



# Soft Tissue Sarcoma Case Discussion - Georgia \*1969

2<sup>nd</sup> of February 2019, 9<sup>th</sup> SPAEN Annual Conference 2019, Radisson Blu Park Hotel, Athens/Greece



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**European  
Reference  
Network**

for rare or low prevalence  
complex diseases

 **Network**  
Adult Cancers  
(ERN EURACAN)

 **Member**  
Universitätsklinikum  
Mannheim – Deutschland

## 49-year-old female

- 10/2009 Retroperitoneal leiomyosarcoma, G2, Ki-67 15-20 %
- 10/2009 Tumour resection (R0) in Greece
- 08/2012 Resection of a single lung metastasis (left lung)
- 04/2015 Resection of 5 pulmonary metastases in the left lung
- 12/2015 Diagnosis of liver metastases, retroperitoneal / abdominal and bipulmonal metastases **Q1**

What would be your preferred choice for 1<sup>st</sup> line treatment in this young ♀ patient?

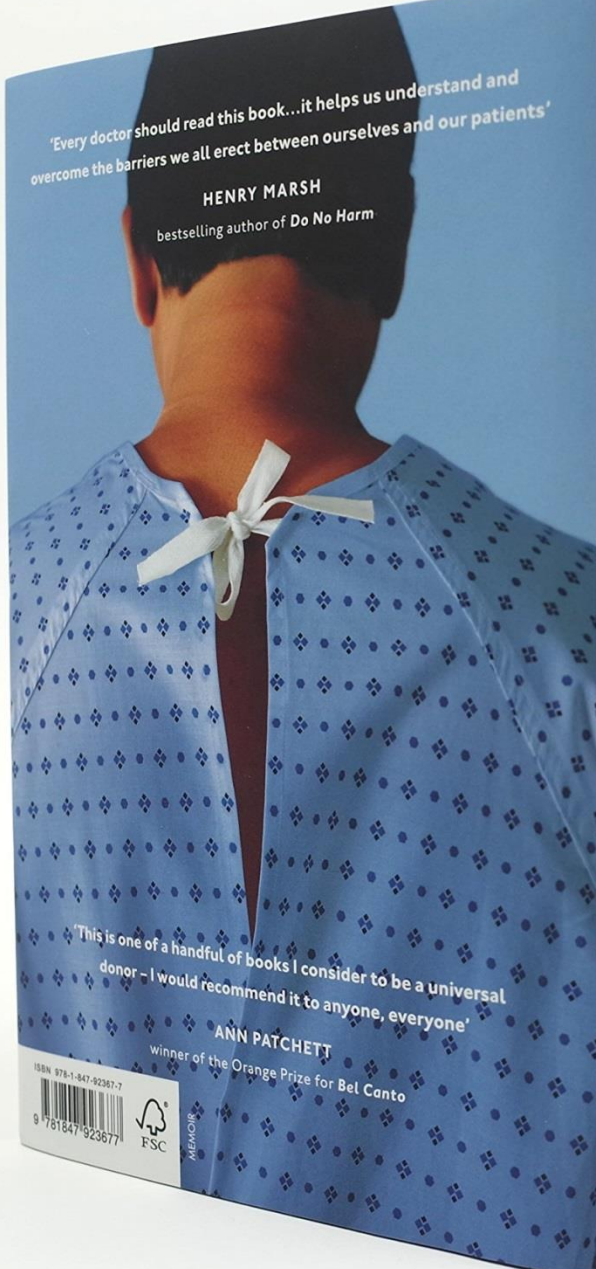
1. Doxorubicin monotherapy
2. Doxorubicin + Ifosfamide
3. Doxorubicin + Olaratumab
4. Trabectedin
5. Study inclusion

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- 04/2015 Resection of 5 pulmonary metastases in the left lung
- 12/2015 Diagnosis of liver metastases, retroperitoneal / abdominal and bipulmonal metastases
- 01-04/2016 Trabectedin 1.5 mg/m<sup>2</sup> every 3 weeks
- Since 05/2016 Trabectedin 1.2 mg/m<sup>2</sup> every 3-4 weeks due to CPK↑
- Until 01/2017 14 cycles of Trabectedin with excellent tolerability

'Every doctor should read this book...it helps us understand and overcome the barriers we all erect between ourselves and our patients'

