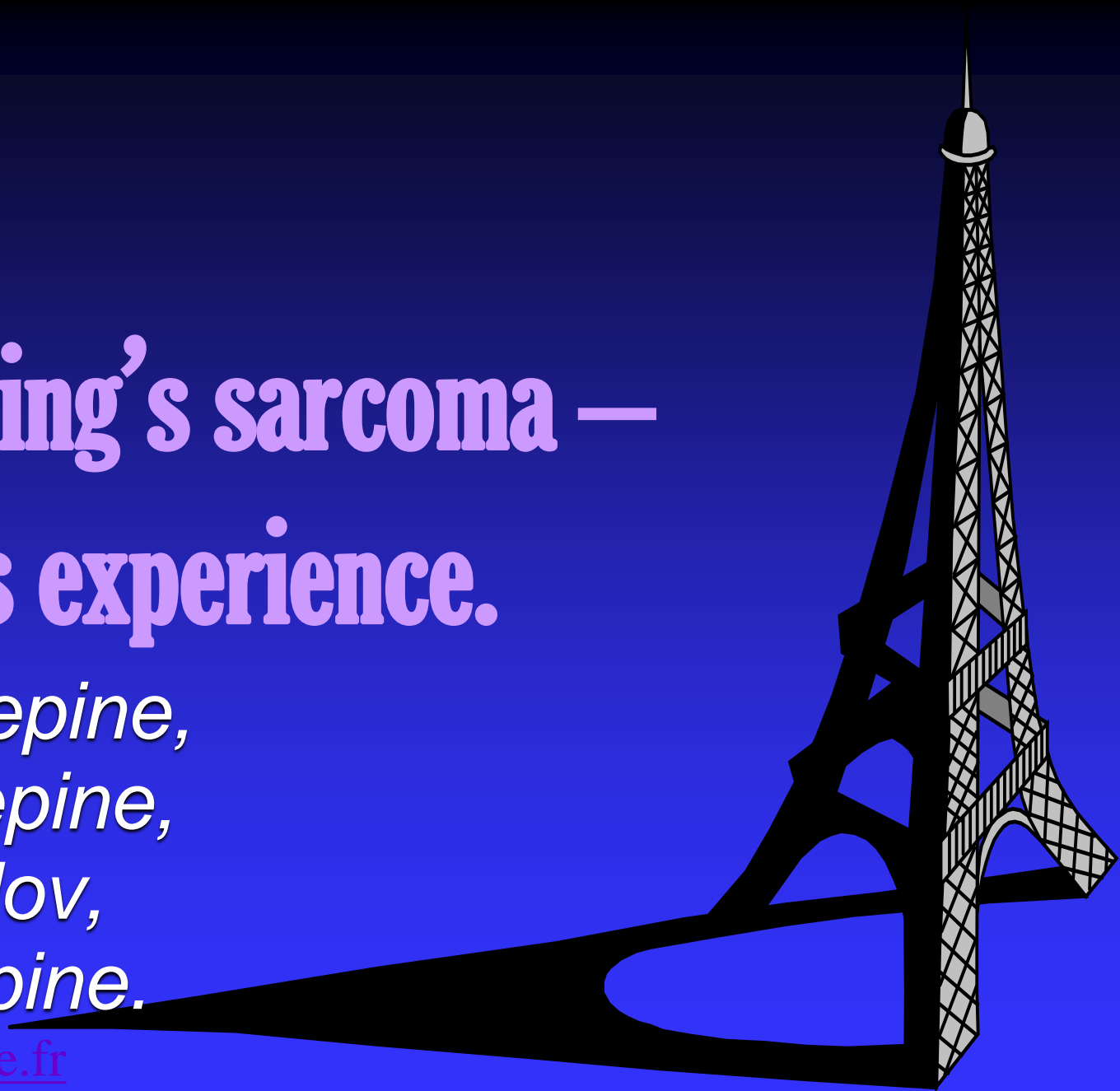


Pelvic Ewing's sarcoma — 20 years experience.

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Introduction

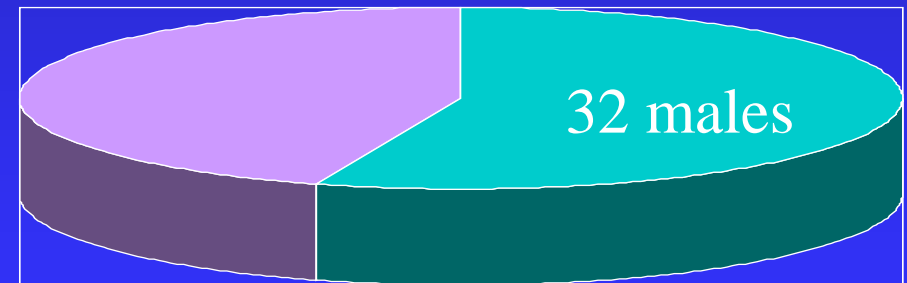
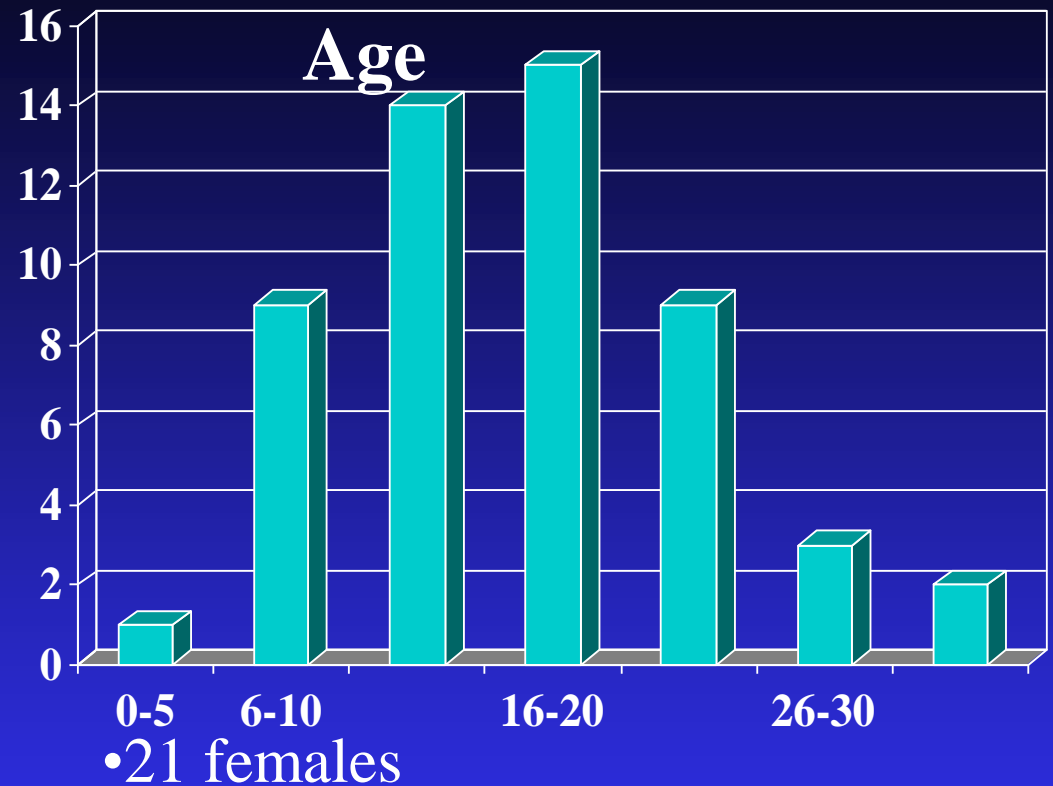
Despite the improved survival of patients with Ewing's sarcoma, pelvic location remains a bad prognostic factor.

