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EFFICACY AND SAFETY OF PANITUMUMAB IN METASTATIC COLORECTAL CANCER TREATMENT

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PURPOSE:

The use of panitumumab in the treatment of metastatic colorectal cancer (mCRC) remains controversial because of his risk/benefit profile.

The aim of this study was to investigate the efficacy and safety of panitumumab in patients with wild-type KRAS gene in the treatment of mCRC.

MATERIAL AND METHODS:

- ✓ Retrospective and observational study.
- ✓ January 2009 to March 2017.
- ✓ Patients treated with panitumumab for a period longer than 12 weeks.
- ✓ Age, sex, line therapy, location of the primary tumour and metastases, treatment duration and adverse events associated with panitumumab.
- ✓ Panitumumab safety was assessed by adverse events described in the clinical history.

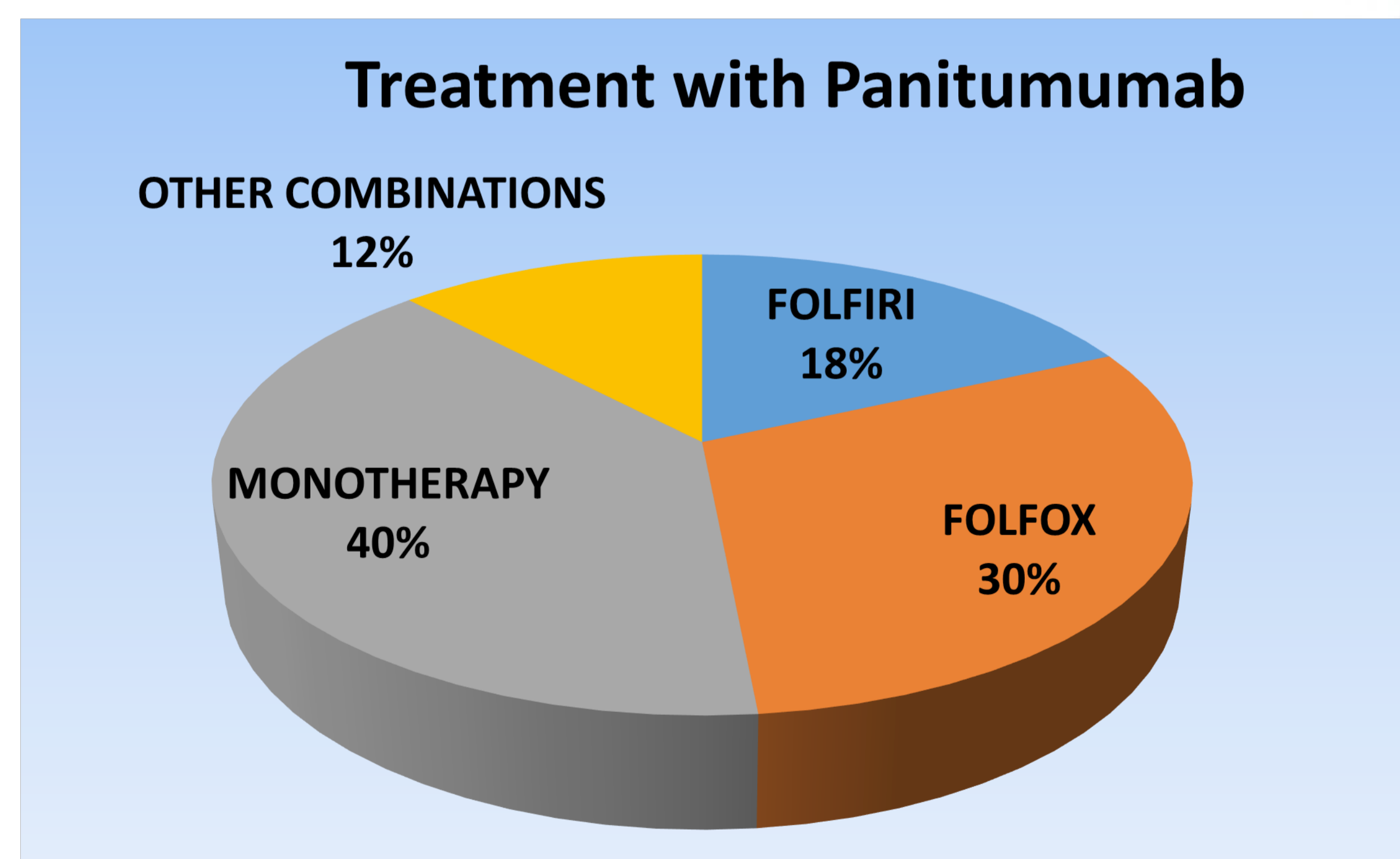
| TREATMENT EFFICACY | |
|---------------------------|--|
| RECIST criteria | Response Evaluation Criteria In Solid Tumors |
| PFS | Progression-Free Survival |
| OS | Overall Survival |

RESULTS:

- ✓ A total of **33 patients (21 men)** were included.
- ✓ Average age: **72 ± 9.42 years**.
- ✓ Treatment duration: **6.1 ± 3 months**.
- ✓ Panitumumab as first-line therapy: **48% of the cases**.
- ✓ Hepatic metastases: developed by **63% of the cases**.

MAIN LOCATIONS OF PRIMARY TUMOR:

| | |
|---------------------|-----|
| COLON | 36% |
| SIGMA | 31% |
| RECTUM | 21% |
| RECTUM-SIGMA | 9% |
| CECUM | 3% |



RECIST CRITERIA:

| | |
|----------------------------|-----|
| PARTIAL RESPONSE | 40% |
| PROGRESSIVE DISEASE | 30% |
| STABLE DISEASE | 21% |
| COMPLETE RESPONSE | 9% |

| | PFS (months) | OS (months) |
|-----------------------|---------------------|--------------------|
| WITH FOLFOX | 5.3 | 17.4 |
| WITH FOLFIRI | 4.6 | 17.1 |
| IN MONOTHERAPY | 4.5 | 17.2 |
| MEDIAN | 4.5 | 17.3 |

CONCLUSIONS:

Panitumumab monotherapy and in combination with chemotherapy is effective and well-tolerated in treatment of patients with mCRC despite high incidence of dermal toxicity.

Although number of patients is limited, results obtained are similar to published studies.

BIBLIOGRAPHY:

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