

ROLE OF HYDROXYUREA AS A FIRST LINE
TREATMENT FOR PRIMARY DESMOID TUMORS IN ADULTS

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BACKGROUND

- Our Hydrea protocol was developed because of the data from successful treatment of pediatric desmoid tumors using hydroxyurea by Dr Balamuth et al from CHOP in Philadelphia that showed some CR's and PR's in children with desmoids. The data was presented at CTOS in London in 2008. Desmoids in children are not often associated with pain whereas pain is a common symptom in adults.

OBJECTIVE

- Desmoids tumors are rare, representing <3% of all soft tissue tumors. Despite being classified as benign neoplasm's, desmoid tumors can exhibit aggressive growth and recurrence.
- By way of mass effect, these tumors can cause pain, limited motion and neurological symptoms that affect functional abilities and quality of life of patients with disease. Low dose chemotherapy is currently favored first line treatment because of reasonable response rates and toxicity.
- The purpose of the study is to examine the efficacy and safety of Hydrea as a first line treatment for adult patients presenting with primary desmoid tumors.

METHODS

- We present our institutional experience of 14 patients with primary desmoid tumors from 2009 to 2011 treated with Hydrea.
- Response to Hydrea was documented per RECIST criteria. Patients had CT/MRI scan every 3 months on treatment.
- They were treated for 1 year then followed for the next 2 years for response
- Pain scores were calculated from initial visit to duration of therapy for patients on protocol. Information regarding pain was obtained from clinic notes for patients treated off protocol.

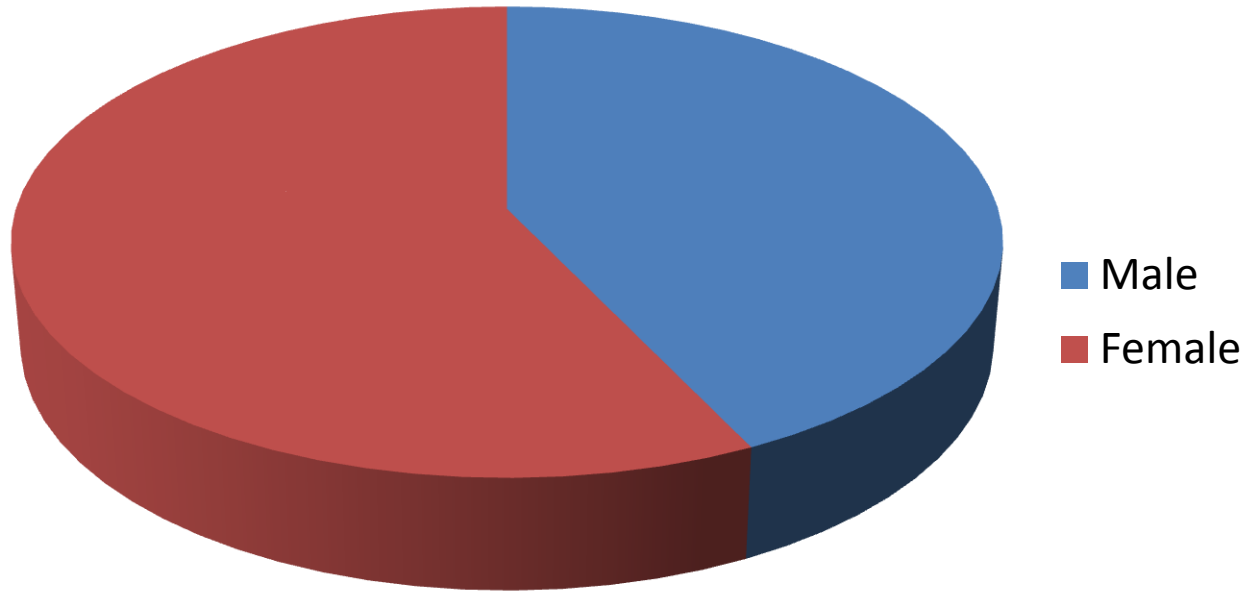
RESULTS

- Male to female ratio is 3:4
- Mean age is 34.9 yrs (range 12-65).
- Hydrea was started at 1000mg/d and titrated to 2000mg/d as tolerated. Seven patients continued on same dose till their last cycle and five patients had dose reduction and one patient was just started on therapy.
- Tumor size was measured in all patients and 9 patients had stable disease (SD) without progression.
- Three patients just had initial measurement and are waiting subsequent measurements. One patient had progressive disease and one patient withdrew.
- In summary 1 of 14 showed progression

