

# Claus-Henning Koehne: the awareness of K-Ras is a great progress in molecular targeted therapy

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## Introduction

Dr. Claus-Henning Koehne (*Figure 1*), Chairman of the Department of Hematology and Oncology, Klinikum Oldenburg, Germany, is an outstanding oncologist and hematologist with about 80 publications in less than two decades. In 2012 Chinese Society of Clinical Oncology (CSCO) conference, he gave a lecture on “Clinical practice of biological and molecular target agents”. After his lecture, Dr. Koehne was interviewed by Editor of *Chinese Clinical Oncology* (CCO) and gave us a brief introduction of the achievement and limitation in molecular targeted chemotherapy, and the clinical features of aggressive disease in China and Germany.

## Interview

**CCO Editor:** As you have demonstrated in your presentation, would you like to introduce what has been achieved in molecular targeted chemotherapy and which questions your study answered?

**Dr. Koehne:** I think the most important achievement is our awareness of K-Ras, which plays a vital role now and patients who have a K-Ras wild type lung tumor do benefit from EGFR inhibitors such as cetuximab or panitumumab.

We have achieved a higher response rate, a longer progression-free survival and for the first time with the biological we see an improvement in the median overall survival by around four months. We also reported that we have induced in 70% of the patients an objective tumor response if they have liver limited disease. This may result in a curative resection in about 30 % of patients. Also in patients who have aggressive disease and symptoms, we can control the symptoms much better and earlier than those



**Figure 1** Claus-Henning Koehne, Chairman of the Department of Hematology and Oncology, Klinikum Oldenburg

with chemotherapy alone.

**CCO Editor:** What is the limitation of molecular targeted therapy?

**Dr. Koehne:** The limitation at this time is that we do not have better treatment options in patients who have K-Ras mutant tumors. We have the VEGF inhibitors, but there is no data that they improve first-line chemotherapy such as FOLFIRI or FOLFOX in first line and there is no predictive marker by which patients may benefit in second line where VEGF inhibition is an effective treatment option.

**CCO Editor:** As far as you are concerned, what are the clinical features of aggressive disease in China and Germany respectively?

**Dr. Koehne:** The first thing I have realized and learned is that aggressive disease and symptoms occur much more frequently in China as they do in Germany. In patients who have aggressive disease and suffer from symptoms, it is important to control the disease in order to have an earlier tumor response which is associated with a symptom relief. Patients in Germany, probably because of more intensive follow-up, are detected earlier when they have metastases, so very often they do not have tumor related symptoms.

**CCO Editor:** Are there any stories you want to share with our readers, such as particular challenges, setbacks, or success that you have encountered along your way, along your career?

**Dr. Koehne:** I very often tell the story of a forty year old male patient who had a rectal primary tumor and synchronous liver metastases. He was suffering from the

disease and had a very poor performance stage. This man had a very aggressive tumor which was fortunately limited to liver and rectum. According to my prognostic model, this patient would have lived for about six months. I gave him chemotherapy for a few weeks plus cetuximab. The liver metastases and the primary tumor turned out to become resectable later on. And I just saw him last week, and he was still alive. So he is not surviving for six months but for more than six years till now. I think that it is a very impressive story and represents that many patients nowadays can survive many years with a good quality of life among their families.

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