This retrospective analysis tries to point out the reasons of such a situation, and to evaluate the impact of modern comprehensive approach on prognosis.

Patients

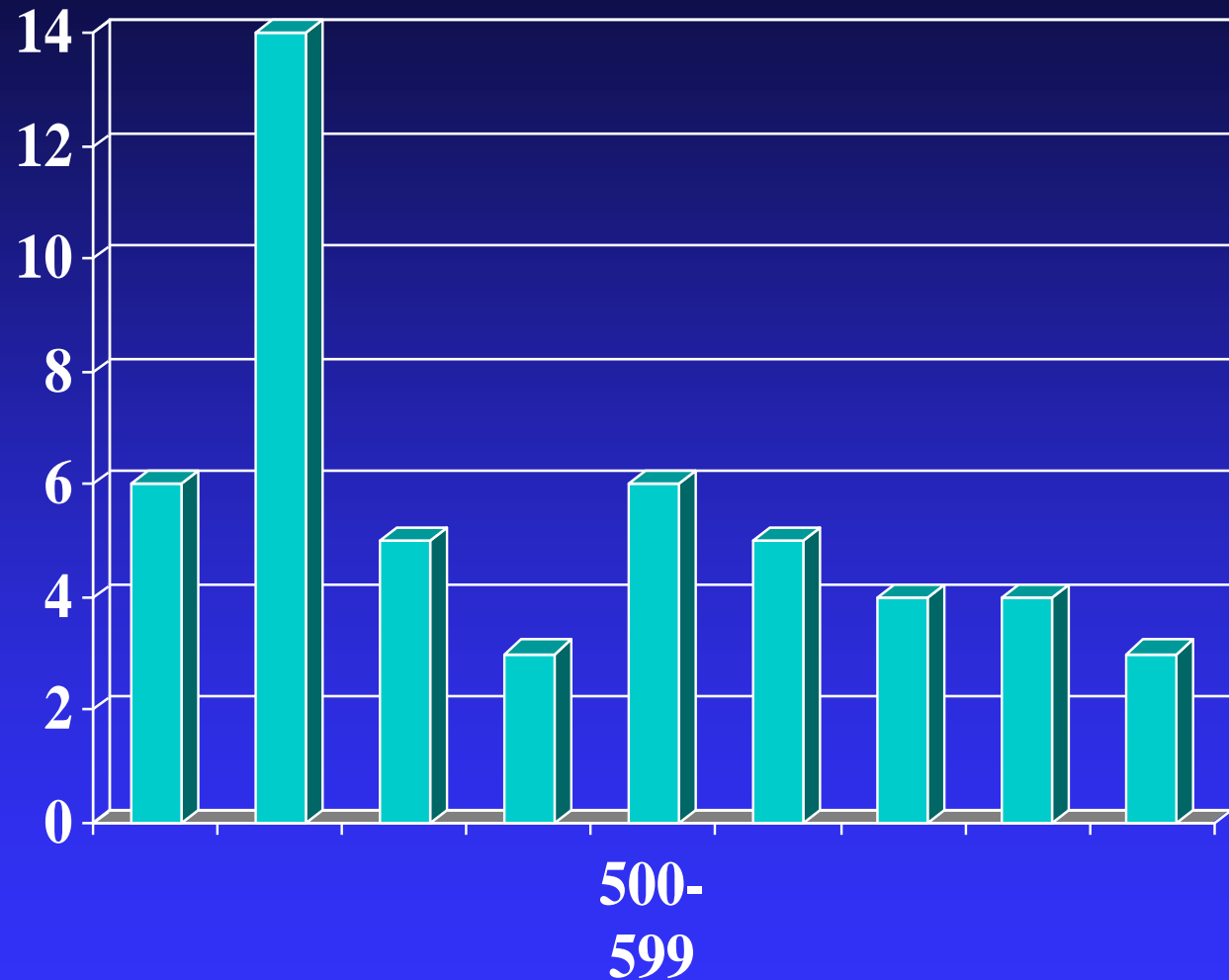
From 1977/2 to 1998/6, 53 patients have been treated by our group for Ewing's sarcoma of pelvic bones.

- 32 were males, 21 females aged 6 to 35 years (median 16.3).



