In Reply

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Disclosures: Maria João Bugalho: None.

We thank Dr. Alain Ravaud and colleagues for their interest in our paper [1] and appreciate the opportunity to respond to their letter.

We start by reiterating that the role of sunitinib in the treatment of medullary thyroid carcinoma (MTC) awaits final results of ongoing trials, mentioned in the text, including a phase II trial of sunitinib (Sutent®) in patients with locally advanced or metastatic anaplastic, differentiated or medullary thyroid carcinoma (THYSU), referred to as NCT00510640. We, therefore, read with interest the results announced in their letter and hope to have the opportunity to read the full publication soon.

Case reports are likely to anticipate results of clinical trials and may provide useful information for the management of patients with advanced forms of MTC. The decision to use sunitinib in the present case was based on previous re-

ports [2–4], as clearly stated in the manuscript. We did not consider it as the first report and refute this conclusion by Ravaud and colleagues.

Most of our knowledge on the adverse effects of sunitinib comes from its use in renal cell carcinoma and gastrointestinal stromal tumor patients. This targeted approach greatly improved management of these patients, with less toxicity than traditional chemotherapies, which does not mean the absence of potential adverse events. Among them, cardiotoxicity is of particular concern [5, 6]. A history of congestive heart failure, coronary artery disease, low body mass index, and prior anticancer therapies are associated with a higher risk [6]. Clinicians need to be familiar with the toxicity profile of sunitinib as well as individual patient risk factors. Moreover, close monitoring of left ventricular ejection fraction is recommended.

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