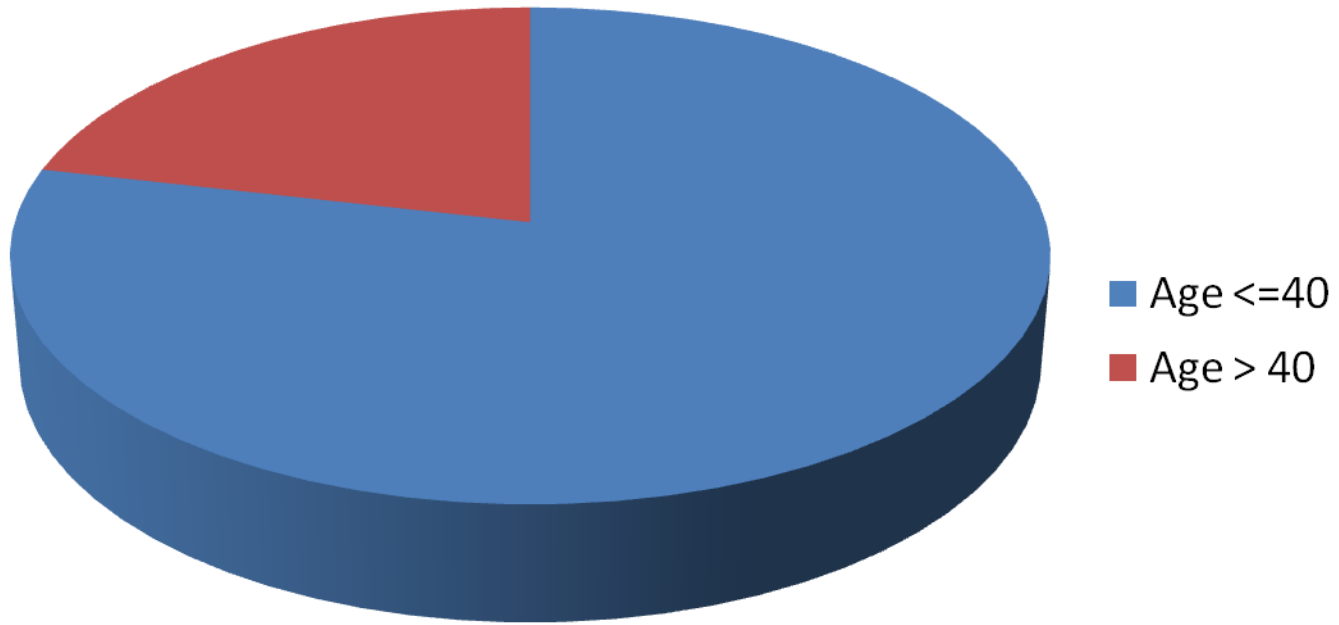
RESULTS: Contd...

- Pain scores were documented in 9 patients as general pain, night pain, and current pain on a scale of 1 to 10.
- Six of nine patients initially had night pain and at the end of chemotherapy only one patient had night pain.
- Two out nine patients had no pain at presentation and in the remaining 7 patients, 6 patients had good improvement in pain scores both general as well as current pain
- One patient was just enrolled and is too early to evaluate pain scores.
- 5 patients were treated off protocol - Pain improved in 2 patients , 1 patient had no pain or minimal pain before Hydrea was started and 1 patient had worsening of pain and 1 patient withdrew.

