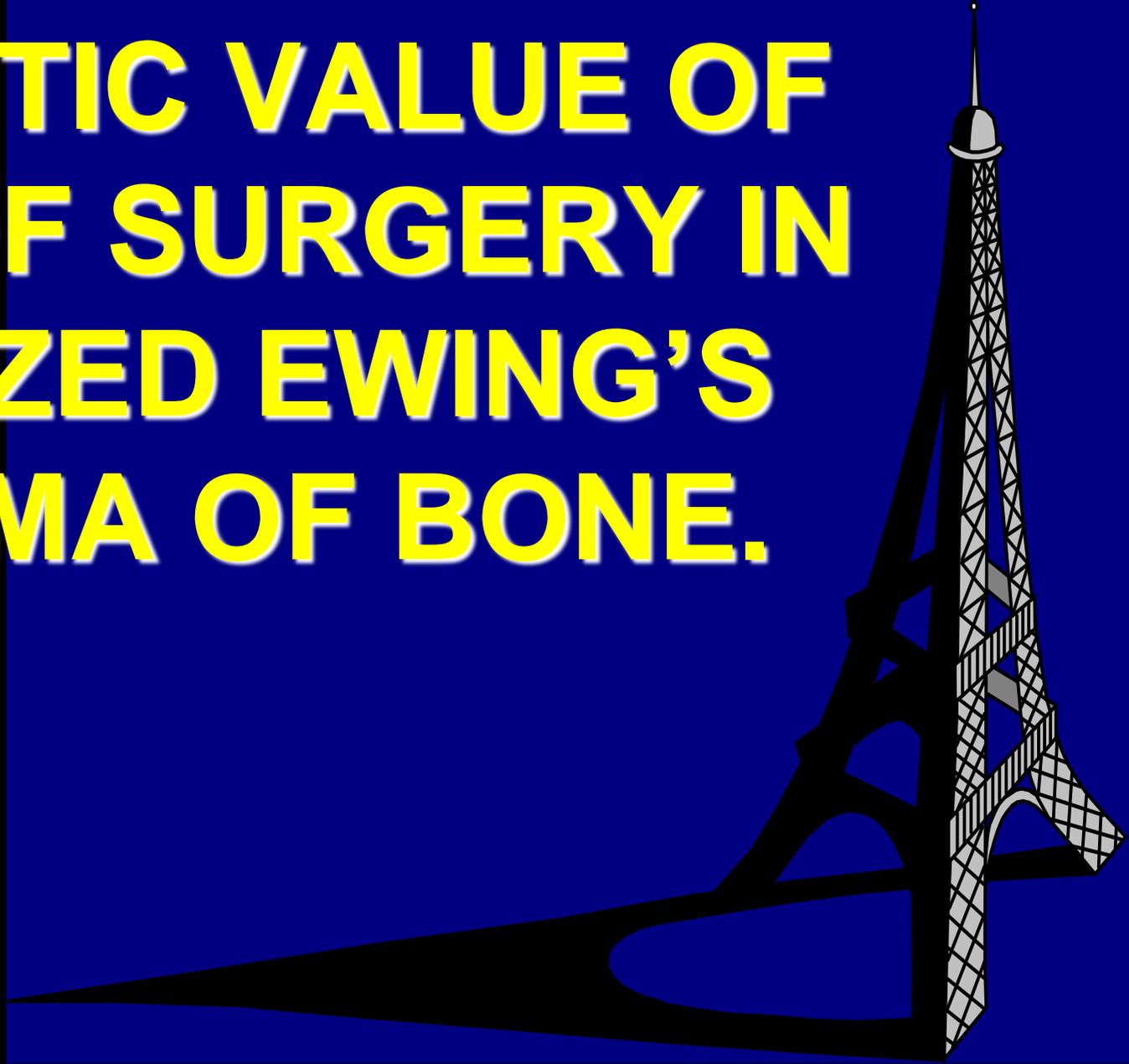


PRONOSTIC VALUE OF TIMING OF SURGERY IN LOCALIZED EWING'S SARCOMA OF BONE.

