



SYSTEMIC TREATMENT IN SOLITARY FIBROUS TUMOUR

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Aim

Solitary fibrous tumour (SFT) is a rare sarcoma subtype. In the majority of cases SFT presents as a slowly growing mass and it may involve every part of the body. Surgery is the treatment of choice and evidence to support the role of systemic treatment is lacking. The aim of this study was to assess the efficacy of palliative systemic therapy in SFT.

Methods

A retrospective search of the Royal Marsden Hospital prospectively maintained data base was performed to identify patients with SFT who were treated with systemic treatment between 1997 and 2009. Response was assessed using Response Evaluation Criteria In Solid Tumours (RECIST) 1.

Results

Seventeen patients received systemic treatment during this period. The male: female ratio was 8:9. Median age at presentation was 53 years (38-80). The primary tumour sites included: abdomen (6, 35%), pleura (4, 23%), pelvis (3, 18%), limb (3, 18%), spine (1, 6%) and breast (1, 6%). Sites of metastases included: lung (8), liver (4), bone (3), abdomen (10) and other (1). All patients had previously been treated with surgery. Seven patients (41%) had radiotherapy and one had radiofrequency ablation to metastatic disease in the liver. First line therapy included doxorubicin (9, 53%), ifosfamide-containing combinations (4, 23%), Temozolomide/Bevacizumab (2, 12%) and other agents (2, 12%). Five patients (35%) experienced severe toxicity (ifosfamide related encephalitis, doxorubicin related mucositis, doxorubicin related cardiotoxicity, bevacizumab related cerebrovascular event, CHR 2797 related Thrombotic Thrombocytopenic Purpura) leading to either hospitalization or discontinuation of treatment. Over 50% (9) of patients had progressive disease (6), 37% had stable disease and 6% (1) had partial response. One is currently undergoing treatment. Median progression free survival was 4 months (95%CI: 0 - 10) and overall survival was 14 months (95%CI: 9 - 20). Seven patients (41%) received 2nd line treatment; of those 4 (57%) had Ifosfamide. Of the 4 patients who received 3rd line treatment one patient achieved durable response (26 months) with SU5416 an angiogenesis inhibitor.

Conclusion

The response of SFT to systemic treatment (chemotherapy or biological) is poor. The need for more effective therapy against this disease is highlighted. Combination of chemotherapy with angiogenesis inhibitors may yield a larger benefit than observed in this study.