

RGH Pharmacy E-Bulletin

Volume 37 (10): April 12, 2010

A joint initiative of the Patient Services Section and the Drug and Therapeutics Information Service of the Pharmacy Department, Repatriation General Hospital, Daw Park, South Australia. The RGH Pharmacy E-Bulletin is distributed in electronic format on a weekly basis, and aims to present concise, factual information on issues of current interest in therapeutics, drug safety and cost-effective use of medications.

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New treatments for malignant melanoma

With the exception of the very common basal cell carcinoma (BCC) skin cancer, melanoma is the fourth most common cancer in Australia after colorectal, prostate and breast cancer. In 2005 there were approximately 10,000 new cases diagnosed, and total deaths from melanoma were 1272 making this form the ninth most common cause of cancer death in Australia. Melanoma is also one of the most common causes of cancer affecting young people in Australia.

Early detection is important for successful treatment outcomes of melanoma. Regular skin checks should be performed, particularly in people over 50 years and medical advice should be sought if any skin changes are noted. Those people at high risk of developing melanoma should have regular skin checks from their GP or dermatologist. Prevention of melanoma is the most important primary health care approach, and the use of sunscreen, appropriate sun smart clothing and avoidance of sun damage are important preventative strategies for the development of melanoma.

Surgery can be curative and requires removal of the lesion with accompanied by a margin of at least 1-2 cm of normal skin and lymph node removal depending on spread of disease. For widespread disease chemotherapy and radiotherapy are additional treatments.

Currently available adjuvant treatment options and therapeutic agents for metastatic disease have not yet proven to definitively increase overall survival rates. Much progress has been made in understanding the biology of melanoma over recent years and many newer agents that target specific molecules and pathways have been identified and are currently under investigation.

Researchers in the USA have developed a vaccine which has demonstrated improved response rates and progression free survival for patients when used in combination with the immunotherapy drug interleukin-2. The peptide vaccine activates the body's cytotoxic T cells to recognise antigens on the surface of the tumour, releasing enzymes that cause disruption to the tumour cell membrane and destruction of the tumour cell. In a recently reported phase III trial, 185 patients were studied. All patients had advanced metastatic melanoma and were stratified for cutaneous metastasis (which is a known indicator for response to interleukin-2). Patients were randomised to receive either high dose IL-2 or IL-2 in combination with the vaccine. The results revealed that those patients who received the vaccine had a superior response rate of 22.1% compared to 9.7% in those receiving IL-2 only. Progression free survival was 2.9 months in the vaccine treated group compared to 1.6 months in those who did not receive the vaccine. The median overall survival rate for those treated with the vaccine was 17.6 months compared to 12.8 months but the difference in survival did not prove to be statistically significant.

Currently in Australia a number of centres are conducting research into melanoma vaccine technology. In one centre a phase I safety study is being conducted to determine whether Lipovaxin-MM®, a new anti-cancer vaccine, is safe and effective in improving capacity for destruction of cancer cells for patients with metastatic melanoma. Patients with incurable stage IV malignant melanoma for which no standard or curative therapy exists are being enrolled.

This E-Bulletin is based on work by Margie Harlow, Drug Distribution Coordinator, RGH

FOR FURTHER INFORMATION CONTACT THE PHARMACY DEPARTMENT ON 82751763 or email: chris.alderman@health.sa.gov.au
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