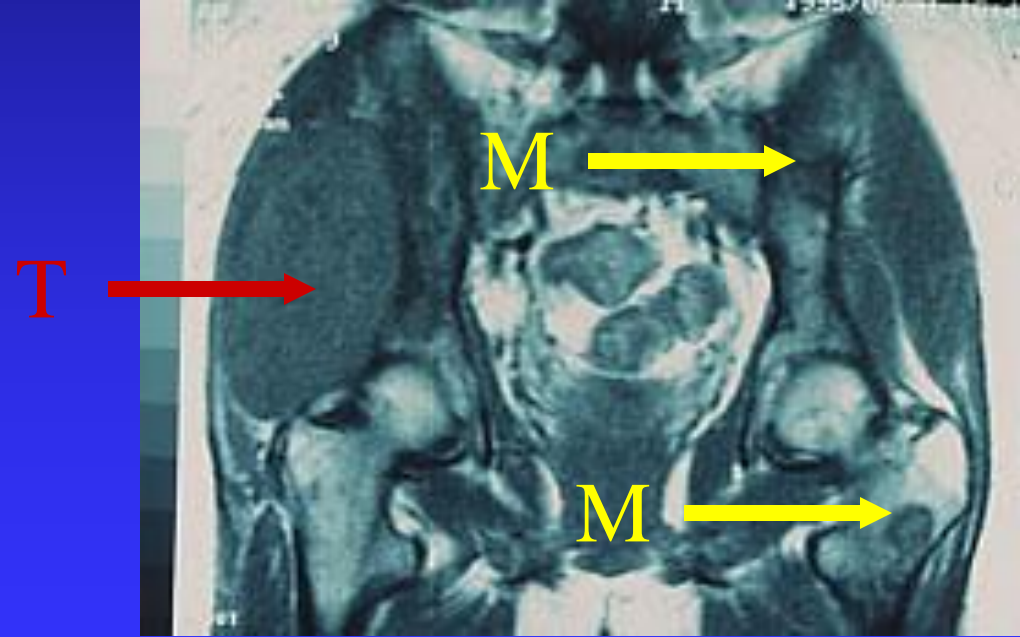
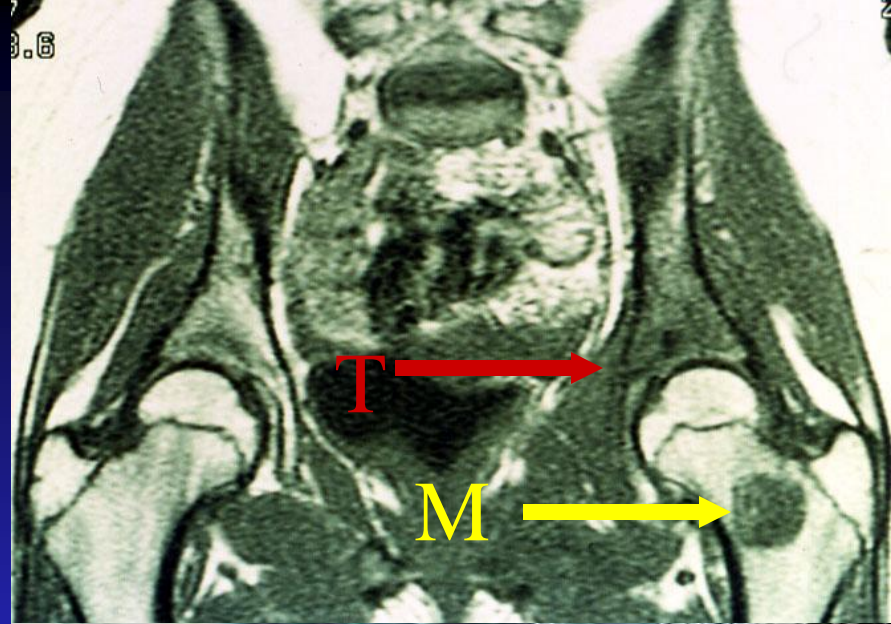
Initial tumoral Volume

At first
screening the
tumoral
volume
assessed from
CT or NMR
averaged : 430
cc
médian : 240cc



Initial staging

- At first screening 15 patients had already metastases
- among them 7 with regional bone metastases on NMR
- and 38 presented with localised disease.