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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 A1 : 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.

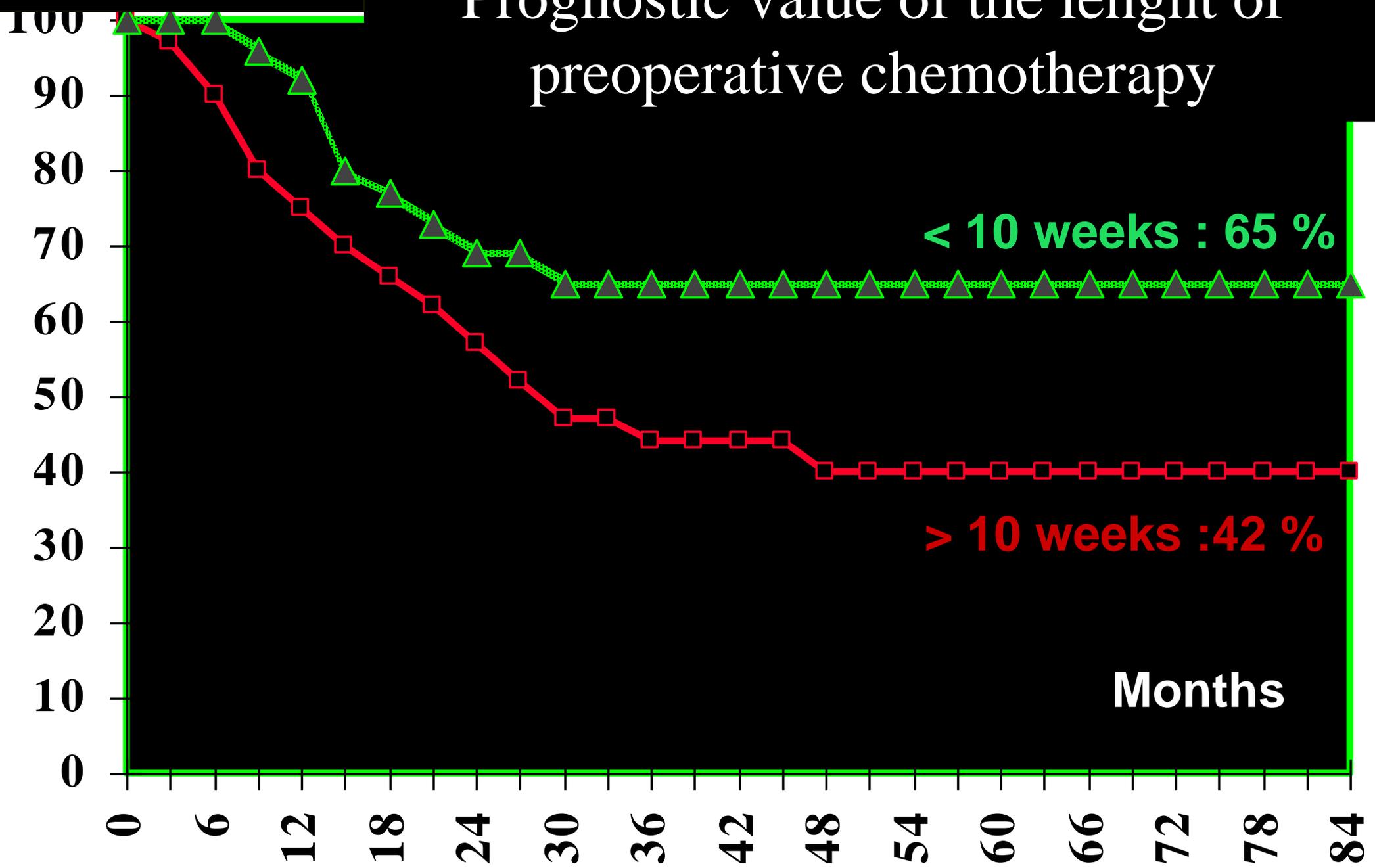