**HENRY MARSH**  
bestselling author of *Do No Harm*



'This is one of a handful of books I consider to be a universal donor - I would recommend it to anyone, everyone'

**ANN PATCHETT**  
winner of the Orange Prize for *Bel Canto*

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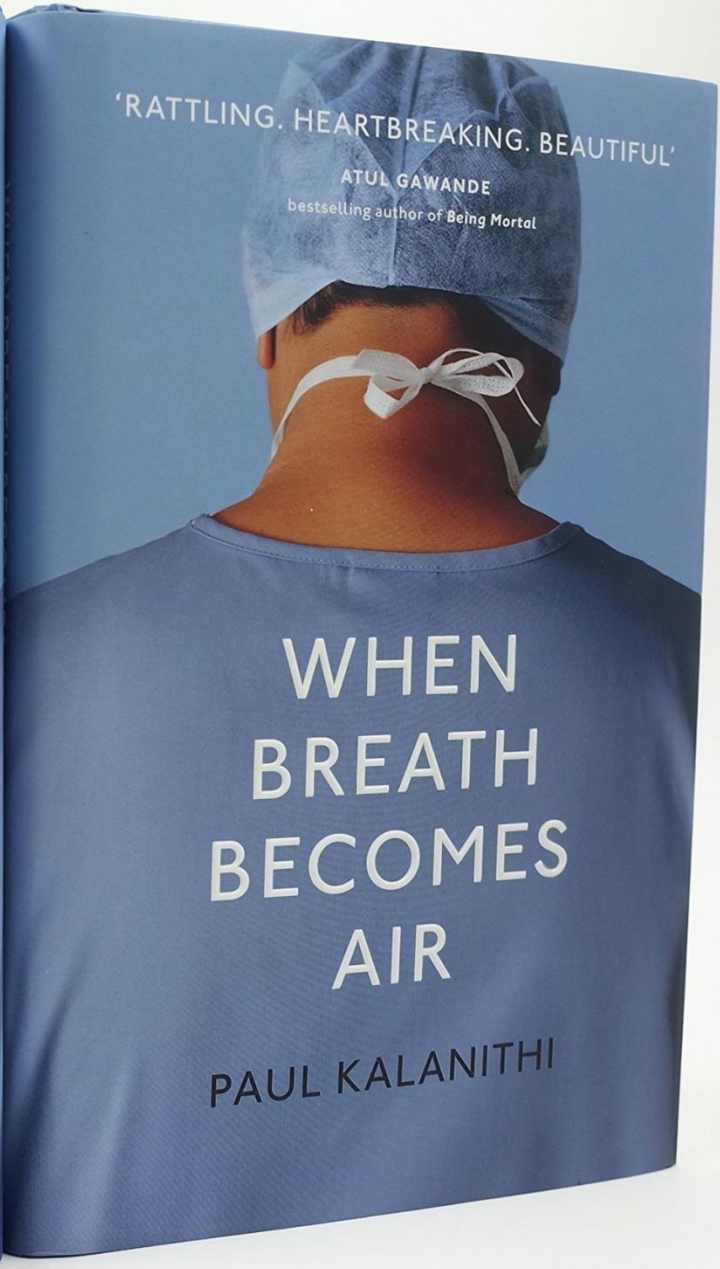


MEMOIR

WHEN BREATH BECOMES AIR PAUL KALANITHI

'RATTLING. HEARTBREAKING. BEAUTIFUL'