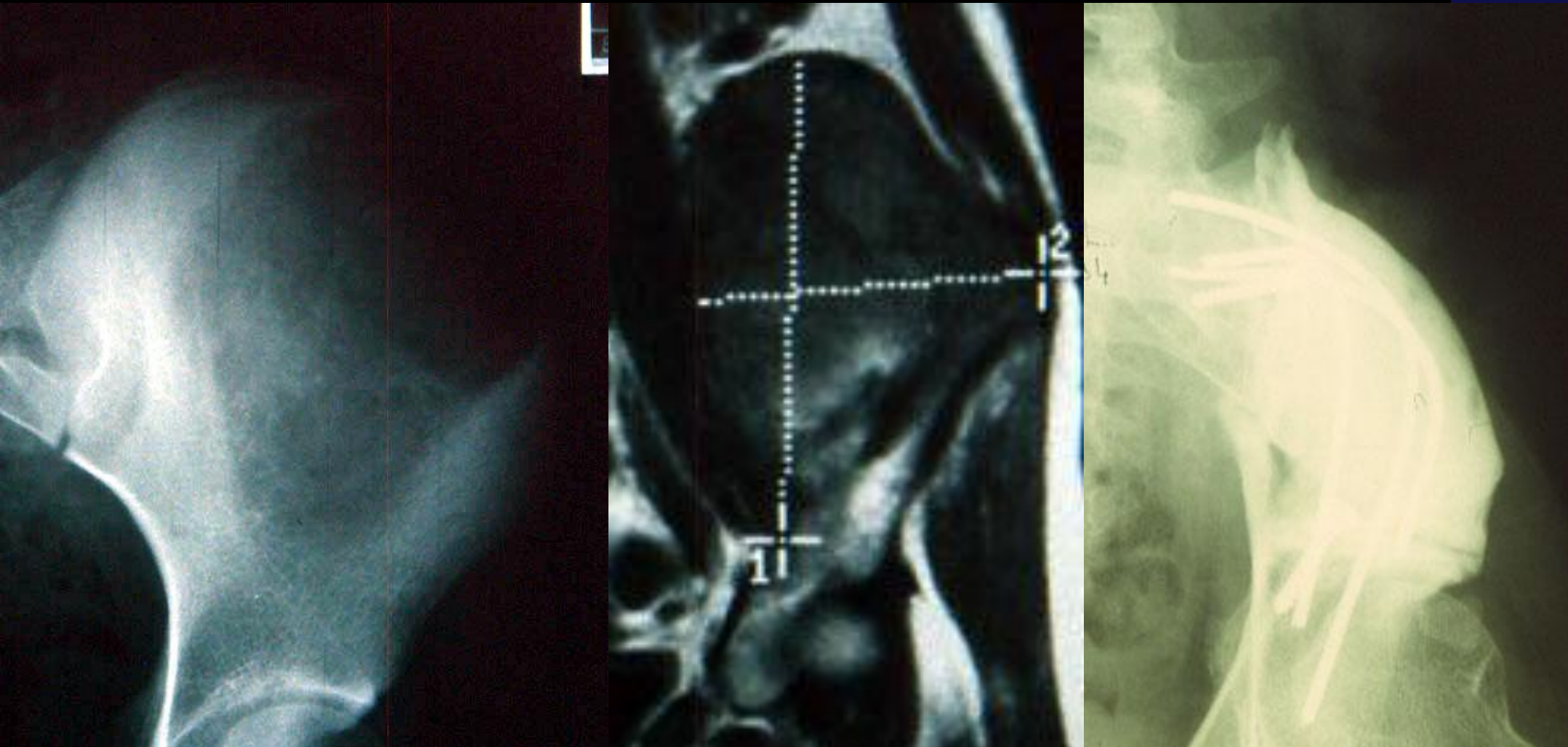
Chemotherapy

Treatment included chemotherapy for all patients according to the current protocol at the time of presentation : four drugs (Vincristine – Dactinomycin – Cyclophosphamide – Doxorubicin : V Ad CA, five drugs (VAd CA + ifosfamide) or six drugs association (IVAd CA + Etoposide or Cisplatinium).

Local treatment

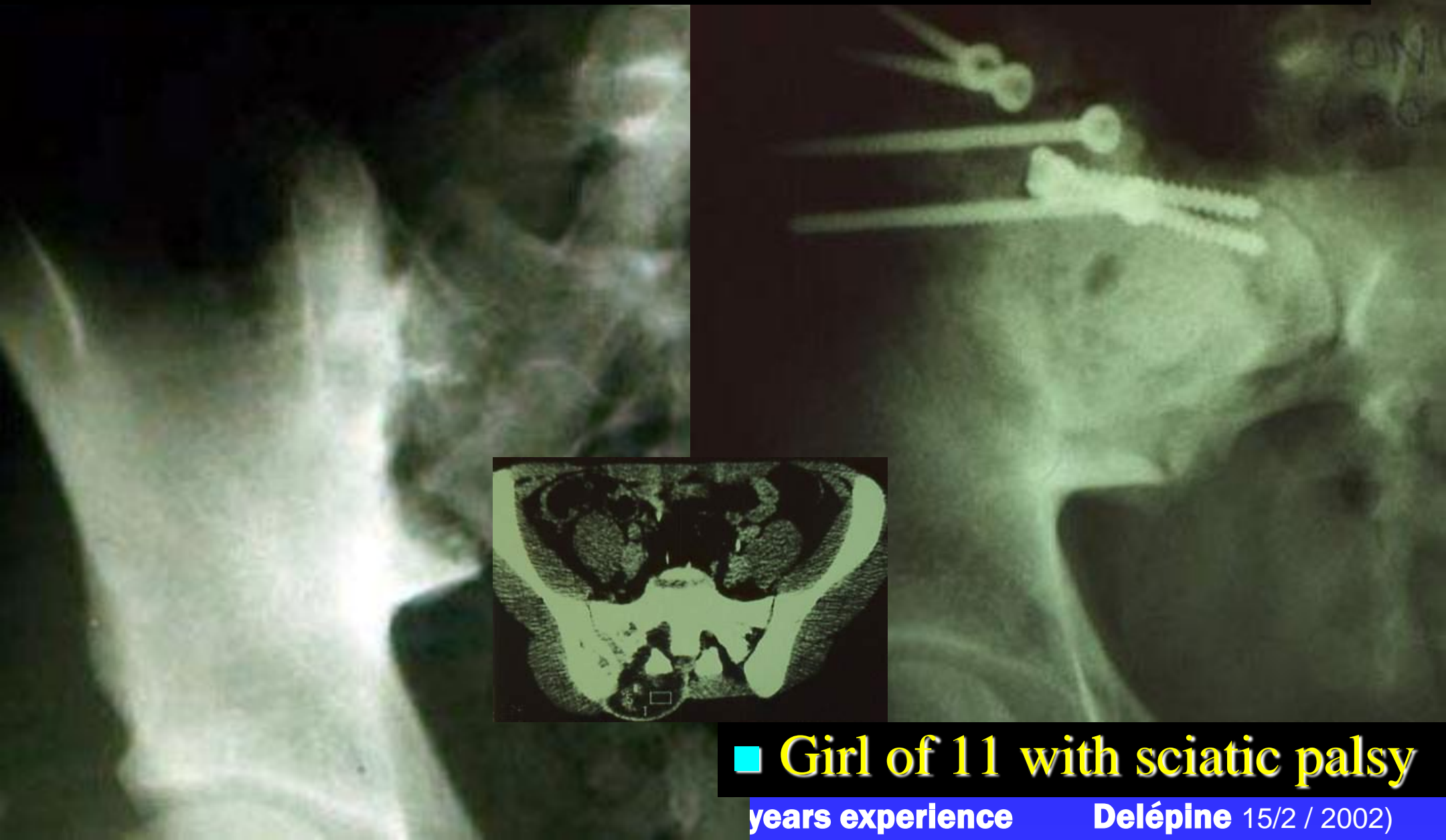
- used radiotherapy alone for 24 patients, surgery alone in 18 and a combination in 11.
- All patients have been followed up every 3 months for 2 years, every 6 months for 2 other years and then yearly.

