Translated from *Rev Prescrire* November 2008; **28** (301): 817

panitumumab

NEW DRUG

Metastatic colorectal cancer: don't make things worse!

Abstract

● Despite treatment with the Folfox protocol followed by the Folfiri protocol (or the reverse sequence), about 50% of patients with metastatic colorectal cancer die within less than 2 years. *Cetuximab*, a monoclonal anti-EGFR antibody, has no proven impact on survival after failure of these protocols.

● *Panitumumab* (Vectibix°, Amgen) is another monoclonal anti-EGFR antibody authorised for use in this setting, but only when tumour cells express EGFR and bear the wild-type (unmutated) KRAS gene.

● The initial clinical evaluation only includes one randomised unblinded trial comparing *panitumumab* plus symptomatic treatment versus symptomatic treatment alone in 469 patients. About half of the patients died during the first 6 months of treatment, with no difference between the groups. The addition of *panitumumab* "significantly" increased the median progression-free survival time, but only by 5 days (8.0 weeks versus 7.3 weeks). A retrospective subgroup analysis suggested that *panitumumab* might be more useful in patients with the wild-type KRAS gene.

● As expected, given *panitumumab's* mechanism and its proteinaceous nature, its adverse effects are similar to those of *cetuximab*, with skin disorders in almost all patients (especially acne-like rash), as well as pulmonary disorders, diarrhoea, hypersensitivity reactions.

● Adding *panitumumab* to *bevacizumab* and/or to *oxaliplatin*- or *irinotecan*-based chemotherapy regimens leads to a major increase in its adverse effects.

● When the two most widely used protocols fail to control metastatic colorectal cancer, it is better to focus on maintaining patients' quality of survival, by means of appropriate symptomatic treatment, rather than resort to *panitumumab*, which has more adverse effects than documented benefits.

panitumumab
(VECTIBIX°)

Solution for IV infusion (after dilution)

- **100 mg** *panitumumab* per vial (20mg/ml)
- **400 mg** *panitumumab* per vial (20mg/ml)

■ **Licensed indication:** *"(…) monotherapy for the treatment of patients with EGFR expressing metastatic colorectal carcinoma with non-mutated (wild-type) KRAS after failure of fluoropyrimidine-, oxaliplatin-, and irinotecan-containing chemotherapy regimens".*
[EU marketing authorisation, centralised procedure]

cytotoxic agent; monoclonal anti-EGFR antibody

NOT ACCEPTABLE

Adding panitumumab to symptomatic treatment in patients with metastatic colorectal cancer who failed to respond to the two most widely used protocols scarcely increases survival or progression-free survival. Like other monoclonal anti-EGFR antibodies, *panitumumab* provokes sometimes serious adverse effects in most patients: epithelial toxicity (skin) and hypersensitivity reactions.

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In response to our request for information, Amgen provided us with published material only.

Full review (5 pages, 11 references) available in French on request ***Rev Prescrire November 2008; 28 (301): 817.***