

Letter to the Editor

Reply: Cetuximab in small bowel adenocarcinoma: a new friend?

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Sir,

We appreciate the comments and data provided by Santini *et al* based upon our recent report (Overman *et al*, 2010; Figure 1). The use of anti-EGFR therapy in small bowel adenocarcinoma (SBA) is rationale, based upon the high-level expression of the target and known activity of this agent in adenocarcinomas of the large intestine. Though small and large intestinal adenocarcinomas differ dramatically in incidence, a number of similarities in clinical behaviour, such as metastatic site predilection and chemotherapy responsiveness, do exist. As activating mutations in the *Kras* oncogene are critical in determining the activity of anti-EGFR therapy in colorectal cancer, molecular testing for mutations in the *Kras* gene must also be incorporated into the assessment of anti-EGFR therapy in SBA.

In the commentary by Santini *et al*, an impressive radiographic response of 75% was observed in four patients treated with the combination of cetuximab and irinotecan in a primarily *Kras* wild-type SBA population. As mentioned by the authors, this finding is encouraging and appears improved over the response rates

observed with 5-fluorouracil and irinotecan combinations (Zaanan *et al*, 2010). However, the contributory effect of cetuximab cannot be determined as cetuximab was combined with a known active agent in SBA. We have recently treated a 67-year-old man with metastatic moderately differentiated adenocarcinoma of the duodenum to liver and retroperitoneal lymph nodes with single-agent cetuximab (500 mg m⁻² every other week) as the fourth-line therapy. After 8 weeks, a 24% reduction in tumour size per RECIST criteria was observed. The pre-treatment (A) and post-treatment (B) computed tomography images are shown in accompanying figure. The subsequent treatment course was complicated by cholangitis and radiographic progression occurred after 20 weeks.

We agree with Santini *et al* that further prospective studies are needed to determine the role of anti-EGFR therapy in SBA. In an attempt to build upon our previous work with the combination of capecitabine and oxaliplatin, CAPOX (Overman *et al*, 2009), we are currently initiating a phase II study evaluating the combination of panitumumab with CAPOX as the first-line treatment for advanced SBA with wild-type *Kras*.

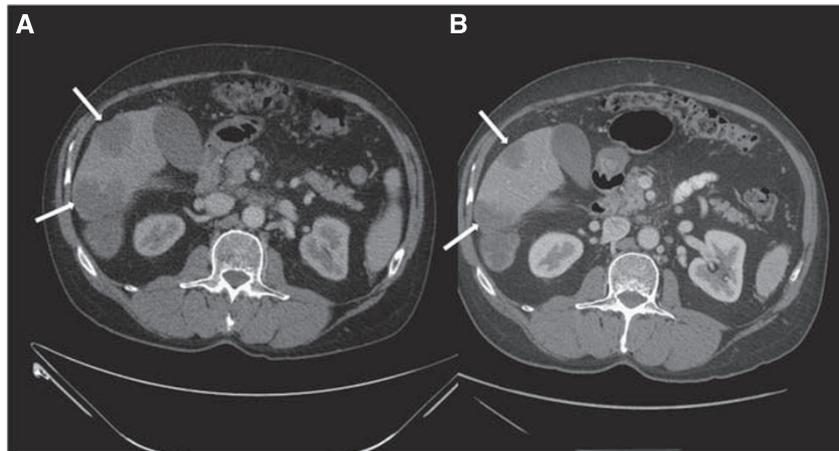


Figure 1 Pre-treatment (A) and post-treatment (B) computed tomography images showing radiographic response to single agent cetuximab in a patient with metastatic duodenal adenocarcinoma.

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