Iliac Wing Wide resection



- Ewing sarcoma in a girl aged 13 resection with composite acrylic reconstruction

Sacroiliac Wide Resection

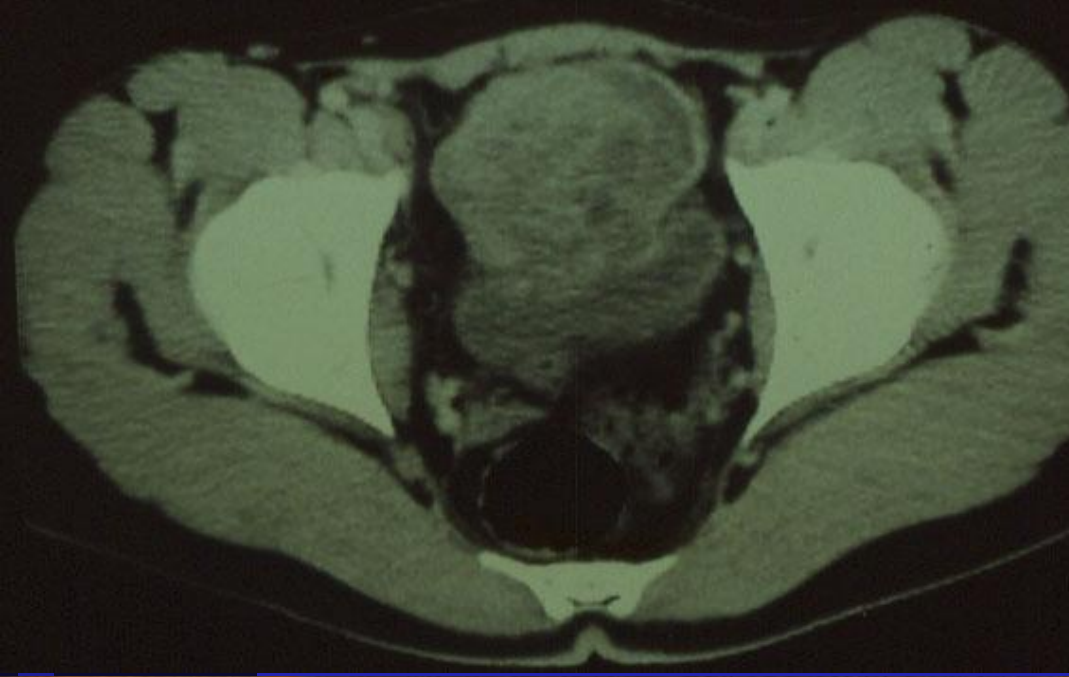


■ Girl of 11 with sciatic palsy

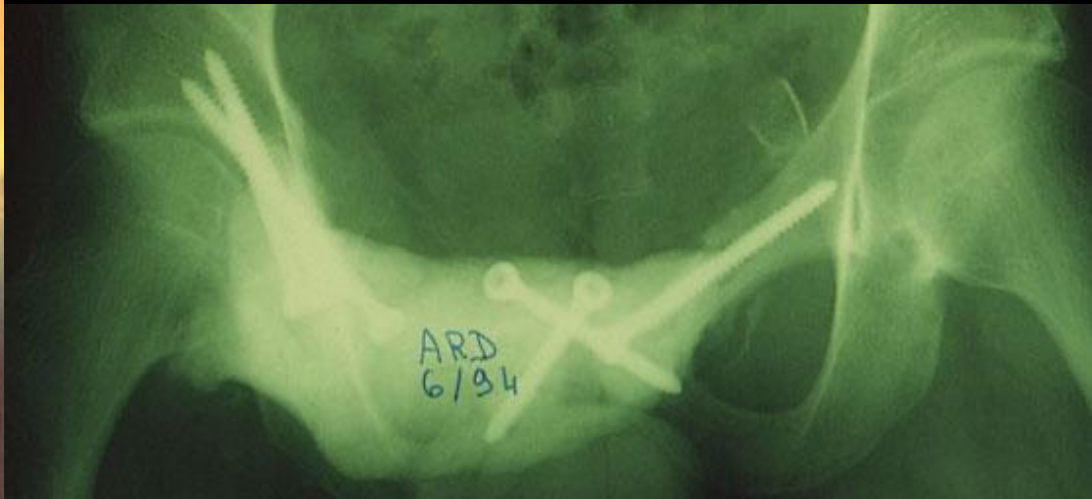
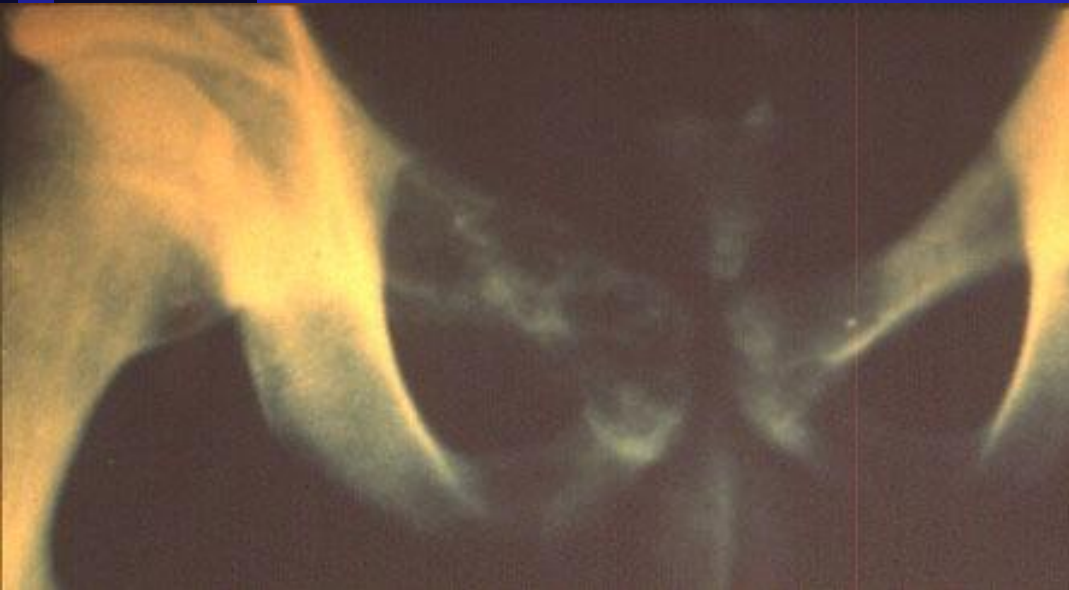
15 years experience

