

A Comparison of Cisplatin and Carboplatin: A short review

The Editor,

Sir,

According to age-adjusted mortality rates for malignant neoplasms in 2005 in the vital statistics, lung cancer accounted for the highest such rate for men and the third highest for women. Chemotherapy is seriously considered for non-small cell lung cancer in instances where those steps are ineffective (1). Based on a review of the literature, the present report has summarized the efficacy of cisplatin (CDDP) and carboplatin (CBDCA), a second-generation platinum agent.

One feature of CBDCA is its ease of use. When used in combination with paclitaxel, CBDCA is believed to have the same efficacy as CDDP and new anticancer agents (2). Nevertheless, CBDCA's efficacy when used in combination with new anticancer agents besides paclitaxel has not been clarified (3). A report in 2005 (4) indicated that CBDCA plus gemcitabine offer significantly better survival time and tolerance in comparison to mitomycin plus ifosfamide plus CDDP. A report in 2007 (5) indicated that, based on a meta-analysis of randomized trials of CDDP and CBDCA, CDDP results in a somewhat higher response rate than CBDCA and longer survival time. Opinions are varied, but these findings must be studied further from the perspectives of clinical medicine and statistics, and medical personnel must continue to confirm the appropriateness of future guidelines for lung cancer.

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REFERENCES

1. Kurata T, Nakagawa K. [(Kagakuryouhou Hishousaibouhaigan)]. [Saishinigakubessatsu haigan] 2005; **Kokyuki** 5: 112–20. [in Japanese]
2. Kubota K, Watanabe K, Kunitoh H, Noda K, Ichinose Y, Katakami N, Sugiura T, Kawahara M, Yokoyama A, Yokota S, Yoneda S, Matsui K, Kudo S, Shibuya M, Isobe T, Segawa Y, Nishiaki Y, Ohashi Y, Niitani H. Phase III randomized trial of docetaxel plus cisplatin versus vindesine plus cisplatin in patients with stage IV non-small-cell lung cancer: the Japanese Taxotere Lung Cancer Study Group. *J Clin Oncol* 2004; **22**: 254–61.
3. Schiller JH, Harrington D, Belani CP, Langer C, Sandler A, Krook J et al. Comparison of four chemotherapy regimens for advanced non-small-cell lung cancer. *N Engl J Med* 2002; **346**: 92–8.
4. Rudd RM, Gower NH, Spiro SG, Eisen TG, Harper PG, Littler JA, et al. Gemcitabine plus carboplatin versus mitomycin, ifosfamide, and cisplatin in patients with stage IIIB or IV non-small-cell lung cancer: a phase III randomized study of the London Lung Cancer Group. *J Clin Oncol* 2005; **23**: 142–53.
5. Ardizzoni A, Boni L, Tiseo M, Fossella FV, Schiller JH, Paesmans M et al. Cisplatin- versus carboplatin-based chemotherapy in first-line treatment of advanced non-small-cell lung cancer: an individual patient data meta-analysis. *J Natl Cancer Inst* 2007; **99**: 847–57.