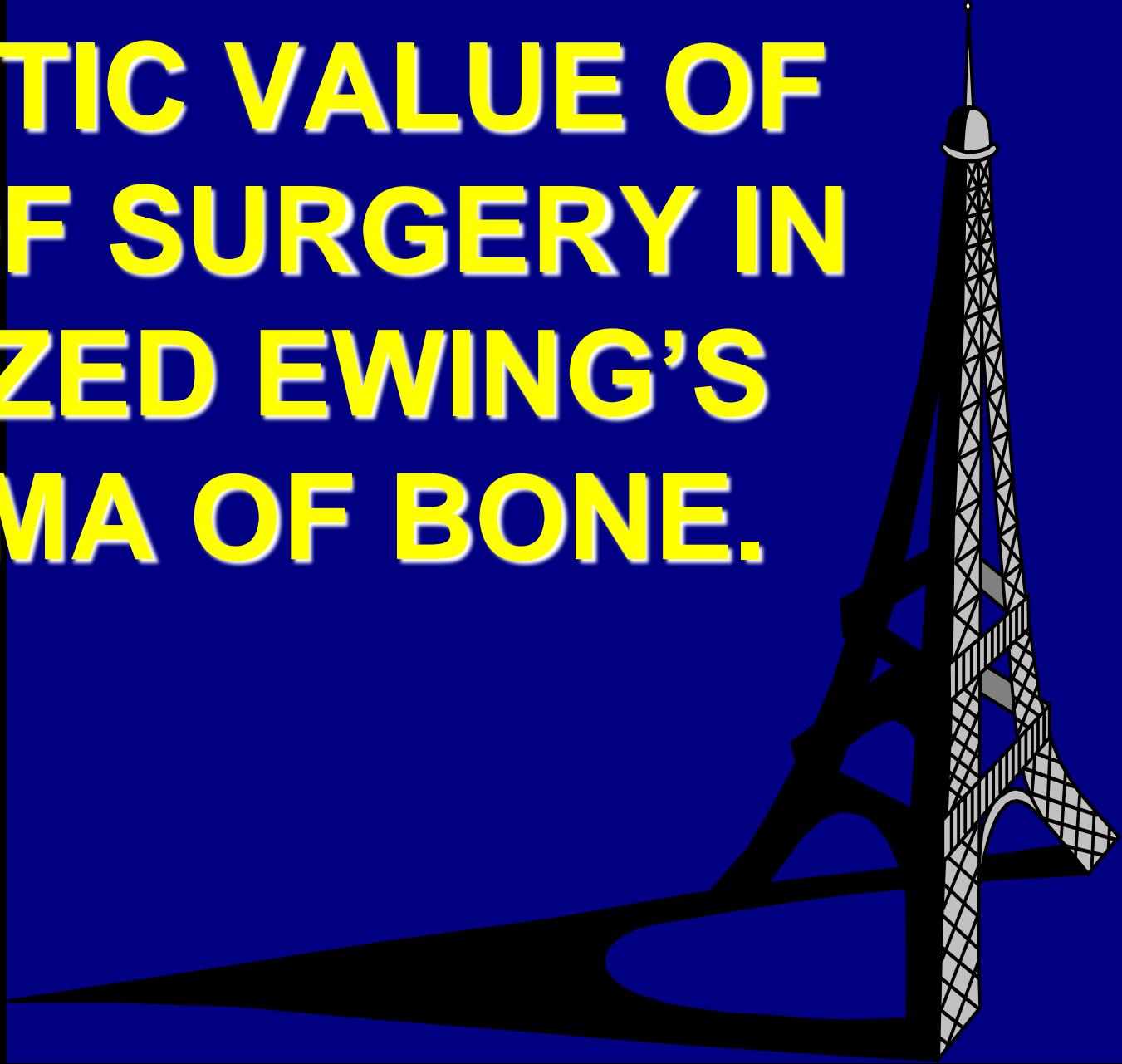


# PRONOSTIC VALUE OF TIMING OF SURGERY IN LOCALIZED EWING'S SARCOMA OF BONE.

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# Introduction

The increasing efficacy of neo-adjuvant chemotherapy in Ewing's sarcoma modifies the prognostic factors.

In a recent monocentric study the classical prognostic value of size and location of the primary disappeared (J. of Chemoerapy. – Delepine and Al, vol 9, n°5 – 352-363 ; 1997).

# the role of local treatment

Is rarely analysed, because  
a too small number of  
comparable patients and  
type of surgery.

