



Dabrafenib in BRAFV600E mutant pilocytic astrocytoma

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Dear Editor:

We read the report on “Dabrafenib in BRAFV600E mutant pilocytic astrocytoma (PA) in a pediatric patient” with a great interest [1]. Mustansir et al. concluded that “We report a case of successful treatment of BRAFV600E immunopositive optic pathway PA in a child with dabrafenib [1].” In fact, the good clinical advantage of dabrafenib for treatment of BRAFV600E immunopositive optic pathway PA is mentioned in many reports in clinical oncology. The basic molecular change due to BRAFV600E mutation can result in altered phenotypic expression including the response to treatment. Based on standard molecular calculation technique as used in referencing publications [2, 3], the molecular weight in BRAFV600E mutation is equal to -28 g/Mol (from to 117.1 to 89.1 g/Mol in V to A variant). Nevertheless, there are also other genetic factors that can determine the response to dabrafenib. In addition to studied genetic background of the tumor, some genetic polymorphisms of the patient might be associated with PA treatment. The good examples are TP53 codon 72 polymorphisms [4, 5]. Further studies to clarify possible confounding effects from other genetic factors are recommended.

Compliance with ethical standards

Conflict of interest None.

References

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