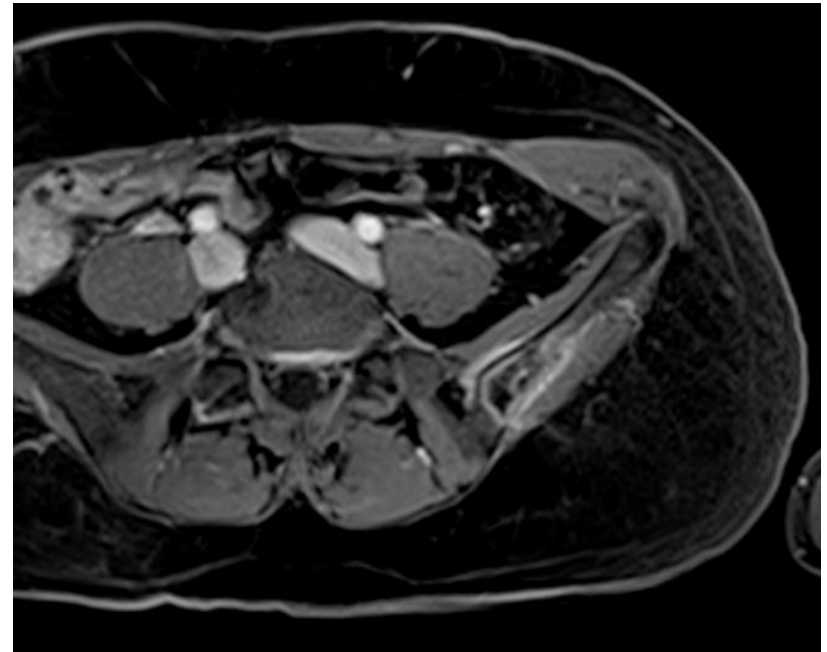
**ATUL GAWANDE**  
bestselling author of *Being Mortal*



# WHEN BREATH BECOMES AIR

PAUL KALANITHI

- 01/2017 Staging showed RECIST stable disease, but a slight growth of a left pulmonal metastasis and a bone lesion **Q2**



# What would be your next treatment step in this situation?

1. Continue Trabectedin
2. Change to Doxorubicin + Olaratumab
3. Change to Doxorubicin + Ifosfamide
4. Add radiotherapy for growing lesions
5. Study inclusion

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- 12/2015 Diagnosis of liver metastases, retroperitoneal / abdominal and bipulmonal metastases
- 01-04/2016 Trabectedin 1.5 mg/m<sup>2</sup> every 3 weeks
- Since 05/2016 Trabectedin 1.2 mg/m<sup>2</sup> every 3-4 weeks due to CPK↑
- 01-02/2017 Radiotherapy (SBRT) of the left pulmonal metastasis and bone lesion
- Until 04/2017 Continue Trabectedin for up to 18 cycles with excellent tolerability



## 49-year-old female

- 04/2017 Staging after 18 cycles of Trabectedin showed RECIST progressive disease (PD) > stopped Trabectedin and investigated the participation in a phase I study
- 06/2017 Follow-up with short interval showed RECIST stable disease > “summer break”
- 11/2017 Staging demonstrated a definitive RECIST PD **Q3**

# What would be your next treatment step in this situation?

1. Rechallenge with Trabectedin
2. Change to Doxorubicin + Olaratumab
3. Change to Doxorubicin + Ifosfamide
4. Change to Gemcitabine + Docetaxel
5. Study inclusion

## 49-year-old female

- 04/2017 Staging after 18 cycles of Trabectedin showed RECIST progressive disease (PD) > stopped Trabectedin and investigated the participation in a phase I study
- 06/2017 Follow-up with short interval showed RECIST stable disease > “summer break”
- 11/2017 Staging demonstrated a definitive RECIST PD
- 11/2017- Doxorubicin 50 mg/m<sup>2</sup> d1 + Olaratumab 15 mg/kg d1 + 8 every 3 weeks; AE: hand-foot-syndrome I-II<sup>o</sup>
- 01/2018 Staging after 3 cycles showed RECIST stable disease (SD) > continued treatment with a slight dose reduction to Doxorubicin 40-45 mg/m<sup>2</sup>
- 04/2018 Staging after 6 cycles of Doxorubicin + Olaratumab demonstrated RECIST SD > continued with 2 more cycles of Doxorubicin + Olaratumab followed by an Olaratumab monotherapy

## 49-year-old female

- 09/2018 Staging after 8 cycles of Doxorubicin + Olaratumab followed by an Olaratumab monotherapy demonstrated RECIST PD
- 10/2018 Change to combination therapy of Trabectedin + Olaparib according to a NGS program (MASTER, NCT Heidelberg)
- 11/2018 Staging demonstrated formal RECIST SD, thus, the combination of Trabectedin plus Olaparib was continued
- 12/2018 In addition, palliative radiotherapy of the pelvis region and left kidney (20 Gy + boost up to 40 Gy) has been performed
- 02/2019 Next staging is planned for the 21<sup>st</sup> of February 2019



## Q & A

