

Using the transfusion wristband system does not require any portable scanner or sophisticated computer support. The method is cheap to run (HK\$2 to HK\$3 per wristband), is user-friendly, and can be readily implemented in any hospital. A comparison of the two systems is shown in the Table.

G Cheng, MD, PhD
CK Lin, MB, BS, FRCP(A)
Department of Medicine
The Chinese University of Hong Kong
Prince of Wales Hospital
Shatin
Hong Kong

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Chemotherapy for non-small-cell lung cancer: cost and toxicity?

To the Editor—I read with great interest the review of chemotherapy for advanced non-small-cell lung cancer by Lam et al.¹ The article was an instructive and timely review for those who are working against the most common cancer in Hong Kong. With reference to the present local scene, I would like to raise two additional points about the chemotherapy for this cancer.

Firstly, in the light of the recent health financing issues facing Hong Kong, a newer drug such as cisplatin or paclitaxel can cost up to 10 times more than an older-generation drug such as methotrexate or fluorouracil. The cost difference would be magnified by taking into account the large number of patients needing treatment for lung cancer. We have previously demonstrated that fluorouracil, vincristine, and cisplatin are equally effective against adenocarcinoma of the lung in vitro.² In our study, each drug suppressed the growth of cancer cells in 60% of cases.² While acknowledging that such in vitro assays are often disputed by oncologists, it would appear that the high prices charged by manufacturers for new drugs are not necessarily justified by the effectiveness of those drugs.

Secondly, some cytotoxic drugs may be more toxic to the Chinese population, even after adjustments for weight, height, and surface area have been made. For example, in our initial trial of nitrogen mustards for lung cancer treatment in 1961,³ three of the four patients died after receiving chemotherapy. The only

survivor had discharged herself after having received one third of the calculated dose; her survival time was more than 5 years. I fully agree with Lam et al, that gemcitabine has a mild toxicity profile, even for Chinese patients. The same may not be true, however, for some other new drugs such as topotecan or doxorubicin hydrochloride liposome (a long-acting form of doxorubicin). They can cause very severe marrow suppression in patients—more severe than is implied by the matter-of-fact warnings in the pharmaceutical literature.

In conclusion, may I once again express my appreciation of the review by Lam et al, and wish his team every success in the fight against lung cancer.

JSM Leung, FRCS (Edin), FHKAM (Surgery)
Cardiothoracic Surgical Service
St Paul's Hospital
Causeway Bay
Hong Kong

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