

MESOTHELIOMA TREATMENT REGIMENS

The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. The cancer treatment regimens below may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

NOTE: GREY SHADED BOXES CONTAIN UPDATED REGIMENS.

General treatment note: Management by a multidisciplinary team is recommended. Chemotherapy can be utilized as induction regimen (pemetrexed + cisplatin) prior to surgical exploration. A number of regimens may be used after exploration in patients found to be unresectable.

REGIMEN	DOSING
First-Line Treatment	
Pemetrexed (Alimta) + cisplatin (Platinol; CDDP)* ^{1,1-3}	Day 1: Pemetrexed 500mg/m² IV + cisplatin 75mg/m² IV beginning 30 min after pemetrexed administration. Repeat cycle every 3 weeks. Vitamin prophylaxis: Multivitamin with folic acid 400–1000mcg orally daily starting at least 5 days prior to first dose of pemetrexed and continuing until 21 days after the last dose. Vitamin B₁₂ injection 1000mcg IM once during the week prior to the first dose of pemetrexed. Repeat every 3 cycles on the same day as chemo. Premedication regimen: Dexamethasone 4mg orally twice daily (or equivalent) the day before, day of and day after pemetrexed to reduce cutaneous reaction.
*Category 1 recommendation.	
Pemetrexed + carboplatin (Paraplatin) ^{1,2,4}	Day 1: Pemetrexed 500mg/m² IV + carboplatin AUC=5mg/mL/min. Repeat cycle every 3 weeks. Vitamin prophylaxis: Multivitamin with folic acid 400–1000mcg orally daily starting at least 5 days prior to first dose of pemetrexed and continuing until 21 days after the last dose. Vitamin B₁₂ injection 1000mcg IM once during the week prior to the first dose of pemetrexed. Repeat every 3 cycles on the same day as chemo. Premedication regimen: Dexamethasone 4mg orally twice daily (or equivalent) the day before, day of and day after pemetrexed to reduce cutaneous reaction.
Gemcitabine (Gemzar) + cisplatin ^{1,5,6}	Day 1: Cisplatin 80–100mg/m² IV, plus Days 1, 8 and 15: Gemcitabine 1,000–1,250mg/m². Repeat cycle every 3–4 weeks.
Pemetrexed ^{1,2,7}	Day 1: Pemetrexed 500mg/m² IV. Repeat cycle every 3 weeks. Vitamin prophylaxis: Multivitamin with folic acid 400–1000mcg orally daily starting at least 5 days prior to first dose of pemetrexed and continuing until 21 days after the last dose. Vitamin B₁₂ injection 1000mcg IM once during the week prior to the first dose of pemetrexed. Repeat every 3 cycles on the same day as chemo. Premedication regimen: Dexamethasone 4mg orally twice daily (or equivalent) the day before, day of and day after pemetrexed to reduce cutaneous reaction.
Vinorelbine (Navelbine) ^{1,8}	Day 1: Vinorelbine 25–30mg/m² once weekly for 12 weeks, with a 2-week gap between injections 6 and 7.
Second-Line Treatment	
Pemetrexed (if not administered as first-line treatment) ^{1,2,9}	Day 1: Pemetrexed 500mg/m² IV. Repeat cycle every 3 weeks. Vitamin prophylaxis: Multivitamin with folic acid 400–1000mcg orally daily starting at least 5 days prior to first dose of pemetrexed and continuing until 21 days after the last dose. Vitamin B₁₂ injection 1000mcg IM once during the week prior to the first dose of pemetrexed. Repeat every 3 cycles on the same day as chemo. Premedication regimen: Dexamethasone 4mg orally twice daily (or equivalent) the day before, day of and day after pemetrexed to reduce cutaneous reaction.
Vinorelbine ^{1,10}	Day 1: Vinorelbine 30mg/m² once weekly for 6 weeks.
References	
1. NCCN Clinical Practice Guidelines in Oncology™. Malignant Pleural Mesothelioma. v 2.2012. Available at: http://www.nccn.org/professionals/physician_gls/pdf/mpm.pdf. Accessed February 24, 2012. 2. Alimta [prescribing information]. Indianapolis, IN: Eli Lilly & Co.; 2011. 3. Vogelzang NJ, Rusthoven JJ, Symanowski J, et al. Phase III study of pemetrexed in combination with cisplatin versus cisplatin alone in patients with malignant pleural mesothelioma. <i>J Clin Oncol</i>. 2003;21:2636–2644. 4. Ceresoli GL, Zucali PA, Favaretto AG, et al. Phase II study of pemetrexed plus carboplatin in malignant pleural mesothelioma. <i>J Clin Oncol</i>. 2006;24:1443–1448. 5. Nowak AK, Byrne MJ, Williamson R, et al. A multicentre phase II study of cisplatin and gemcitabine for malignant mesothelioma. <i>Br J Cancer</i>. 2002;87:491–496. 6. Van Haarst JM, Bass J, Manegold CH, et al. Multicentre phase II study of gemcitabine and cisplatin in malignant pleural mesothelioma. <i>Br J Cancer</i>. 2002;86:342–345.	7. Taylor P, Castagneto B, Dark G, et al. Single-agent pemetrexed for chemo-naïve and pretreated patients with malignant pleural mesothelioma: results of an International Expanded Access Program. <i>J Thorac Oncol</i>. 2008;3:764–771. 8. Muers MF, Stephens RJ, Fisher P, et al.; MS01 Trial Management Group. Active symptom control with or without chemotherapy in the treatment of patients with malignant pleural mesothelioma (MS01): a multicentre randomised trial. <i>Lancet</i>. 2008; 371:1685–1694. 9. Jassem J, Ramlau R, Santoro A, et al. Phase III trial of Pemetrexed plus best supportive care compared with best supportive care in previously treated patients with advanced malignant pleural mesothelioma. <i>J Clin Oncol</i>. 2008;26: 1698–1704. 10. Stebbing J, Powles T, McPherson K, et al. The efficacy and safety of weekly Vinorelbine in relapsed malignant pleural mesothelioma. <i>Lung Cancer</i>. 2009;63:94–97.
(Revised 03/2012) © 2012 Haymarket Media, Inc.	