Commentary

An appropriate choice for immunotherapy in malignant pleural mesothelioma

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In this article of EBioMedicine, Mankor and colleagues [1] report the results of immune monitoring of peripheral blood immune cell subsets in patients with malignant pleural mesothelioma (MPM) treated with so-called immune checkpoint inhibitors (ICIs). Combination treatment with anti-PD-1/anti-CTLA-4 antibodies induced an increase in the proliferation and activation of T cells. In addition, patients who responded to the combination treatment had low frequencies of naïve CD8 T cells and high frequencies of effector memory CD8 T cells expressing cytokines, such as granzyme-B and interferon-γ. These findings suggest that immune monitoring of peripheral blood immune cell subsets may provide information for predicting clinical benefit from ICI-ICI combination therapy.

MPM is strongly associated with asbestos exposure and has continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established platinum and pemetrexed is considered a standard regimen, but continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established platinum and pemetrexed is considered a standard regimen, but continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established platinum and pemetrexed is considered a standard regimen, but continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established platinum and pemetrexed is considered a standard regimen, but continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established platinum and pemetrexed is considered a standard regimen, but continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established platinum and pemetrexed is considered a standard regimen, but continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established platinum and pemetrexed is considered a standard regimen, but continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established platinum and pemetrexed is considered a standard regimen, but continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established platinum and pemetrexed is considered a standard regimen, but continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established platinum and pemetrexed is considered a standard regimen, but continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established platinum and pemetrexed is considered a standard regimen, but continued to increase in many developing countries. The combination of platinum and pemetrexed is considered a standard regimen, but median survival is approximately 1 year [2]. There is no established

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As a future perspective, the combination of an anti-PD-1 or anti-PD-L1 antibody and conventional chemotherapy is also under investigation. Nowak et al. recently presented favorable results from a phase II trial testing durvalumab, an anti-PD-L1 antibody, combined with cisplatin/pemetrexed in MPM [5]. A large-scale randomised study for testing the combination of pembrolizumab, another anti-PD-1 antibody, and cisplatin/pemetrexed is also ongoing. Platinum agents can enhance the effector immune response through modulation of PD-L1 [6]. Further development of new biomarkers to determine patients who would benefit from ICI-ICI combinations, ICI plus chemotherapy, or conventional chemotherapy is also needed.

A new era in systemic chemotherapy for MPM has just begun. Immune monitoring would be the key to choosing appropriate treatments.

Contributors

Dr Fujimoto wrote the commentary.

Declaration of Competing Interests

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