:

We congratulate Shi et al¹ for their prospective multinational, epidemiological study of epidermal growth factor receptor (*EGFR*) mutations in patients from Asia with newly diagnosed advanced lung adenocarcinoma (PIONEER study) which showed that 51.4% of tumors from 1450 patients had a positive *EGFR* mutation status. Although the frequency of *EGFR* mutations was 50% or higher for patients of East Asian ethnicities (Vietnamese, 64.2%; Thai, 53.8%; Chinese, 51.8%, and Filipino, 50.0%), it was significantly lower for Indian patients (21.9%). Our study on Malaysian patients who were of three major ethnicities, ie, Chinese, Malay, and Indian, showed that 39.5% of tumors from 812 patients with advanced adenocarcinoma were *EGFR* mutation positive.² The frequency of *EGFR* mutations was not significantly different between our Chinese (40.8% of 517 patients), Malay (37.2% of 239

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