JOURNAL CLUB

MesoVATS: video-assisted thoracic surgery partial pleurectomy versus talc pleurodesis

The role of surgery in malignant pleural mesothelioma remains a contentious issue. This randomised control trial compared two palliative interventions: cytoreductive surgery versus talc pleurodesis in patients with suspected or confirmed malignant mesothelioma and pleural effusion.¹ The authors hoped to show an improvement in survival for video assisted thoracic partial pleurectomy (VAT-PP) and compare cost and symptom control in both interventions.

At 12 months, 45/87 (52%) of patients in the VAT-PP cohort were alive compared with 50/88 (57%) patients receiving talc pleurodesis with a median survival of 13.1 and 13.5 months, respectively. Both interventions resulted in significant resolution of pleural effusion with VAT-PP offering 70% resolution at 12 months and talc pleurodesis 77%. Impact on quality of life was assessed using the EQ-5D self report questionnaire. VAT-PP was associated with relatively improved scores at 6 and 12 months of 0.08 points ($p=0.042$) and 0.22 points ($p=0.006$), respectively. However, in the domains of 'functional scale scores' and 'symptoms scale score specific to lung cancer', there were no significant differences between the two. The mean total cost at 1-year follow-up was £14 246 for VAT-PP and £10 442 for pleurodesis with a greater length of hospital stay for VAT-PP. As expected, VAT-PP was associated with more adverse effects.

The authors conclude that as 78% of patients in the study presented with advanced malignant pleural mesothelioma, VAT-PP may offer benefit in survival in patients with less advanced disease. However, I believe this study supports us to more confidently recommend a less invasive approach and so reduce potential harm and unnecessary reduction in quality of life in this frail patient cohort.

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Funding None.

Competing interests None.

Provenance and peer review Not commissioned; internally peer reviewed.

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To cite Brown MM. *Thorax* 2015;**70**:450.

Published Online First 8 January 2015

Thorax 2015;**70**:450. doi:10.1136/thoraxjnl-2014-206729

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