

LETTER to the EDITOR

Salvage Chemotherapy with Weekly Paclitaxel for Metastatic Melanoma

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Dear Editor

Although new therapeutic strategies have come up in the past few years in metastatic malignant melanoma, salvage therapy option which is systemic chemotherapy has not lost its importance. Therefore, we evaluated 23 patients with metastatic malignant melanoma administrated weekly paclitaxel 80 mg/m² as salvage therapy from October 2008 to August 2013 in a multicenter Anatolian Society of Medical Oncology (ASMO) study, retrospectively. Tumor responses were evaluated every 2-3 months by the Response Evaluation Criteria in Solid Tumors criteria version 1.1 and toxicities were graded according to the National Cancer Institute's Common Terminology Criteria for Adverse Events version 3.0.

Before the induction of paclitaxel, all patients had received the combination of temozolamide and cisplatin or temozolamide alone or dacarbazine alone. Targeted therapies were not given because they were not provided at that time in our country. Eighteen patients had received the paclitaxel in second-line and 5 patients in third-line. Median age was 57 (min-max: 29-79) years. Fifteen patients were male and 8 female. In terms of primer tumor site, 8 patients in head-neck, 6 patients in lower limb, 3 patients in upper limb, 3 patients in trunk and 3 patients in uvea. All patients had multiple nodal and/or visceral metastases at administration of paclitaxel. Complete response were not observed but 2 patients (8.7%) had partial response. Stable disease was observed in 8 patients (34.7%). Response rate (RR) was 8.7% and clinical response rate was 43.4%. Median progression free survival (PFS) was 12 weeks (95% CI: 9.67-14.32) and median overall survival (OS) was 40 weeks (95% CI: 21.22-58.78) (Table 1). Six patients (26%) experienced neuropathy, all grade 1-2. Other dose-limiting toxicities were not observed.

The prognosis for advanced metastatic melanoma is poor. Temozolamide and dacarbazine have been the most commonly used cytotoxic agent. However, the objective response rate is under 20% (Patel et al., 2011). The combination of carboplatin and paclitaxel or paclitaxel alone have shown modest activity in advanced melanoma

Table 1. Survival Analyses of Salvage Weekly Paclitaxel in Patients with Metastatic Melanoma

Patients Number	Median PFS (weeks)	Median OS (weeks)	Response Rate (%)	Stable Disease Rate (%)
23	12	40	8.7	34.7

(Zimpfer-Rechner et al., 2003). Paclitaxel has been evaluated in phase II trials in melanoma (Zimpfer-Rechner et al., 2003; Walker et al., 2005). In a study of salvage therapy for metastatic melanoma among 27 patients, no patient responded with CR or PR and median PFS was found 1.8 months and median OS 7.6 months (Walker et al., 2005). As second-line therapy, a randomized study of weekly paclitaxel versus carboplatin plus paclitaxel was stopped because the overall response rate was below 10% in both arms and there was no difference in time to progression and median survival between the two arms (Zimpfer-Rechner et al., 2003). Paclitaxel with or without carboplatin had only limited efficacy as second-line therapy for metastatic melanoma. Even if new molecular-targeted therapy including vemurafenib, ipilimumab, MEK inhibitors, anti PD-1 and anti PD-L1 become effective and actual therapy modalities, they always should be set above the existing chemotherapy for salvage therapy of metastatic melanoma (Grimaldi et al., 2014; Mamalis et al., 2014).

References

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