Pronostic value of timing of surgery

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



< 10 weeks : 65 %

> 10 weeks : 42 %

Months

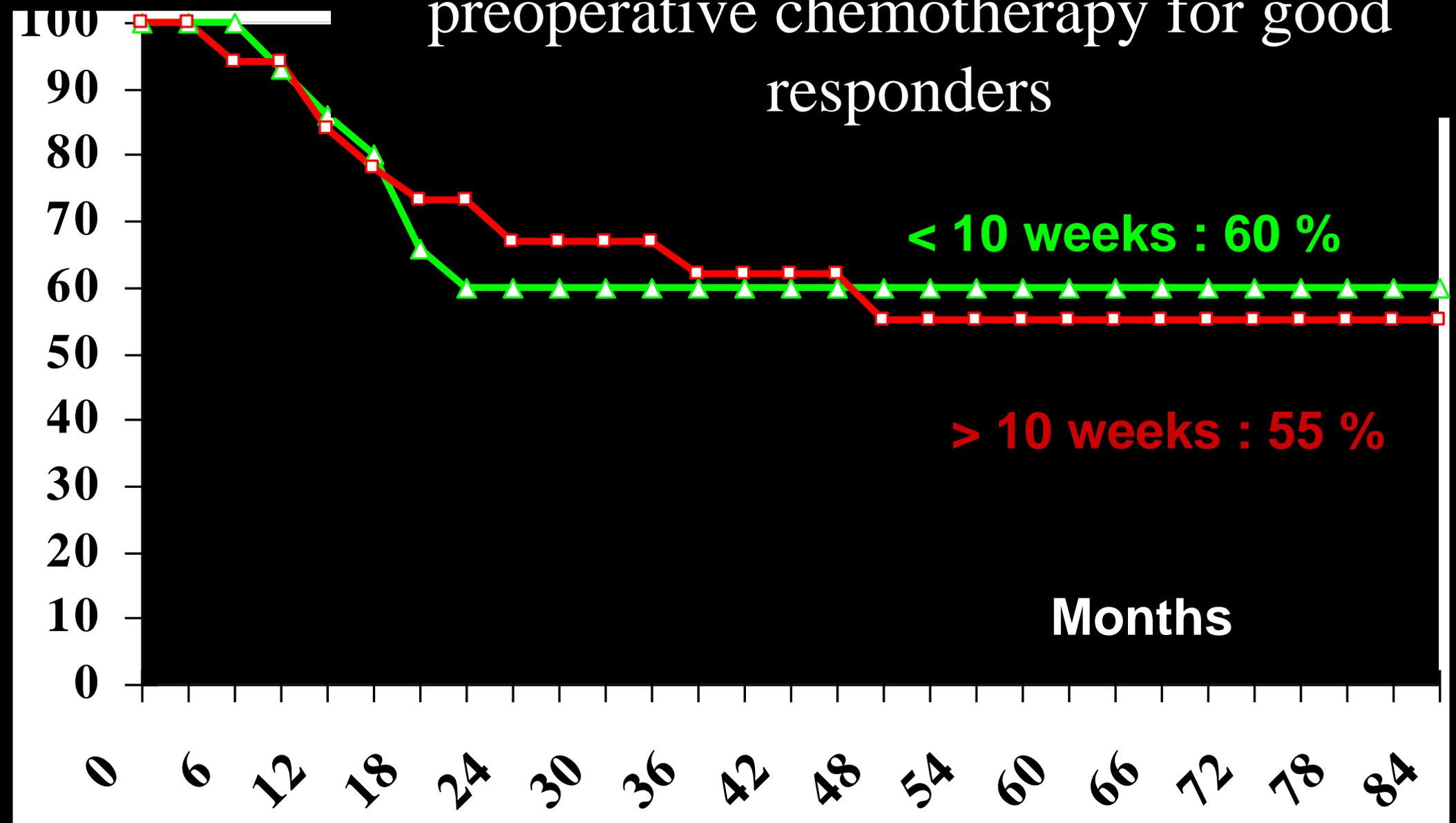
Further analysis

