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## Letters to the Editor

### 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.

### That Nimotuzumab increasingly shows promise...demonstrates the visible, important contribution CIM has made to global cancer research and childhood cancer control

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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1. Saurez G, Cabanas R, Zaldivar M, Garnier T, Iglesias B, Piedra P, et al. Clinical Experience with Nimotuzumab in Cuban Pediatric Patients with Brain Tumors, 2005 to 2007. *MEDICC Review* 2009 Summer;11(3):27–33.
2. Rivera F, Vega-Villegas M, Lopez-Brea MF, Marquez R. Current situation of Panitumumab, Matuzumab, Nimotuzumab and Zalutumumab. *Acta Oncol.* 2008;47(1):9–19.
3. Boland WK, Bebb G. Nimotuzumab: a novel anti-EGFR monoclonal antibody that retains anti-EGFR activity while minimizing skin toxicity. *Expert Opin Biol Ther* 2009 Sep;9(9):1199–1206.
4. Baselga J, Arteaga CL. Critical Update and Emerging Trends in Epidermal Growth Factor Receptor Targeting in Cancer. *J Clin Oncol.* 2005 Apr 10;23(11): 2445–59.
5. Baldwin RT, Preston-Martin S. Epidemiology of Brain Tumors in Childhood—A Review. *Toxicol Appl Pharmacol.* 2004 Sep 1;199(2):118–31.
6. Pollack I. Brain tumors in children. *N Engl J Med.* 1994 Dec 1;331(22):1500–7.
7. Broader JM. Edward M. Kennedy, Senate Stalwart, Is Dead at 77. *The New York Times.* 2009 Aug 26.
8. Dockerty JD, Skegg D, Williams SM. Economic effects of childhood cancer on families. *J Paediatr Child.* 2003 May–Jun;39(4):254–8.
9. Note that Nimotuzumab is currently approved for marketing in more than 20 countries (see [www.ymbiosciences.com](http://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.”