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-containing 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.

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