

ADDRESS LETTERS TO

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Targeted therapies for cancer

Dear Editor

I was impressed with the concise review of the role of recently developed, targeted therapies for cancer (*AFP* January/February 2008).¹ They certainly represent a welcome edition to the oncological armamentarium, and provide real hope for the individualisation of cancer therapies.

One important aspect not addressed however, was the role of loco-regional therapies in combination with targeted therapies. Specifically, I refer to radiation therapy (RT), which achieves, in many cancer types, loco-regional control, both as a sole modality and in combination with traditional chemotherapeutics. The side effects of the two modalities are typically nonoverlapping (eg. reflecting the concept of 'spatial cooperation'), which provides an opportunity to combine the therapies without a proportional increase in side effects. A poignant and recent success of modern RT co-delivered with a targeted therapy, with a resulting increase in not only loco-regional control, but also patient survival, is the combination of RT and the targeted agent C225 (cetuximab) in head and neck cancer.² The development of these combined therapies is a testament to the abilities of the investigators and provides far more than a proof of principle for the rational combination of targeted therapies with RT. In the future, one could envisage that with an increasing number of targeted therapies, different combinations of targeted drug therapies could be combined with RT based on the molecular characteristics of an individual patient's cancer and the normal tissue micro-environment in which it developed.

Associate Professor Michael McKay

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Radiation Oncology, Peter MacCallum Cancer Centre, Vic

References

1. Dear R, Wilcken N, Shannon J. Beyond chemotherapy – demystifying the new 'targeted' cancer treatments. *Aust Fam Physician* 2008;37:45–9.
2. Bonner JA, Harari PM, Giralt J, et al. Radiotherapy plus cetuximab for squamous-cell carcinoma of the head and neck. *N Engl J Med* 2006;354:567–78.

Palliative care

Dear Editor

As a recently retired GP whose work often demanded assistance for patients and families in palliative care and bereavement, I am pleased that Dr Page has raised this matter for discussion (*AFP* January/February 2008).¹

In my experience, palliative care specialist services have been ready and competent in offering spiritual counselling to our patients. I agree that patients and families in all stages of palliative care need to have their spirituality explored, and that the help given by the representatives of organised religions is variable and often

counterproductive. Some patients, thought to be 'devout' in religious practice, are strangely not at peace as death approaches. To stress the obvious, spirituality and religious observance are not the same.

On a more mundane matter not totally unrelated to the above, one is often disappointed by the lack of counselling for our palliative patients in the expression of their sexuality; the need for physical closeness to special others continues as bodily weakness long precedes weakness of mind and fond memory.

Brian Cole
The Gap, Queensland

Reference

1. Page J. Palliative care. *Aust Fam Physician* 2008;37:6.

Hazards of pesticides

Dear Editor

In his article 'Environmental toxins and health' (*AFP* December 2007), Marc Cohen states, 'children may be at greater risk of pesticide exposure as their diets are often rich in foods such as fresh fruit, vegetables and juices, which contain higher levels of pesticides'. Then, in presenting the advantages of vegetarianism, he says, 'women who had low meat consumption and high vegetable and fruit intake for at least 3 years were found to have reduced OC residues'.¹

I wonder how Dr Cohen reconciles these contradictory statements, and to what the comparative term 'higher' in the first statement refers?

David Weston Allen
Coolangatta, Qld

Reference

1. Cohen M. Environmental toxins and health: the health impact of pesticides. *Aust Fam Physician* 2007;36:1002–4.

Reply

Dear Editor

The finding that women with vegetarian diets having lower breast milk residues of organochlorine is consistent with the fact that although these pesticides are no longer widely used they are persistent in the environment, are lipophilic, bio-accumulate up the food chain, and are excreted in breast milk. Consuming animal products is therefore likely to result in increased exposure to these pesticides.

While fresh fruit, vegetables and juices are part of a healthy diet, they may contain higher levels of organophosphate residues than processed foods, particularly if the produce is not washed adequately before consumption.

Marc Cohen
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