

Mesothelioma Treatment Regimens

Clinical Trials: The National Comprehensive Cancer Network recommends cancer patient participation in clinical trials as the gold standard for treatment.

Cancer therapy selection, dosing, administration, and the management of related adverse events can be a complex process that should be handled by an experienced healthcare team. Clinicians must choose and verify treatment options based on the individual patient; drug dose modifications and supportive care interventions should be administered accordingly. The cancer treatment regimens below may include both U.S. Food and Drug Administration-approved and unapproved indications/regimens. These regimens are provided only to supplement the latest treatment strategies.

These Guidelines are a work in progress that may be refined as often as new significant data becomes available. The NCCN Guidelines® are a consensus statement of its authors regarding their views of currently accepted approaches to treatment. Any clinician seeking to apply or consult any NCCN Guidelines® is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient's care or treatment. The NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

► First-line Combination Chemotherapy¹

Note: All recommendations are Category 2A unless otherwise indicated.

REGIMEN	DOSING
Pemetrexed + cisplatin (Category 1) ²	Day 1: Pemetrexed 500mg/m ² IV day 1 followed 30 minutes later by cisplatin 75mg/m ² over 2 hours. Repeat every 21 days up to 12 cycles.
Pemetrexed + cisplatin + bevacizumab (Category 1) ^{3,a}	Day 1: Pemetrexed 500mg/m ² IV + cisplatin 75mg/m ² IV + bevacizumab 15mg/kg IV. Repeat every 21 days for 6 cycles, followed by: Maintenance bevacizumab 15mg/kg every 21 days until disease progression.
Pemetrexed + carboplatin ^{4-6,c}	Day 1: Pemetrexed 500mg/m ² IV + carboplatin AUC 5mg·min/mL IV. Repeat every 21 days for a max of 9 cycles.
Pemetrexed + carboplatin + bevacizumab ^{4-7,c}	Day 1: Pemetrexed 500mg/m ² IV + carboplatin AUC 5mg·min/mL IV + bevacizumab 15mg/kg. Repeat every 21 days for 6 cycles, followed by: Maintenance bevacizumab 15mg/kg every 21 days until disease progression.
Gemcitabine + cisplatin ^{8,9}	Day 1: Cisplatin 80–100mg/m ² IV over 1 hour Days 1, 8, and 15: Gemcitabine 1000–1250mg/m ² IV over 30 minutes. Repeat every 21-28 days for 6 cycles.
Pemetrexed ¹⁰	Day 1: Pemetrexed 500mg/m ² IV. Repeat every 21 days for 4 cycles.
Vinorelbine ¹¹	Vinorelbine 25–30mg/m ² (max 60mg) IV every week for 12 weeks.

► Subsequent Systemic Therapy¹

Pemetrexed (if not administered as first-line) (Category 1) ^{12,13,b}	Day 1: Pemetrexed 500mg/m ² IV. Repeat every 3 weeks for 8 cycles.
Vinorelbine ^{14,15}	Vinorelbine 30mg/m ² (max 60mg) IV weekly. Repeat every 6 weeks for 11 cycles.
Gemcitabine ¹⁵⁻¹⁷	Days 1, 8, and 15: Gemcitabine 1250mg/m ² IV. Repeat every 28 days for a max of 10 cycles.
Nivolumab ± ipilimumab (Category 2B) ^{18,19}	Day 1: Nivolumab 3mg/kg IV over 1 hour every 2 weeks Day 1: Ipilimumab 1mg/kg IV over 1.5 hours every 6 weeks. Repeat until disease progression or unacceptable toxicity.
Pembrolizumab ²⁰	Day 1: Pembrolizumab 10mg/kg IV every 2 weeks. Repeat for 2 years or until disease progression or unacceptable toxicity.

^a The combination regimen of pemetrexed + cisplatin + bevacizumab is only for unresectable disease.

^b Consider rechallenge if good sustained response at the time initial chemotherapy was interrupted.

^c The carboplatin/pemetrexed regimen is recommended for patients with poor performance score and/or comorbidities.

continued

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References

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