



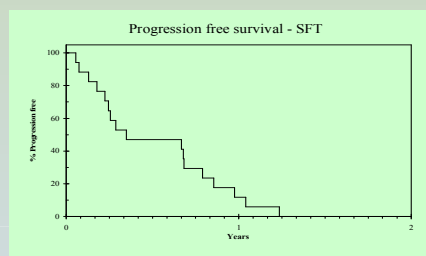
SYSTEMIC TREATMENT IN SOLITARY FIBROUS TUMOUR

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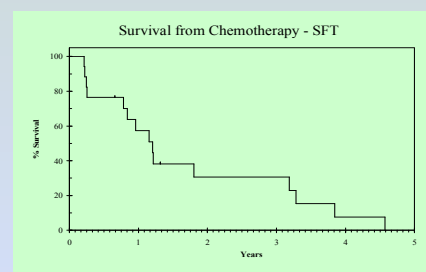
BACKGROUND

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 but 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.



PATIENTS & METHODS

We conducted a retrospective search of our prospectively maintained database to identify patients with SFT who were treated with systemic treatment between 1997 and 2009. The majority of patients were referred to our institution following diagnosis, and in certain cases initial management, at other non-specialist centers.



RESULTS

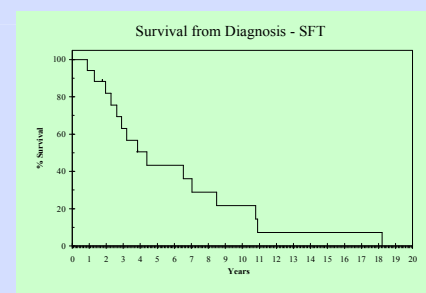
Seventeen patients received systemic treatment during this period. The male: female ratio was 8:9. The median age at presentation was 53 years (38-80). The primary tumour sites included: abdomen (6, 35%), pleura (4, 23%), pelvis (3, 18%), limb (3, 18%), spine (1, 6%), breast (1, 6%). Sites of metastases included: lung (8), liver (4), bone (3), abdomen (10), other (1). All patients had previously been treated with surgery. Seven patients (41%) had radiotherapy and 1 had radiofrequency ablation to metastatic disease in the liver.

RESULTS – 2nd and 3rd line

Seven patients (41%) received 2nd line treatment; of those 4 had Ifosfamide. Of the 4 patients who received 3rd line treatment one patient achieved durable response (26 months) with SU5416 an angiogenesis inhibitor.

RESULTS – 1st line

First line therapy included doxorubicin (9), ifosfamide-containing combinations (4), temozolomide/bevacizumab (2) and other agents (2). The median number of cycles was 4. Five patients (35%) experienced severe toxicity leading to either hospitalization or discontinuation of treatment: encephalopathy (ifosfamide), mucositis (doxorubicin), cardiotoxicity (doxorubicin), TTP (CHR 2797), cerebrovascular event (bevacizumab). 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 months) and overall survival was 14 months (95%CI: 9 - 20 months).



Median OS from diagnosis = 52 months (95%CI: 28 - 77 months)

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.