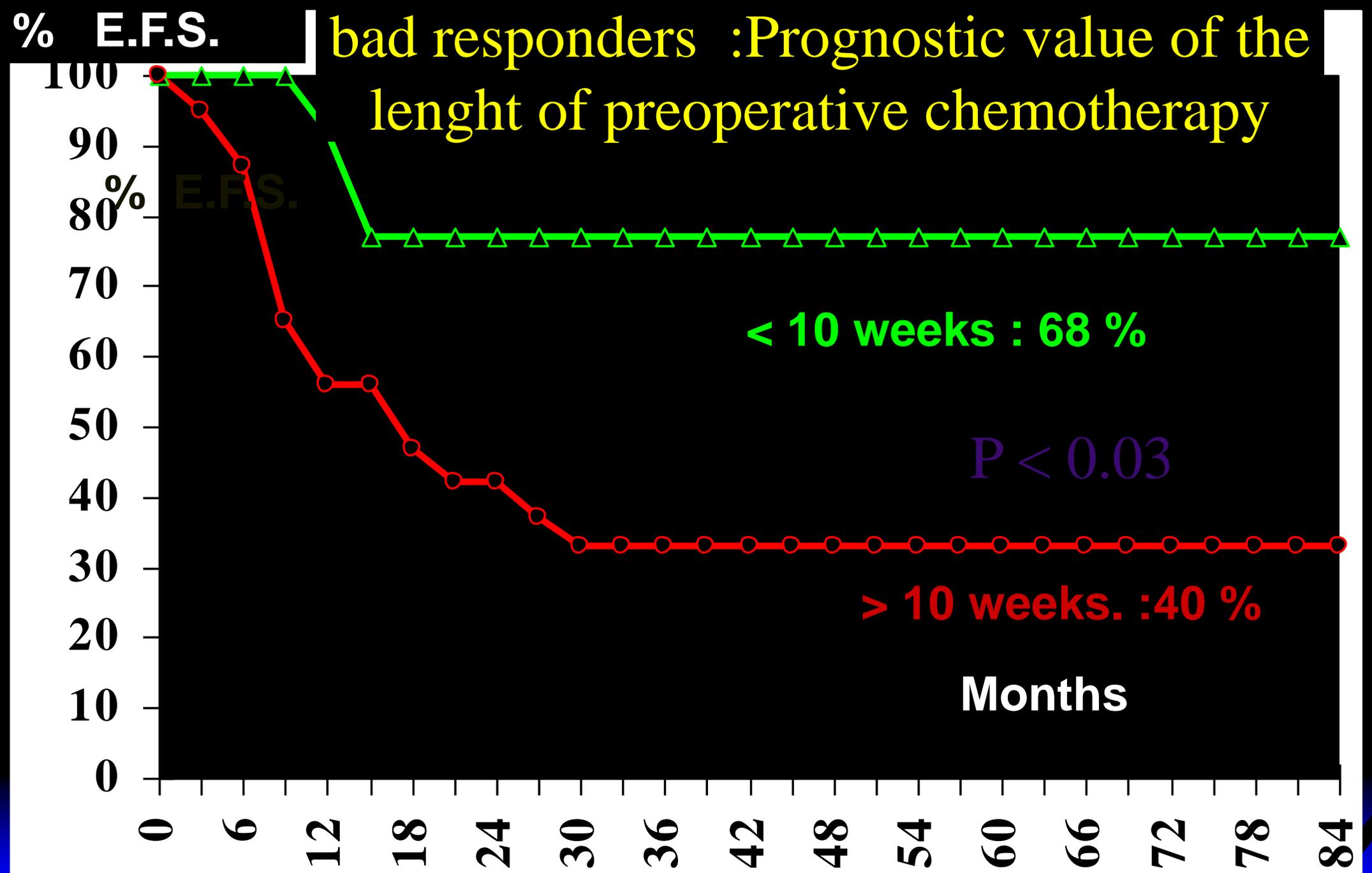
shows that the difference is
due to bad responders

late local control is dismal
for bad responders.

Prognostic value of the length 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.**