To the Editors of MEDICC Review:

Saurez and colleagues recently reported in MEDICC Review their experience with Nimotuzumab in children with progressive or recurrent brain tumors.[1] The authors demonstrated that Nimotuzumab had a broad safety profile and was well-tolerated in children with malignant brain tumors, thereby adding to the expanding global scientific base supporting expanded evaluation and testing of this novel anti-EGFR (epidermal growth factor receptor) monoclonal antibody.[2] Nimotuzumab was developed by the Centro de Inmunología Molecular (CIM) in Havana, Cuba, and has been identified as a promising therapy for a variety of cancers.[3] In Saurez et al.’s study, Nimotuzumab represents a targeted molecular therapy for treatment of malignant brain tumor, a disease for which there are few effective treatment options. Targeted molecular therapies, in many ways, are the vanguard of new treatments for some cancers.[4]

The impact of malignant brain tumors is devastating: primary prevention is difficult due to uncertain associations with risk factors, five-year survival rates are low, and progression of disease is quick.[5] Until recently, few new therapies have shown promise in extending duration or quality of life for those afflicted with malignant brain tumors.[6] United States Senator Edward Kennedy of Massachusetts recently died of a malignant brain tumor,[7] having been diagnosed a little over one year earlier.

From a public health perspective, the burden of malignant brain tumors in children—the specific focus of Saurez et al.’s report—is significant. These tumors are the leading cause of cancer death in children and the second most common cancer found in children.[5,6] Further, the economic burden of childhood cancers, including brain tumors, to society and on families is considerable.[8] That Nimotuzumab increasingly shows promise as a therapy for pediatric and adult malignancies on a global scale[9] demonstrates the visible, important contribution CIM has made to global cancer research and childhood cancer control.

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Note that Nimotuzumab is currently approved for marketing in more than 20 countries (see www.ymbiosciences.com) and that recently the US Department of Treasury has enabled the further testing and development of Nimotuzumab for treatment of solid tumors in the United States (“YM Biosciences USA receives clearance from US Treasury Department to extend clinical program for Nimotuzumab,” The Wall Street Journal, August 10, 2009).

Erratum

About the Contributors. MEDICC Review. 2009 Summer;11(3):4.

Leonardo Lami Casaus, MD, PhD, should read: “Leonardo Lami Casaus, MD.” The second sentence in Dr Lami’s biographical sketch should read: “He is currently involved in clinical trials evaluating cancer vaccines developed in Cuba, as well as research on chemotherapy in breast cancer patients and a retrospective study of INOR’s 15-year experience with Hodgkin and non-Hodgkin lymphomas.”