Delépine 15/2 / 2002)

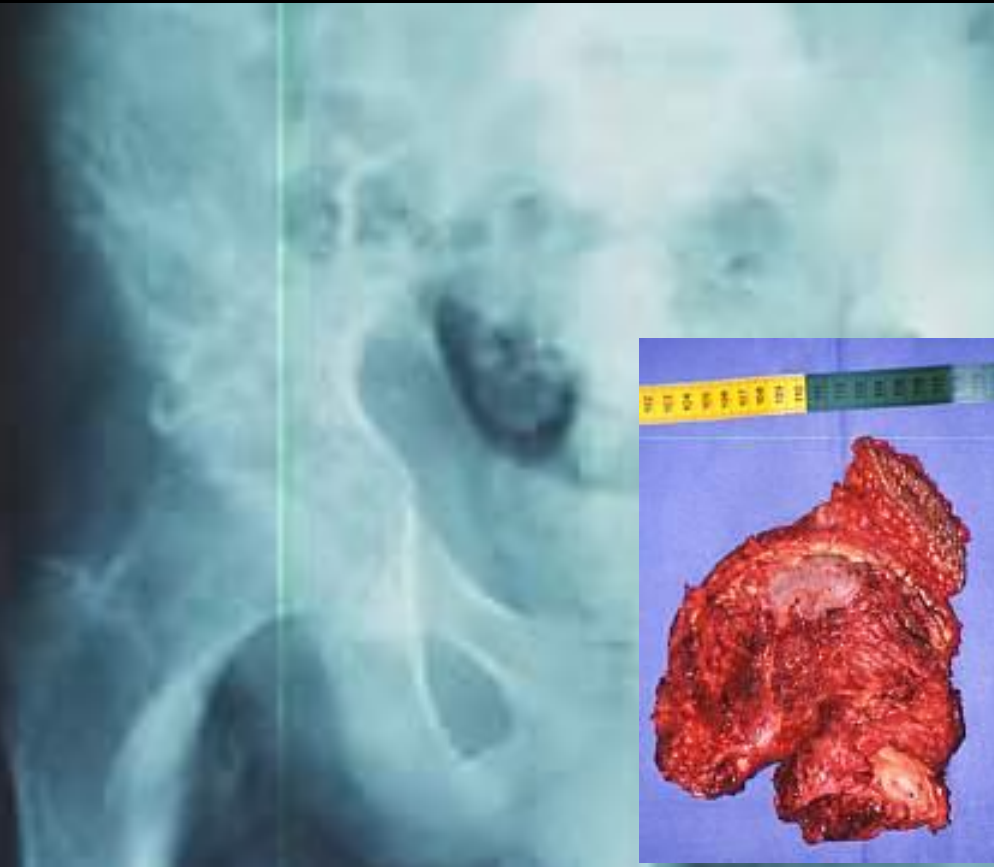
Anterior ring Wall resection



- Boy of 13 with primary metastatic Ewing of anterior ring. Wide resection after long preoperative chemotherapy



