Dramatic Response to Panitumumab and Bevacizumab in Metastatic Gallbladder Carcinoma

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This letter contains information on the unlabeled use of panitumumab and bevacizumab. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers.

Gallbladder carcinoma is uncommon, and survival is poor given the advanced stage at diagnosis. Surgery is curative, but given the frequency of metastatic disease at presentation, this option is fairly limited. There is no clearly defined optimal regimen for advanced disease, and cytotoxic therapy is limited given many patients’ poor performance status. In this setting, patients are often referred for palliative radiation or hospice. We describe such a patient with widespread metastatic carcinoma of the gallbladder with a dramatic response to panitumumab and bevacizumab.

A 76-year-old male was admitted to the hospital with an 8-month history of nonspecific abdominal pain and an 11-pound weight loss. Physical exam revealed hepatomegaly and scalp lesions. His Eastern Cooperative Oncology Group performance status score was 3. Ultrasound revealed a large right upper quadrant mass and gallstones. Positron emission tomography (PET) scan confirmed uptake in the gallbladder fossa, liver, left acetabulum, right iliac wing, superclavicular, axillary, and mediastinal lymph nodes.

Laparotomy for palliative drainage was performed. The tumor mass involved the gallbladder, duodenum, and common bile duct. Metastatic foci were noted in the liver, omentum, and abdominal wall. Pathology confirmed epidermal growth factor receptor (EGFR)+ poorly differentiated adenocarcinoma.

Because of his poor performance status, he was not a candidate for traditional chemotherapy or a clinical trial. Hospice was recommended but declined. The patient underwent palliative radiation to the primary tumor and painful bony areas. Treatment with panitumumab (6 mg/kg) and bevacizumab (5 mg/kg) given every 14 days was begun. Prior to the initiation of this therapy, he lost an additional 23 pounds.

Radiation therapy was prematurely discontinued because of regression of his scalp lesions outside the radiation field. A subsequent PET scan confirmed improvement in his liver lesions (Fig. 1). The patient’s performance status score 4 months after treatment was 0 and remained constant until 7 months later when he became ill on a fishing trip and subsequently expired.

Gallbladder carcinoma carries a poor prognosis because of the late stage at diagnosis and poor response to treatment. Expression of EGFR is increased in a majority of gallbladder and bile duct cancers and may be associated with a worse outcome [1]. Studies of EGFR inhibitors in the setting of gallbladder carcinoma have yielded varied responses [1, 2]. To our knowledge, there are no documented...
studies on the use of bevacizumab alone or in concert with EGFR inhibitors in the setting of metastatic gallbladder cancer. The dramatic response to panitumumab and bevacizumab warrants further study.

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REFERENCES
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Figure 1. Positron emission tomography scan demonstrating decreased standardized uptake value activity and avidity after treatment with panitumumab and bevacizumab.