

Cisplatin? Why not?

We thank our colleagues¹ for the questions regarding cisplatin in electrochemotherapy in the skin and mucosal lesions of the vulva and vagina. The choice of drug (bleomycin or cisplatin) has been a topic on which we have reflected for a long time since the first results published in 2013² on vulvar cancer. Both drugs have been shown to be effective in treating skin lesions, and the question why not use cisplatin for vulvar and vaginal lesions is valid.

Some reflections are necessary. Pros for bleomycin: (i) most commonly used drug; (ii) intravenous injection ensures more homogeneous diffusion in the tissues; (iii) it reaches high concentrations at the tumor level; (iv) in our experience, it has proven safe even in elderly and unfit patients; and (v) it has been widely tested in gynecological tumors.³⁻⁵

Cons for bleomycin: not routinely used for gynecological tumors. Pros for cisplatin: (i) it is the drug of choice in gynecological tumors; and (ii) intratumoral injection protects against the systemic effects of chemotherapy. Cons for cisplatin: (i) local injection is not indicated for lesions larger than 3 cm; and (ii) it is difficult to inject in vaginal tumors.

Having said this, the use of cisplatin locally and intravenously is, appealing and we are going to test it. So, cisplatin? Why not?

Anna Myriam Perrone ,¹ **Giacomo Corrado** ,² **Pierandrea De Iaco**¹

¹Gynecologic Oncology Unit, Azienda Ospedaliero-Universitaria Policlinico di Sant'Orsola, Bologna, Italy, Bologna, Italy

²Gynecologic Oncology Unit, Dipartimento Scienze della Salute della Donna, del Bambino, e di Sanità Pubblica. Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy, Roma, Italy

Correspondence to Dr Anna Myriam Perrone, Azienda Ospedaliero-Universitaria di Bologna Policlinico Sant'Orsola-Malpighi, Bologna 40138, Italy; myriam.perrone@aosp.bo.it

Contributors All authors are equal contributors.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial, or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

© IGCS and ESGO 2020. No commercial re-use. See rights and permissions. Published by BMJ.



To cite Perrone AM, Corrado G, De Iaco P. *Int J Gynecol Cancer* Published Online First: [please include Day Month Year]. doi:10.1136/ijgc-2020-001917

Accepted 29 July 2020



► <http://dx.doi.org/10.1136/ijgc-2020-001791>

Int J Gynecol Cancer 2020;0:1.
doi:10.1136/ijgc-2020-001917

ORCID iDs

Anna Myriam Perrone <http://orcid.org/0000-0003-3140-4772>

Giacomo Corrado <http://orcid.org/0000-0002-8319-6146>

REFERENCES

- De Giorgi V, Scarfi F, Covarelli P. Electrochemotherapy with intralesional cisplatin in recurrent or metastatic vulvar cancer. *Int J Gynecol Cancer* 2020. doi:10.1136/ijgc-2020-001791. [Epub ahead of print: 20 Jul 2020].
- Perrone AM, Galuppi A, Cima S, *et al*. Electrochemotherapy can be used as palliative treatment in patients with repeated loco-regional recurrence of squamous vulvar cancer: a preliminary study. *Gynecol Oncol* 2013;130:550–3.
- Perrone AM, Galuppi A, Pirovano C, *et al*. Palliative electrochemotherapy in vulvar carcinoma: preliminary results of the ELECHTRA (electrochemotherapy vulvar cancer) multicenter study. *Cancers* 2019;11:657.
- Corrado G, Cuttillo G, Fragomeni SM, *et al*. Palliative electrochemotherapy in primary or recurrent vulvar cancer. *Int J Gynecol Cancer* 2020;30:927–31.
- Perrone AM, Ferioli M, Galuppi A, *et al*. Palliative treatment with electrochemotherapy in recurrent or metastatic vaginal cancer. *Int J Gynecol Cancer* 2020;30:939–46.