# Aim of the study

This study tries to investigate the **role of the timing of surgery** for disease free survival (DFS).

# Material

75 patients (aged from 4 to 40 y., average age 19) with Ewing's sarcoma of bone fulfilled the inclusion criteria.

# Inclusion criteria

Localized tumor at first screening (CT of lungs + bone scan), location of tumor in en bloc resectable bones (limbs, scapula, inominate, rib, maxillar, skull).

# Exclusion criteria

Metastatic patients  
and vertebral  
locations were  
excluded.



# Treatments

All patients received a multidrug chemotherapy and were treated by surgery (followed by radiotherapy in case of adult bad responders and/or marginal surgery).

# histologic response

The histologic response was evaluated according to Picci's criteria (J. Clin. Oncol. ; Picci and Al : 1993 ; 11 1793-69).

The date of local treatment is calculated from biopsy to surgery in weeks.

# Results

With a median follow up of 54 months, 41 patients are in first complete remission.

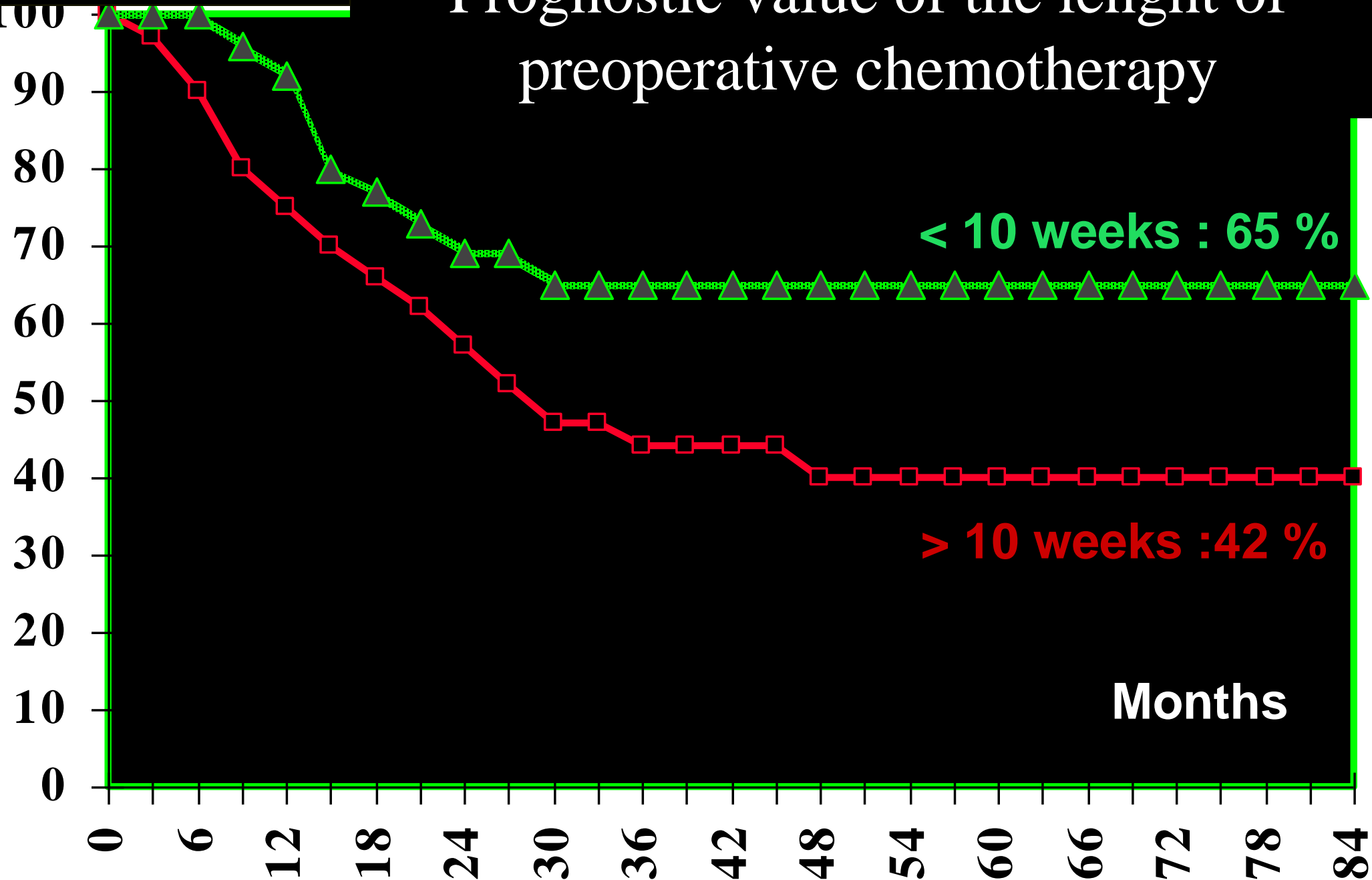
# Pronostic value of timing of surgery

Patients operated before the 10th week have a higher chance of first complete remission than patients operated later (65% vs 42%).