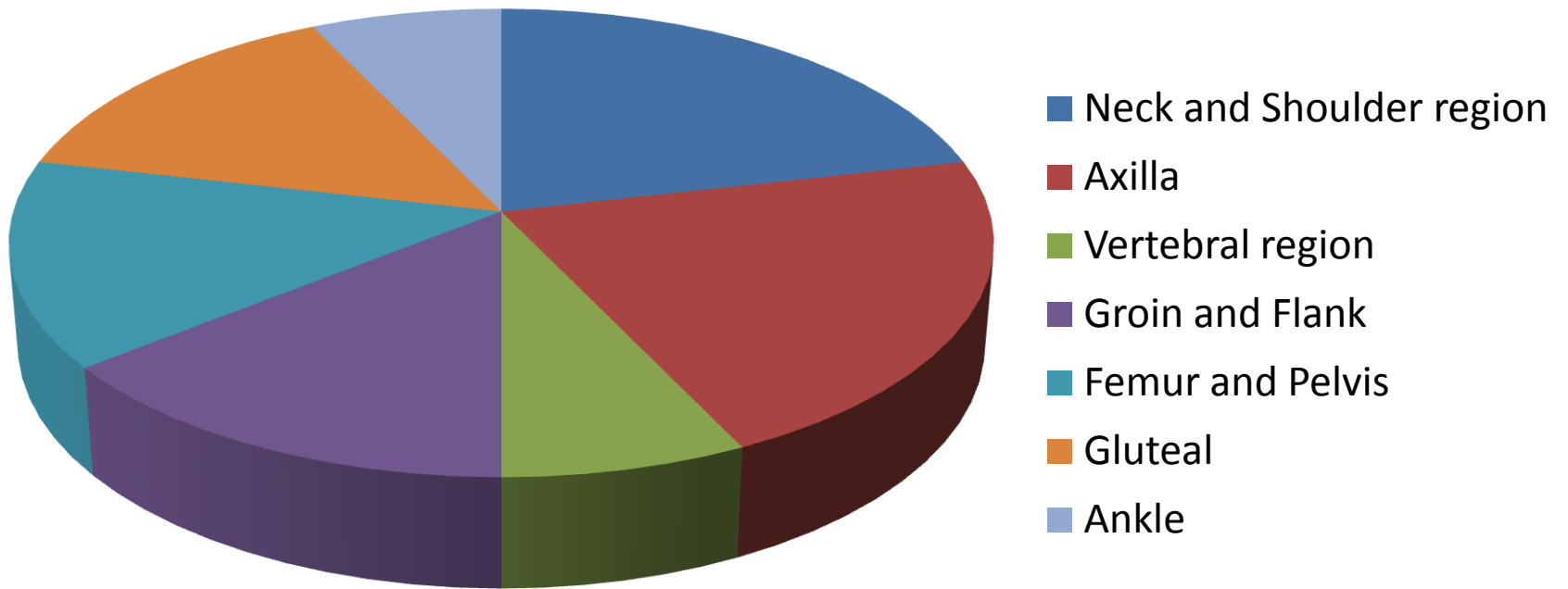
GENDER



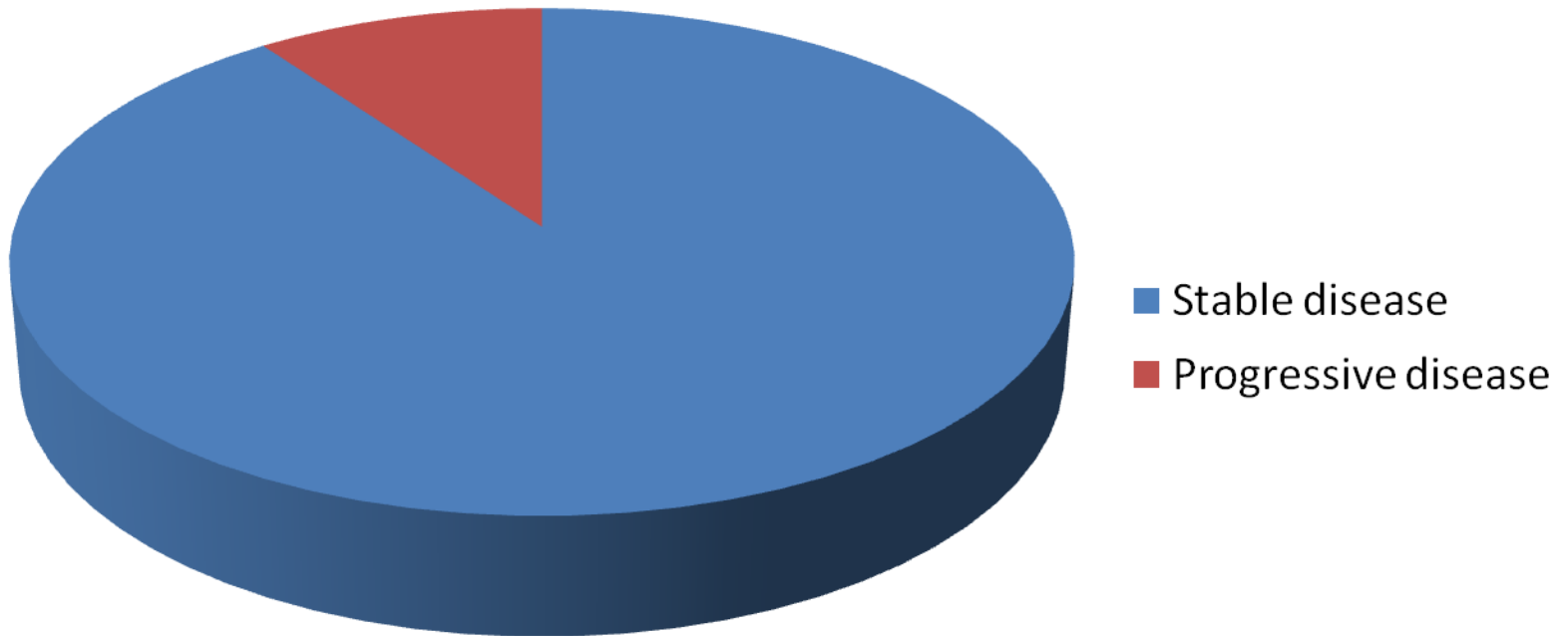
