MULTIDISCIPLINARY TREATMENT OUTCOME OF DESMOID-TYPE FIBROMATOSIS (DTF). A REGISTRY-BASED STUDY FROM SPANISH GROUP FOR RESEARCH ON SARCOMA (GEIS)


1Medical Oncology, Hospital Miguel Servet, Zaragoza, SPAIN
2Medical Oncology, Hospital Gregorio Marañon, Madrid, SPAIN
3Medical Oncology, Hospital de la Sta. Creu i St. Pau, Barcelona, SPAIN
4Medical Oncology, Virgen de la Victoria University Hospital, Malaga, SPAIN
5Medical Oncology, Hospital Virgen del Rocio, Seville, SPAIN
6Medical Oncology, Hospital Marqués de Valdecilla, Santander, SPAIN
7Medical Oncology Dept. 6a Planca, Hospital Universitario de Canarias, San Cristobal de la Laguna, SPAIN
8Medical Oncology, University Hospital Of Basurto, Bilbao, SPAIN
9Oncología Médica, Vall d’Hebron University Hospital/Institut d’Oncologia, Barcelona, SPAIN
10Medical Oncology, Hospital Dr Negrín, Las Palmas, SPAIN
11Medical Oncology, Hospital Universidad Central de Asturias, Oviedo, SPAIN
12Medical Oncology, Hospital Virgen de la Arrixaca, Murcia, SPAIN
13Medical Oncology, University Hospital Central de Asturias, Oviedo, SPAIN
14Medical Oncology, University Hospital Miguel Servet, Zaragoza, SPAIN
15Medical Oncology, Hospital Universitario Son Espases, Palma de Mallorca, SPAIN

Aim: We analyzed retrospectively data about treatment outcome with existing treatments in DTF.

Methods: Descriptive analysis of data related to diagnosis and treatment from all DTF was collected in patients (p) between Sept. 1999 and Nov. 2013 in 26 hospitals of GEIS . Ethics committee approval was obtained.

Results: 185 patients. Age: median 37 years (6-85) .63.2% female .Median time lapse from first symptom to diagnosis: 4 months(m). Location : trunk wall 81p (43.8%), extremities 50p (27%), retroperitoneum 10p (5.4%), Gastro-intestinal 16p (8.6%), Head/neck 6p (3.2%), others 6p(3.2%), 2p (1.1%) missing . 20p (11%) presented a second neoplasia (throughout the whole process). Median tumor size: 8 cm(range 1-96). 3 p (1.6%) presented distant peritoneal disease. First treatment : No treatment 6p (2.7%), Surgery (S) alone 144 p ( 77.8%, 3p >1), S+radiotherapy (RT) 7p (3.7%), S+chemotherapy (CT) 2 p (1.08%), S+hormonotherapy (HT) 3p (1.62%), S+HT+ Non steroidal antiinflammatory drug (NSAID)+Tirosin-kinasa inhibitor(TKI) 1p (0.54%), CT 5p (2.7%), RT 3p (1.6%),NSAID 5p (2.6%), HT 2p (1.08%), TKI 1p (0.54%), HT +NSAID 6p (2.7%), 128p (69.2%) became free of disease, in 49p (26.5%) residual disease remained . 61p (33%) progressed. Median Progression free survival (PFS) :109 m (95%CI 44.6-175.1).Multivariate analysis for PFS: extended/radical surgery (p=0.000) and tumor size<8 cms (p=0.001) predicted independently better PFS. Median follow-up: 36 m. .4p (2.1%) has died (1p tumor-related, 3p other causes), 113p (61.1%) are alive without disease, 66p (35.7%) alive with disease, 2p (1.1%) lost . Secondary treatments(ST): 61p 2nd line, 36p 3rd line, 40p further than 4th line. ST: 59 S, 29 CT, 17 RT, 31 other (11p TKI, 7p NSAID,6p HT, 2p NSAID+HT,1p NSAID+TKI, 4p unknown).

Conclusions: Surgical quality and tumor size seems to play a relevant role in predicting PFS in DFT. Other sistemic treatments showed meaningful activity in progressive disease.

Disclosure: All authors have declared no conflicts of interest.