

AVASTIN; Game winner for Recurrent Respiratory Papillomatosis (RRP): A case report

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Patients with Recurrent respiratory papillomatosis (RRP) require multiple surgeries to maintain airway patency and voice quality, either under local or general anesthesia. Surgical management can be challenging when more than 4 surgeries per year are required and/or when the papilloma is spread to the trachea and bronchi. Bevacizumab, a VEGF antibody widely used in cancer treatment, has, in recent years become the treatment of choice in some centers. The treatment appears to produce a good response and has been well tolerated in most patients.

This case report is about a 48-year-old man with juvenile RRP who has undergone surgery more than 200 times since birth. The papilloma is localized in the epipharynx, larynx, and trachea. In recent years, he has undergone surgery twice per year due to breathing and voice problems.

Treatment with bevacizumab was initiated 4 weeks after his last surgery. The dosing regimen was followed as recommended by Dr. Simon Best of Johns Hopkins Medical Institute, after consultation with the Otorhinolaryngology and Oncology Departments at Örebro University Hospital: bevacizumab 10 mg/kg, one infusion every 3rd week for 4–6 cycles, then every 6th week for 3 cycles, every 9th week, and eventually every 12th week.

The patient responded with almost total regress of the papilloma in epipharynx, larynx and trachea as shown in the pictures attached. Our patient was the first patient in Region Östergötland receiving the treatment. Long term efficacy on de-intensified treatment remains to be seen.