Periacetabular Wide Resection

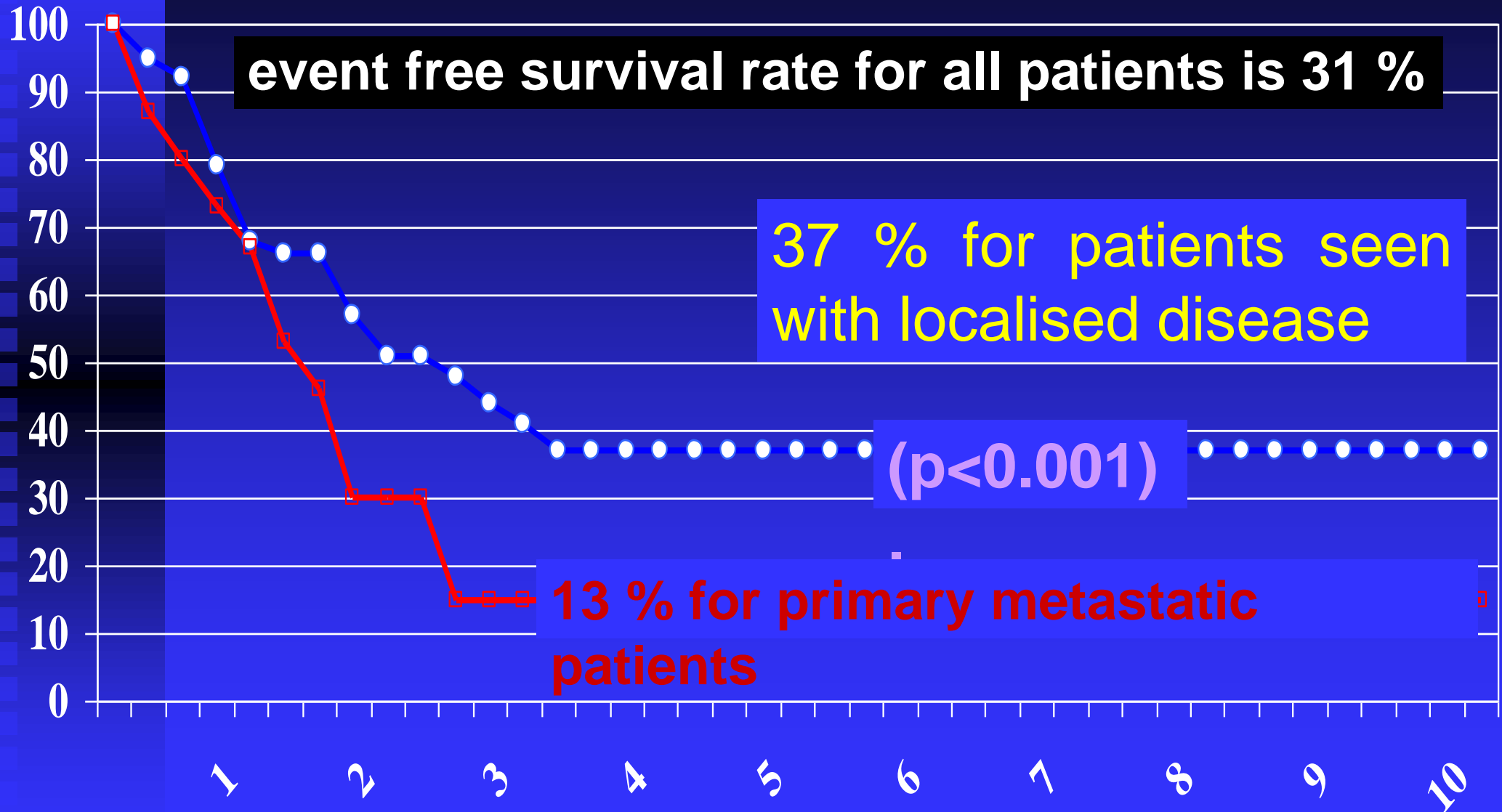


- Periacetabular Ewing with metastase on L4. Resection of all lesions after bidrug induction therapy.

Results

With a median follow up of ten years, the 5 year actuarial event free survival rate for all patients is 31 % ; 13 % for primary metastatic patients and 37 % for patients seen with localised disease ($p < 0.001$).

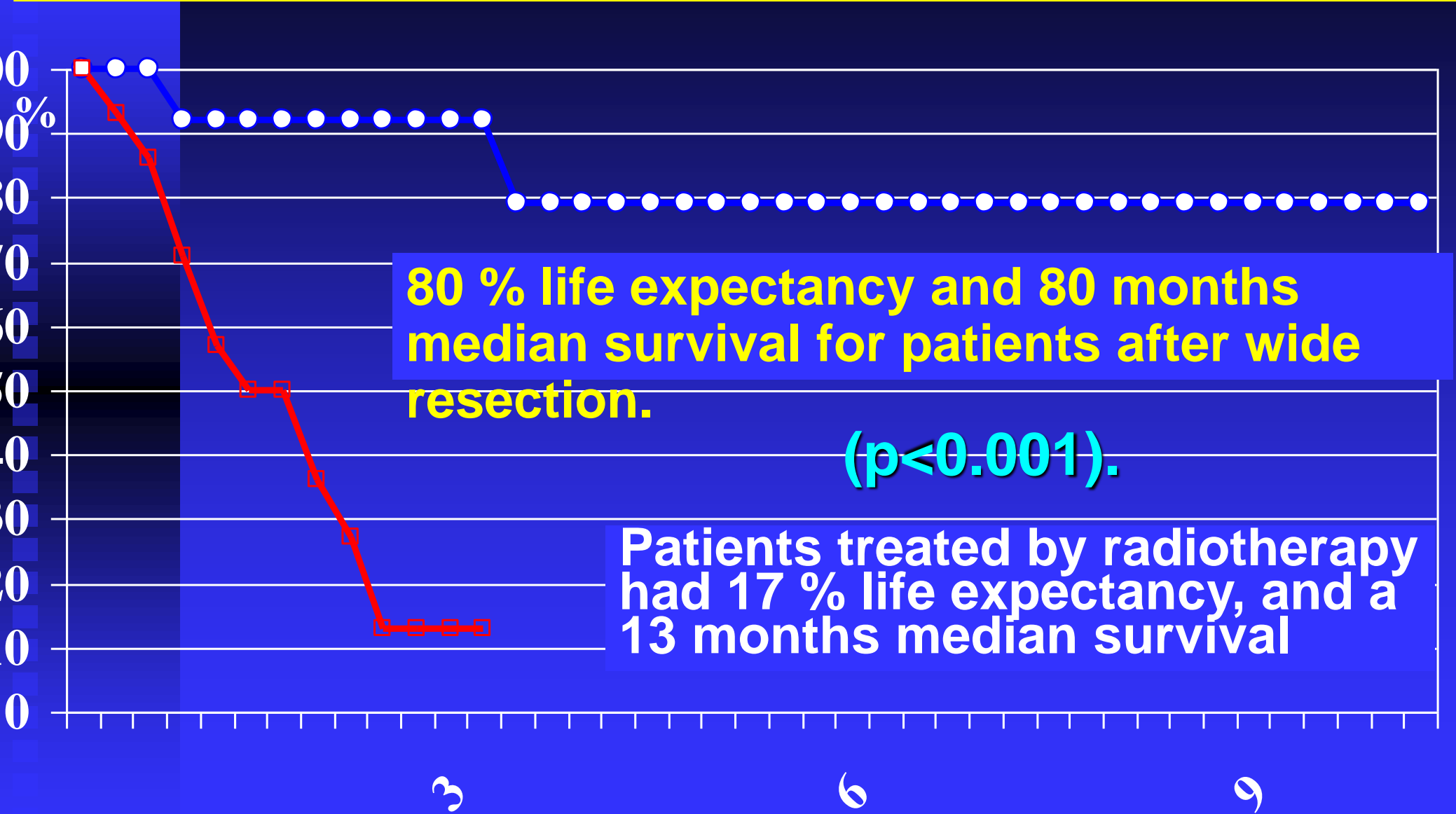
% Disease free Survival



Pronostic factors

In primary localised tumor the major prognostic factors are the adequacy of surgical resection ($p < 0.01$) and the high dose intensity of chemotherapy, particularly during the induction ($p < 0.05$).

