A short report on article by V. Pruliere-Escabasse et al., Vol. 27: 285–286, 2009

Terence M. Davidson

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Investigational New Drugs
The Journal of New Anticancer Agents
Editor-in-Chief, Eric K. Rowinsky
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Re: A short report on article by V. Pruliere-Escabasse et al.,
Vol. 27: 285–286, 2009

Dear Editor,

I have recently read the article on “Rhinitis and epistaxis in patients treated with antiangiogenic therapy.” I take exception to their conclusion. I have used bevacizumab, a VEGF inhibitor successfully in patients with HHT epistaxis. In the first report [1] the bevacizumab was injected and in the second report [2] the bevacizumab was sprayed. In both applications the bevacizumab was used in low concentrations namely 50–100 mgs and not in cancer doses such as 5–10 mgs per kilograms IV q 2 weeks.

In both papers we report resolution of HHT related epistaxis. In no cases did we see crusting or atrophic rhinitis. I strongly suspect that whatever nasal changes were seen, may or may not be related to the patient’s disease or the therapy, but if indeed it was, I would be more suspect about the combination chemotherapy then I would about

the VEGF inhibitors. As VEGF inhibitors play an important role in the treatment of a number of nasal conditions, this report of an adverse event must be taken with great caution.

Sincerely,

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Associate Dean for UCSD Continuing Medical Education
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TMD:bas

References:

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- [2]. Davidson TM, Olitsky SE, Wei JL. Hereditary Hemorrhagic Telangiectasia/Avastin. *Laryngoscope* 120:432–435, 2010. (pending: vol, issue and pages.)

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Investigational New Drugs

Dear Editor

We thank Dr Terence M Davidson for his interest concerning our recent letter published in Investigational new drugs which reported « atrophic rhinitis » in patients treated with antiangiogenic therapies.

Dr Terence Davidson reported in the correspondance that patients with HHT treated with local or systemic low dose of bevaczumab do not present any « atrophic rhinitis ».

First of all, our patients were treated with standard dose of antiangiogenic therapies (VEGFR inhibitors or VEGF inhibitors). Secondly, all our patients were treated with systemic therapies and not with local application. Finally, 2 patients were only treated with VEGFR inhibitor (without any chemotherapy) and also presented the same « atrophic rhinitis ».

We think that this observation is very interesting, but our experience (with more than 30 patients prospectively followed-up) clearly shows that patients treated with anti-cancer doses of VEGFR or VEGF inhibitors usually develop very particular rhinitis.

Christophe Massard, Virginie Escabasse, Jean-Charles Soria

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