LA HIPERTENSIÓN COMO UN BIOMARCADOR POTENCIAL DE LA EFICACIA EN PACIENTES CON TUMOR DEL ESTROMA GASTROINTESTINAL TRATADOS CON SUNITINIB

Sunitinib- SUTENT- asociado a la hipertensión se correlacionó con la mejora de las tasas de respuesta objetiva, el tiempo hasta la progresión del tumor, la supervivencia libre de progresión y la supervivencia global.

La incidencia la **hipertensión** asociada a acontecimientos adversos es en general bajo y manejable.

La **hipertensión**, no solamente la produce **sunitinib**, sino también otros inhibidores multicinasa como **Nexavar, Regorafenib y pazopanib.**

La hipertensión, por desgracia, va a ser un efecto de la terapia anti-angiogénesis para TODOS los fármacos que bloquean los receptores de VEGF. La hipertensión puede ser un marcador sustituto de lo bien que el medicamento bloquea los receptores de VEGF inhibiendo y bloqueando así la angiogénesis. La clave está en controlar los síntomas con medicamentos para la presión arterial.

ABSTRACTO

Ann Oncol. 2012 Aug 2. Hypertension as a potential biomarker of efficacy in patients with gastrointestinal stromal tumor treated with sunitinib.

George S, Reichardt P, Lechner T, Li S, Cohen DP, Demetri GD. SourceDepartment of Medical Oncology, Dana-Farber Cancer Institute, Boston, USA.

Abstract

Background Reliable biomarkers of sunitinib response in gastrointestinal stromal tumor (GIST) are lacking. Hypertension (HTN), an on-target class effect of vascular endothelial growth factor signaling-pathway inhibitors, has been shown to correlate with clinical outcome in advanced renal cell carcinoma treated with sunitinib.Patients and methodsThis retrospective analysis examined correlations between sunitinib-associated HTN and antitumor efficacy (N = 319) and safety (N = 1565) across three advanced GIST studies. Blood pressure (BP) was measured on days 1 and 28 of each treatment cycle at a minimum. Time-to-event endpoints were estimated using Kaplan-Meier methods, and patient subgroups with and without HTN (maximum systolic BP ≥ 140 mmHg and/or diastolic BP ≥ 90 mmHg) were compared using Cox proportional hazards models. Landmark analyses evaluated associations between early HTN and efficacy endpoints.

Adverse events (AEs) were compared between groups.

Results

Sunitinib-associated HTN correlated with improved objective response rates, time to tumor progression, progression-free survival, and overall survival. Almost all benefits remained

significant in multivariate and landmark analyses. Overall incidences of HTN-related AEs were low and similar between groups; incidences of cardiovascular AEs were somewhat higher in patients with HTN.

Conclusion

Sunitinib-associated HTN appeared to correlate with improved clinical outcomes in GIST, while incidences of HTN-associated AEs were generally low and manageable.

Para una mejor compresión de los textos que aparecen en otro idioma, se recomienda usar como navegador Google Chrome