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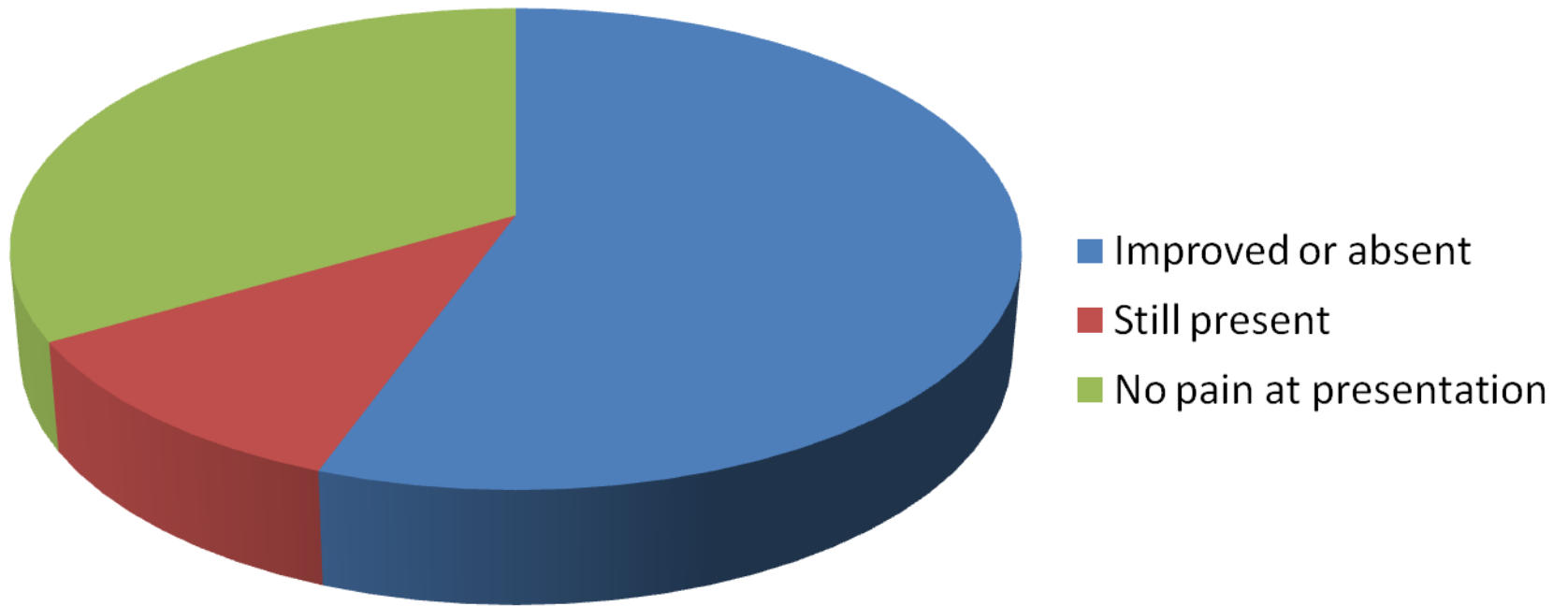
LOCATION