The difference is significant ( $p < 0.03$ ).

**%E.F.S.**

# Prognostic value of the lenght of preoperative chemotherapy



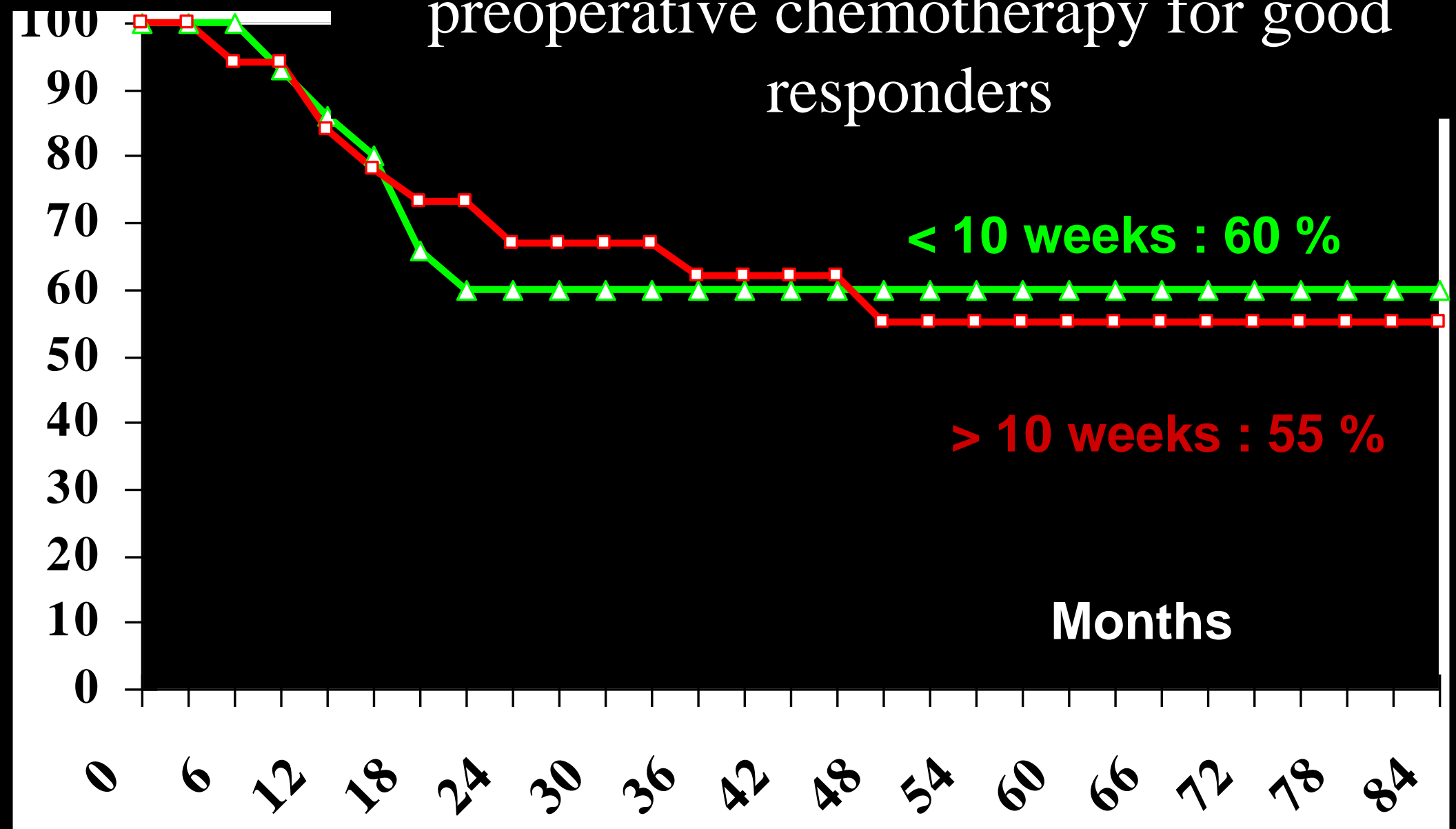
# Further analysis

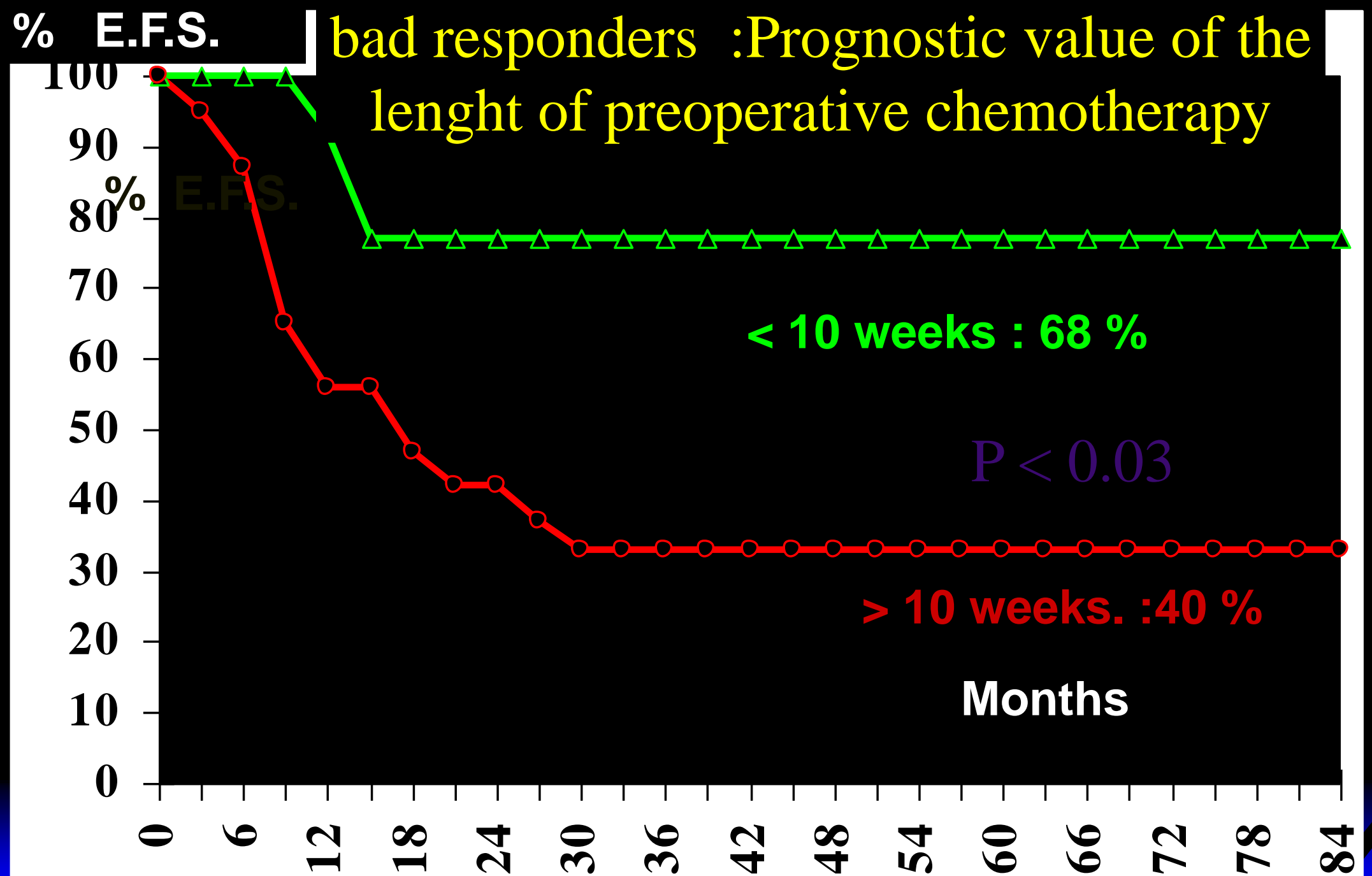
shows that the difference is  
due to bad responders

late local control is dismal  
for bad responders.

# Prognostic value of the lenght of preoperative chemotherapy for good responders

% E.F.S.








# Conclusion 1

Local treatment must be  
done early, especially  
when histologic response  
is incomplete or uncertain.

## Conclusion 2

A too long preoperative chemotherapy increases the risk of metastases in bad responders.



These factors must be  
taken into account when  
analyzing multicentric  
protocols.