Influence of local treatment



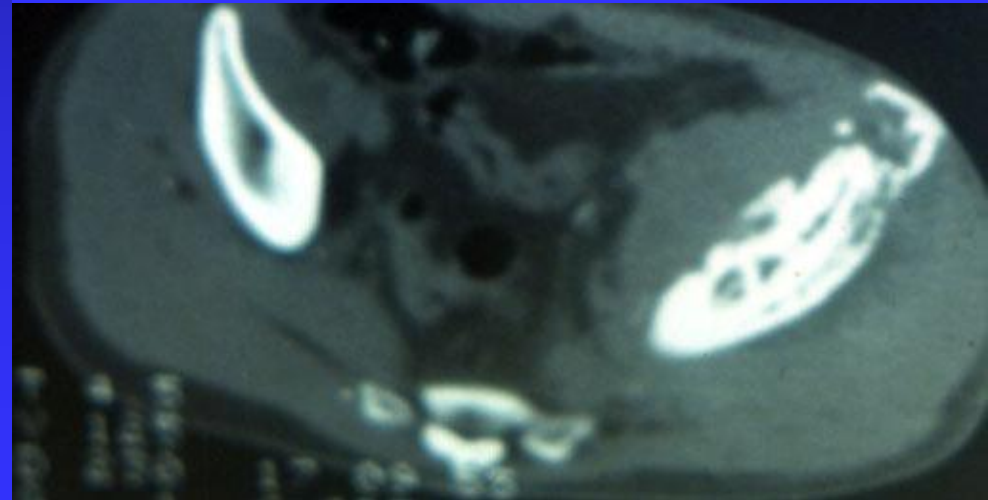
Survival After radiotherapy

**Patients treated
with
radiotherapy
had a 44% risk
of local relapse.**

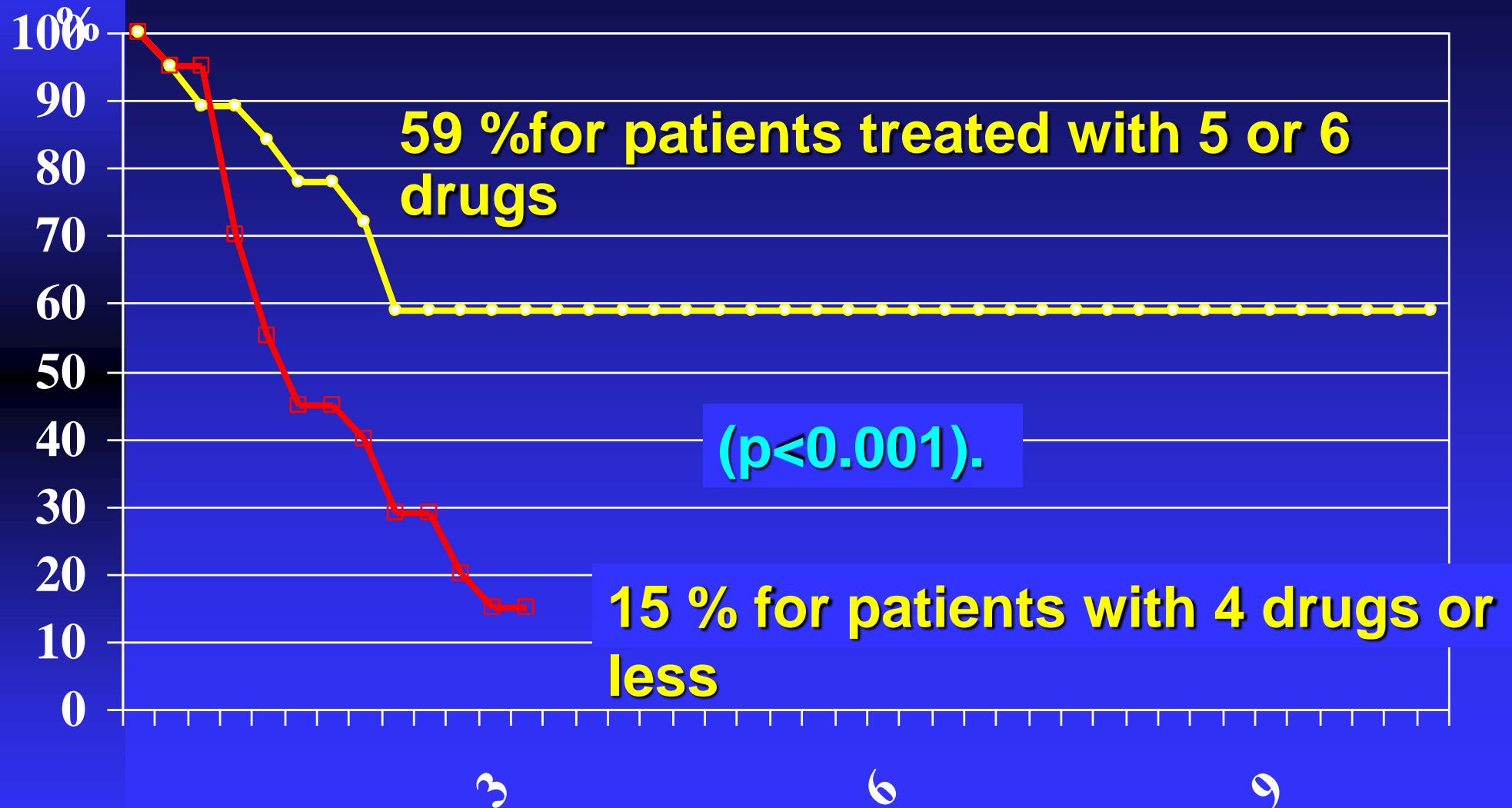
**All subsequently
died.**



Local relapse 24 months after radiththerapy



Influence of chemotherapy



Conclusion

- Primary metastatic patients require new approach
- Early wide resection of the primary and adequate dose intensity of a 6 drugs chemotherapy give best results in pelvic Ewing's despite large tumoral volume or even incomplete response to preoperative chemotherapy.