

## **CAP**

Ciclofosfamida: 500 mg/m<sup>2</sup> IV D1

Doxorubicina: 50 mg/m<sup>2</sup> IV D1

Cisplatina: 50 mg/m<sup>2</sup> IV D1

a cada 21 dias

Ref. (1)

## **Cisplatina + Etoposide**

Cisplatina: 60 mg/m<sup>2</sup> IV D1

Etoposide: 120 mg/m<sup>2</sup> IV D1 ao D3

a cada 21 dias

Ref. (2)

## **CAPP**

Ciclofosfamida: 500 mg/m<sup>2</sup> IV D1

Doxorrubicina: 20 mg/m<sup>2</sup>/dia IV D1 ao D3 (total de 60 mg/m<sup>2</sup>)

Cisplatina: 30 mg/m<sup>2</sup> IV D1 ao D3

Prednisona: 100 mg VO/dia D1 ao D5

a cada 21 dias

Ref. (3)

## **PEE**

Cisplatina: 75 mg/m<sup>2</sup> IV D1

Epirrubicina: 100 mg/m<sup>2</sup> IV D1

Etoposide: 120 mg/m<sup>2</sup> IV D1, D3 e D5

a cada 21 dias

Ref. (4)

## **ADOC**

Cisplatina: 50 mg/m<sup>2</sup> IV D1

Doxorubicina: 40 mg/m<sup>2</sup> IV D1

Vincristina: 0,6 mg/m<sup>2</sup> IV D3

Ciclofosfamida: 700 mg/m<sup>2</sup> IV D4

a cada 28 dias

Ref. (5)

1. Loehrer PJ, *et al.* Cisplatin plus doxorubicin plus cyclophosphamide in metastatic or recurrent thymoma: final results of an intergroup trial. *J Clin Oncol* 1994;12:1164-1168.
2. Giaccone G, *et al.* Cisplatin and etoposide combination chemotherapy for locally advanced or metastatic thymoma. A phase II study of the European Organization for Research and Treatment of cancer Lung Cancer Cooperative Group. *J Clin Oncol* 1996;14:814-820.
3. Kim ES, *et al.* Phase II study of a multidisciplinary approach with induction chemotherapy, followed by surgical resection, radiation therapy, and consolidation chemotherapy for unresectable malignant thymomas: final report. *Lung Cancer* 44:369-379,2004.
4. Venuta F, *et al.* Multimodality Treatment of Thymoma: A Prospective Study. *Ann Thorac Surg* 1997;64:1585-1591.
5. Fornastero A, *et al.* Chemotherapy for invasive thymoma. *Cancer* 1991;68:30-33.