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EDITORIAL COMMENT

Comment to: "Experience with sunitinib in hormone-resistant metastatic prostate cancer that is unresponsive to docetaxel"

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Sutent®, sunitinib or SU11248 is a directive therapy and a tyrosine kinase inhibitor. It is used to treat gastrointestinal stromal tumours (GIST) and advanced renal cell carcinoma. 14 trials are currently being carried out with prostate cancer and SU011248. Of them, three have been completed, however only one has analysed results that have not yet been published. Ten are in the recruitment stage and one is active but without recruitment.[1]

There is no doubt that this therapy is one of the immediate promises in prostate cancer and particularly in hormone-refractory disease with failed Taxotere. Personally, I have some favourable experience with this type of patients and indication, and also with Sorafenib (nexavar® or BAY43-9006) and even with Imatinib (Glivec or STI-571). Notwithstanding, we must admit that compassionate use is far from being an experience that is worthy of occurring in routine clinical practice. In fact, clinical trials with Sunitinib in prostate cancer are not only exploring the option of refractory cancer to Taxotere (with or without hydroxychloroquine), but they are also researching the adjuvancy to Taxotere and prednisone in hormone-refractory patients, or even the indication of Sunitinib as maintenance in patients that respond to Taxotere. On the other hand, its role as induction treatment in patients with high-risk and/or advanced prostate cancer who choose surgery is also being researched.

Most likely these therapies will soon cease to be anecdotes and will be included in the routine treatment of some patients; however, for the time being, we should not forget that Sunitinib is not risk-free. For this reason, any similar experience to that published by Gasent-Blesa et al., must be subjected to the strictest clinical trial criteria in order to safeguard patients' rights.[2] In specific experiences, such as this compassionate use, which have a worthy numeric character because they combine the personal experience of several great professionals, we tend to underestimate the toxicity of the treatment. Most probably, the general urologist is not ready to treat fatigue, diarrhoea, nausea, hypertension, jaundice, skin reactions and dermatitis (which occur in more than 50% of these patients, and in around 10% they are very serious); not forgetting the possibility of hypothyroidism, heart toxicity, pulmonary embolism and CVA, which this medication has been proven to cause in other indications.[3]

References

1. http://clinicaltrials.gov (consultada a fecha 7 de octubre de 2010)
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3. Demetri GD, et al: Efficacy and safety of sunitinib in patients with advanced gastrointestinal stromal tumour after failure of Imatinib: a randomised controlled trial. Lancet. 2006;368:1329-38.

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