

Mesothelioma

The American Society of Clinical Oncology offers the following clinical guidance on treatment alternatives during shortages of antineoplastic agents. Decisions should be based on specific goals of the therapy where evidence-based medicine has shown survival outcomes and life-extending benefits in both early and advanced stages. For more information on ASCO's general principles during drug shortages, please visit ASCO's Clinical Guidance page. For further consideration of ethical guidance, please visit ASCO's Ethical Principles and Implementation Strategies page.

Disclaimer: Disease site-specific guidance for clinical management during drug shortages is provided by the American Society of Clinical Oncology, Inc. ("ASCO") for voluntary, informational use in the context of limited carboplatin or cisplatin availability. This and other guidance on ASCO's website (together "Guidance") is not a comprehensive or definitive guide to treatment options. New evidence may emerge between the time information is developed and when it is published or read and should only be used in conjunction with independent professional medical judgement. Guidance is based on expert opinion of the Drug Shortages Advisory Group and non-systematic review of relevant literature. It is not medical or pharmacologic advice and is not intended as a statement of the standard of care. ASCO does not endorse third-party drugs, devices, services, or therapies and assumes no responsibility for any harm arising from or related to the use of this information. Use of the information is subject to the complete ASCO website terms of use.

General Principles for Mesothelioma

1. Cisplatin and carboplatin have similar activity, but carboplatin has less toxicity and can generally be substituted.¹
2. Chemotherapy is inferior for patients with non-epithelioid histology, and immunotherapy is recommended
3. Neoadjuvant or adjuvant immunotherapy may have activity but at this point is most appropriate in the context of a clinical trial

Clinical Guidance

1. Early-Stage Disease (Stage I-IIIa)

Induction Chemotherapy:

Recommended:

- Cisplatin + pemetrexed

ALTERNATIVES:

- If cisplatin is not available, carboplatin + pemetrexed
- For patients without access to cisplatin or carboplatin, surgical exploration is an option

Adjuvant Chemotherapy:

Recommended for patients with resected disease:

- Cisplatin + pemetrexed

ALTERNATIVES:

- If cisplatin is not available, carboplatin + pemetrexed

2. Advanced-Stage Disease (Stage IIIB-IV)

Recommended for epithelioid histology:

- Cisplatin + pemetrexed
- Cisplatin + pemetrexed + bevacizumab
- Nivolumab/ipilimumab

ALTERNATIVES:

- Carboplatin + pemetrexed

Recommended for biphasic or sarcomatoid histology:

- Nivolumab/ipilimumab

3. Relapsed or Refractory Disease

a. Prior first-line chemotherapy

Recommended treatment:

- Nivolumab ± ipilimumab

b. Prior first-line nivolumab/ipilimumab

Recommended treatment:

- Cisplatin + pemetrexed
- Cisplatin + pemetrexed + bevacizumab

ALTERNATIVES:

- Carboplatin + pemetrexed

1. Kindler HL, Ismaila N, III SGA, et al: Treatment of Malignant Pleural Mesothelioma: American Society of Clinical Oncology Clinical Practice Guideline. Journal of Clinical Oncology 36:1343-1373, 2018