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Progress in treatment of pelvic Ewing's sarcoma.

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Introduction :

Despite the improved survival of patients (p.) 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.

Material and methods : From 1977/2 to 1998/6, 53 p. have been treated by our group for Ewing of pelvic bones. 32 were males, 21 females aged 6 to 35 years (median 16.3). At first screening, 15 p. had already metastases and 38 presented with localised disease. Treatment included chemotherapy (CT) for all p. according to the current protocol at the time of presentation : 4 drugs (VCR–ACT D–CPX–ADR), 5 drugs (ACT D-CPX-VCR–ADR–IFO) or 6 drugs association (IFO-VCR-ADR-CPX-ACTD-CDDP or VP16). Local treatment used radiotherapy (RXT) alone for 24 p., surgery alone in 18 and a combination in 11.

Results : With a median F.U. of 12 years, the 5 y. actuarial EFS rate for all p. is 31 % ; 13 % for primary metastatic p. and 40 % for p. seen with localised disease ($p<0.001$). In primary localised tumor the major prognostic factors are the adequacy of surgical resection ($p<0.01$) and the high dose intensity of CT, particularly during the induction ($p<0.05$). P. treated by RXT had a 44 % risk local recurrence, 17 % life expectancy, and a 13 months median survival compared to an 80 % life expectancy and 90 months median survival for patients after wide resection.

Conclusion : 1. Primary metastatic p. require new approach including resection of metastases when feasable. 2. Early wide resection of the primary and adequate dose intensity of a 6 drugs CT give best results in pelvic Ewing's despite large tumoral volume or even incomplete response to preoperative CT.