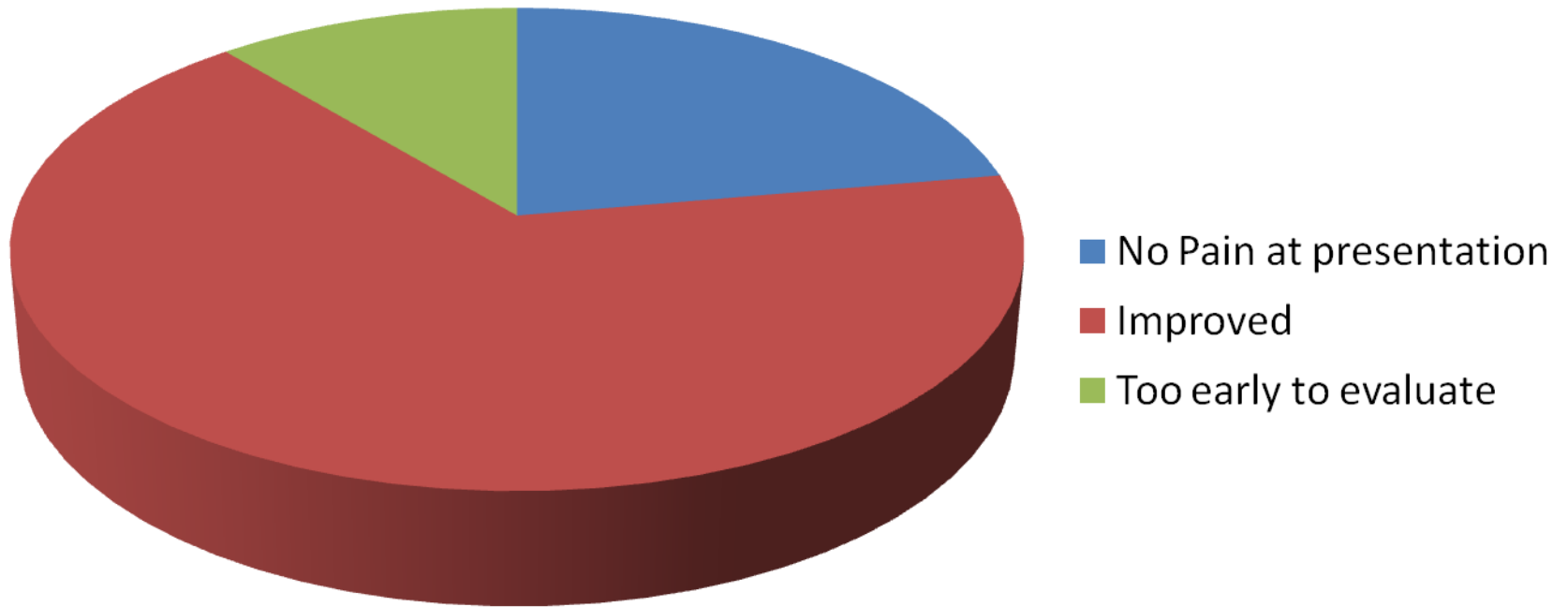
TUMOR RESPONSE



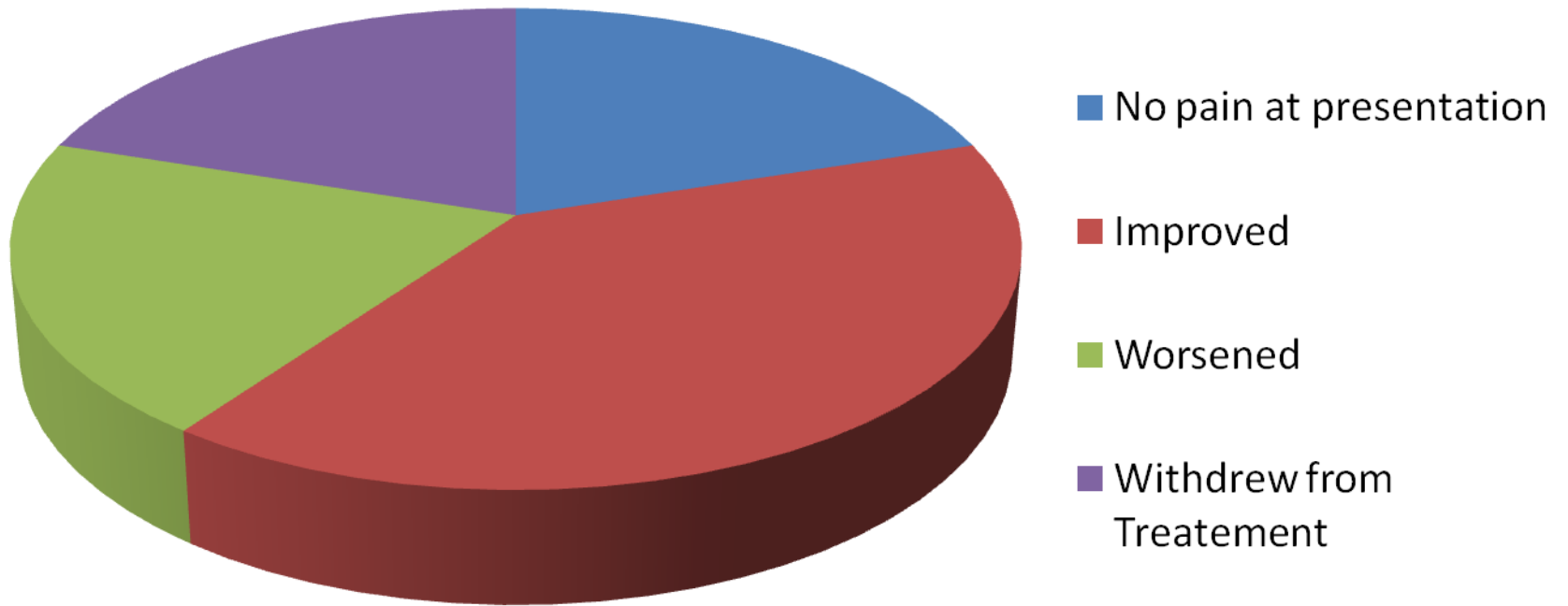
NIGHT PAIN IN PATEINTS TREATED IN PROTOCOL



GENERAL AND CURRENT PAIN FOR THE PATIENTS ON PROTOCOL



PAIN IN PATIENTS OFF PROTOCOL



CONCLUSION

- Patient with primary desmoid tumors who received Hydrea had stable disease with improvement in their pain scores with good functional status. Hydrea was well tolerated with minimal toxicity.

THE ROLE OF HYDROXYUREA IN THE TREATMENT OF RECURRENT AND REFRACTORY
DESMOID TUMORS IN ADULTS

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OBJECTIVE

- Desmoid tumors are rare, representing <3% of all soft tissue tumors. Despite being classified as benign neoplasm's, desmoid tumors can exhibit aggressive growth and recurrence. By way of mass effect, these tumors can cause pain, limited motion and neurological symptoms that affect functional abilities and quality of life of patients with disease.
- Low dose chemotherapy is currently favored first line treatment because of reasonable response rates and toxicity. The purpose of this study was to investigate the efficacy and safety of Hydrea in desmoid patients refractory to standard chemotherapy regimens.

