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 SHIADED 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 DOISING

#### First-Line Treatment

| Pemetrexed (Alimta) + cisplatin (Platinol; CDDP) | Day 1: Pemetrexed 500mg/m^2 IV + cisplatin 75mg/m^2 IV beginning 30 min after pemetrexed administration. Repeat cycle every 3 weeks. |
| Pemetrexed + carboplatin (Paraplatin) | Day 1: Pemetrexed 500mg/m^2 IV + carboplatin AUC=5mg/mL/min. Repeat cycle every 3 weeks. |
| Gemcitabine (Gemzar) + cisplatin | Day 1: Gemcitabine 80-100mg/m^2 IV, plus Days 1, 8 and 15: Gemcitabine 1,000-1,250mg/m^2. Repeat cycle every 3-4 weeks. |

**References**


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