Ten Best Readings On Lung Cancer and Mesothelioma

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The ten best recent articles in the medical literature relating to lung cancer and mesothelioma are reviewed here.


Clinicians tend to underestimate potential modest benefits of chemotherapy. However, patients are much more ready to accept chemotherapy, even when the likely benefits are small. Quality of life, change in performance status, and relief of tumor-related symptoms are important additional parameters of treatment assessment.


Gemcitabine is an active new agent in the treatment of NSCLC. This schedule was associated with little alopecia or myelosuppression.


Since vinorelbine plus cisplatin yields a longer survival duration and a higher response rate than vindesine plus cisplatin or vinorelbine alone -- and with acceptable toxicity -- this combination should be considered a relevant regimen in advanced NSCLC.


Docetaxel administered at 100 mg/m² intravenously every three weeks had notable activity against platinum-refractory non-small-cell lung cancer, with a 21% major response rate. Primary side effects were neutropenia, hypersensitivity, and fluid retention.


Paclitaxel plus carboplatin is a moderately active regimen in patients with advanced NSCLC and warrants comparison with existing cisplatin-based regimens in a prospective randomized trial. The toxicities of this combination are well tolerated in patients with a good performance status.


Overall survival rates were 45% at two years and 22% at five years. Extrapleural pneumonectomy with adjuvant therapy is appropriate treatment for patients with malignant mesothelioma who are selected based on a revised staging system.


The results of the favored chemotherapy must be considered in light of their actual clinical relevance and the balance among quality of life, toxicity, and costs of chemotherapy and best supportive care.


The median period of survival was 26 months in patients treated with chemotherapy plus surgery compared with eight months in patients treated with surgery alone. This result will stimulate other neoadjuvant trials.


This clinical trial strengthens the validity of using perioperative chemotherapy in the management of patients with resectable stage IIIA non-small-cell lung cancer.


There was considerable pessimism at the onset of this meta-analysis about the role of chemotherapy in non-small-cell lung cancer. These results offer hope of progress and suggest that chemotherapy may have a role in treating this disease.