

Treatment of Diffuse Pleural Malignant Mesothelioma by Cis Dichloro Diammine Platinum (C.D.D.P.) in Nine Patients

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Epidemiologic studies have forecast an increase (5,8,9) in the incidence of malignant mesothelioma in the coming decades largely due to the wide use of asbestos (4). Unfortunately, the prognosis is very serious : the average survival time is fifteen months, and there is no hope of cure at the present time.

Surgery is only palliative ; radiotherapy by conventional or high-dose procedures may produce a partial, but very variable effect in some cases (3). Immunotherapy is not yet considered as effective (10).

However, promising results can be expected with chemotherapeutic agents (1,2,3,7). With this aim we have tested the activity of C.D.D.P. on diffuse pleural malignant mesothelioma in nine patients.

From June 77 to September 80, we followed nine patients (eight males, one female) whose mean age

was 52 years, with a range of 36 to 68 years. The eight men had a known history of asbestos exposure (shipyards), but not the woman. The diagnosis was made in eight patients by thoracic surgery (7 biopsies, 1 partial resection) and by needle pleural biopsy for the ninth patient. The diagnosis of mesothelioma was confirmed by seven pathologists; there were eight epithelial cell types of mesothelioma and one mesenchymal type.

All patients received 100 mg of C.D.D.P. every three weeks under adequate rehydration. Six patients had computed tomography of the thorax before and after six and nine cycles of chemotherapy.

Out of these nine patients, we observed one complete remission of the disease as revealed by computed tomography (Fig. 1 and 2). This complete remission lasted more than fifteen months and the patient is still alive. The eight other pati-



Fig.1. Tumoral invasion of the mediastinal pleura



Fig.2. A computed tomography of the thorax after 900 mg of C.D.D.P.: Total disappearance of malignant thickening of the mediastinal pleura

ents died after a mean period of twelve months after the beginning of treatment.

In the interpretation of the results, we must be aware that, as in all publications, these patients were at different stages of extension of their disease and are not individually comparable. For a clear evaluation of such results, it is absolutely necessary to have measurable and objective parameters leading to a common classification for extension of the disease. Computed tomography of the thorax seems to be one of the best ways of objective measurement of the lesions.

A recent test (6) has combined several drugs including adriamycin. The results published by Fer et al. are encouraging and very close to ours. It is our feeling that improvement in survival in cases of this rare and severe disease may be obtained by protocols combining alternately or together, the two drugs : adriamycin and C.D.D.P.

Cooperative studies are necessary for such an approach, but we would like to emphasize again the absolute necessity of objective means for the follow-up of such a difficult measurable tumor.

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