Rolf Stahel reported on behalf of the Swiss Group for Clinical Cancer Research (SAKK) the final results of the multicenter phase 2 trial on neoadjuvant chemotherapy, followed by extrapleural pneumonectomy (EEP) in malignant pleural mesothelioma (MPM). Eligible patients with performance status 0-2, all histological subtypes, stage T1-3, N0-2 M0 were treated with three cycles of cisplatin-gemcitabine at standard doses. EPP was performed, followed by postoperative radiotherapy on high-risk or obviously incompletely resected areas. Quality of life analysis was included. Of the 63 included patients, two had progression on chemotherapy, 58 completed chemotherapy, 54 underwent surgery, 13 were considered inoperable, 45 underwent EPP, 37 were considered completely resected, one died postoperatively, 36 patients started radiotherapy (median of 8 weeks after the resection), and 38 patients had recurrent disease; however, its pattern was not presented. Median overall survival was 19.8 months (intention to treat) versus 23 months for the 45 patients who underwent resection. Median time to recurrence was 13.8 months. Quality of life was not severely impaired and reversible 3 months after surgery. The authors conclude that these multicenter results confirm their earlier phase 2 single-center data and warrant further prospective investigation of this combined approach in MPM. They are currently conducting a randomized trial, allocating patients after induction chemotherapy and EPP to postoperative radiotherapy or not.

Jacek Jassem reported the results of an international randomized trial comparing pemetrexed and best supportive care (BSC) among previously treated patients with advanced MPM. Eligible patients had to be pretreated with one previous line of chemotherapy excluding pemetrexed; randomization was between best supportive care (not defined) and pemetrexed 500 mg/m² every 3 weeks and vitamins till progression. Third-line therapy, including pemetrexed, was allowed thereafter. The investigators randomized 252 patients: 123 to pemetrexed and 120 to BSC. Patient characteristics were well balanced, but data on duration of best response to first-line therapy were lacking. The median number of cycles given was five, and pemetrexed was well tolerated (7% grade 3 or 4 neutropenia and 6% anemia). Disease stabilization (OR + SD) occurred in 59% of patients, compared with 19% in the BSC arm. A significant increase was noted in the median time-to-progression (median, 3.6 versus 1.5 months; p = 0.015) but not for overall survival (8.6 versus 9.7 months; p = 0.7). This was thought to be the result of second-line treatment, which was given to 52% of patients in the BSC arm, including pemetrexed in 18% of these. This assumption was strengthened by two unplanned exploratory analyses, which showed a significant improvement in survival for various pemetrexed-treated subgroups of the study population. The authors concluded that single-agent pemetrexed was likely to improve outcome as second-line treatment for pretreated patients.

REFERENCES