

Vincristine, doxorubicin, cyclophosphamide, actinomycin D, ifosfamide, and etoposide in adult and pediatric patients with nonmetastatic Ewing sarcoma. Final results of a monoinstitutional study

Stefano Ferrari¹, Emanuela Palmerini¹, Marco Alberghini², Eric Staals³, Mario Mercuri³, Enza Barbieri⁵, Alessandra Longhi¹, Laura Cantero¹, Marilena Cesari¹, Massimo Abate¹, Alba Balladelli⁴, Piero Picci⁴, and Gaetano Bacci¹

¹Chemotherapy, ²Surgical Pathology, ³5th Division of Orthopedic Surgery, and ⁴Laboratory of Experimental Oncology, Istituto Ortopedico Rizzoli, Bologna; ⁵Unit of Radiotherapy, S Orsola Hospital, Bologna, Italy

ABSTRACT

Aims and background. To investigate a six-drug combination in patients with non-metastatic Ewing sarcoma, focusing on chemotherapy-induced necrosis and chemotherapy toxicity in adult and pediatric patients.

Methods and study design. Alternating cycles of vincristine (1.5 mg/m²), doxorubicin (80 mg/m²) and cyclophosphamide (1200 mg/m²) (weeks 0, 6, 13, 22 and 31), ifosfamide (9 g/m²), vincristine (1.5 mg/m²), and actinomycin D (1.5 mg/m²) (weeks 3, 16, 25 and 34), and ifosfamide (9 g/m²) and etoposide (450 mg/m²) (weeks 9, 19, 28 and 37) were administered. Primary chemotherapy-induced necrosis was graded: G3 (complete necrosis), G2 (microfoci of tumor cells) and G1 (macrofoci of tumor cells).

Results. From 1996 to 1999, 50 patients with Ewing sarcoma were enrolled. The median age was 23.5 years (range, 4-56). Chemotherapy-induced necrosis (in 28 patients) was G3 in 36%, G2 in 21% and G1 in 43%. At a median follow-up of 110 months (range, 36-129), 5-year overall survival and event-free survival were 72% and 66%, respectively. According to histologic response, 5-year event-free survival was 90% in G3, 83% in G2, and 42% in G1 ($P = 0.02$). In adult and pediatric (<18 years) patients, the incidence of G4 leukopenia was 62% and 74%, respectively, with febrile neutropenia in 13% and 21%, respectively. G4 thrombocytopenia occurred in 3% of cycles in adults and in 7% in pediatric patients. Platelet and red blood cell transfusions were required respectively in 1% and 11% of cycles in adults and in 6% and 24% of cycles in pediatric patients.

Conclusions. The six-drug combination can be administered safely in adult and pediatric populations. About 40% of patients have a poor chemotherapy-induced tumor necrosis, leading to poor probability of survival. New strategies are recommended to improve survival of poor responders to the six-drug combination. **Free full text available at www.tumorionline.it**

Key words: chemotherapy toxicity, Ewing sarcoma, necrosis.

Conflict of interest statement: The authors declare that they have no financial or personal relationships with other people or organizations that could bias their work. No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

Acknowledgments: The authors thank Ms Cristina Ghinelli for the graphic work.

Correspondence to: Stefano Ferrari, MD, Sezione di Chemioterapia, Istituto Ortopedico Rizzoli, Via Pupilli 1, 40136 Bologna, Italy.
Tel +39-051-6366411;
fax +39-051-6366277;
e-mail stefano.ferrari@ior.it

Received June 8, 2009;
accepted October 16, 2009.