METHODS

- We present our institutional experience of 15 patients with recurrent desmoid tumors from 2010 to 2011 treated with Hydrea with 8 patients on protocol and 7 patients off protocol.
- Patient's response to Hydrea was documented as per RECIST criteria. Patients had CT/MRI scan every 3 months on treatment.
- Patients were treated for 1 year then followed for the next 2 years for response to treatment.
- Pain scores were calculated from initial visit for duration of therapy for patients on protocol.

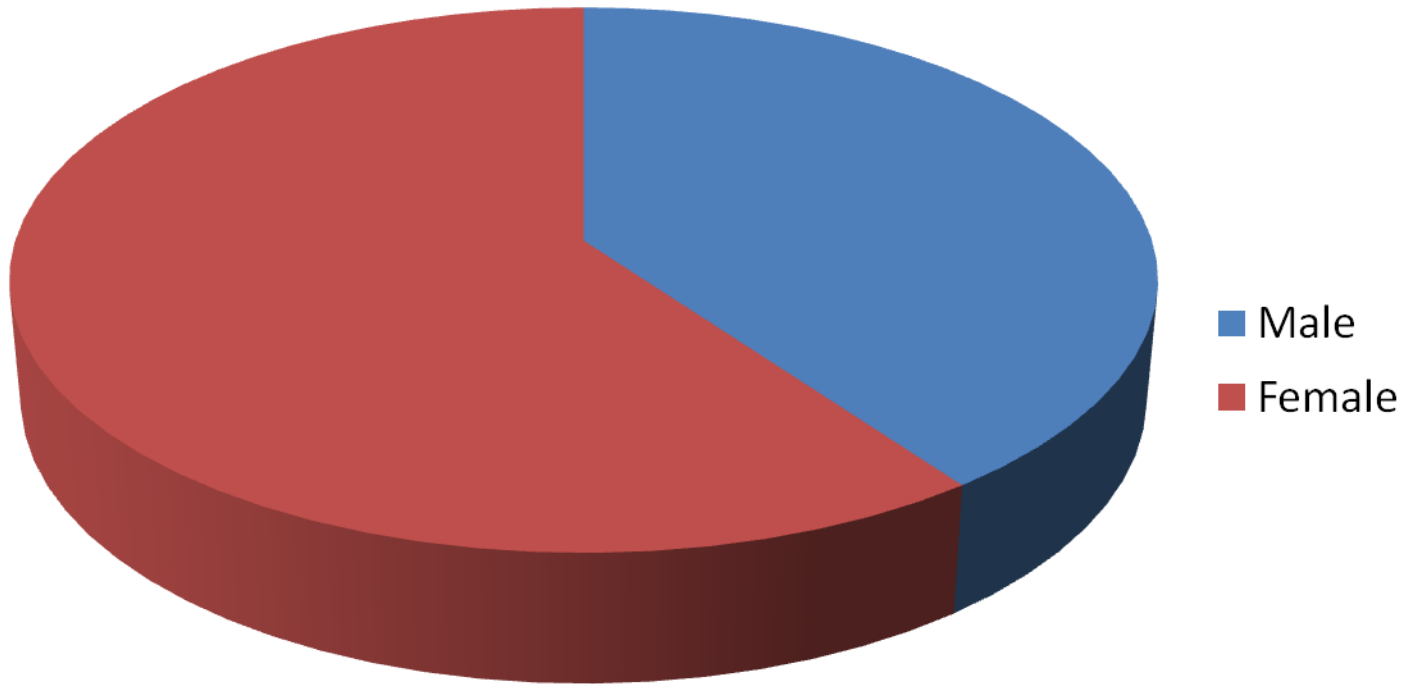
RESULTS

- Male to female ratio is 2:3
- Mean age is 37.6 yrs (range 12-71).
- One patient withdrew from the study before starting Hydrea. Hydrea was started at 1000mg/d and titrated to 2000mg/d as tolerated. Four patients required dose reduction.
- Four patients were not evaluated (1 was never treated, 1 withdrew per choice, 1 withdrew from fatigue and 1 had SBO). Of the 11 evaluable patients 9 had stable disease and 2 had progression.

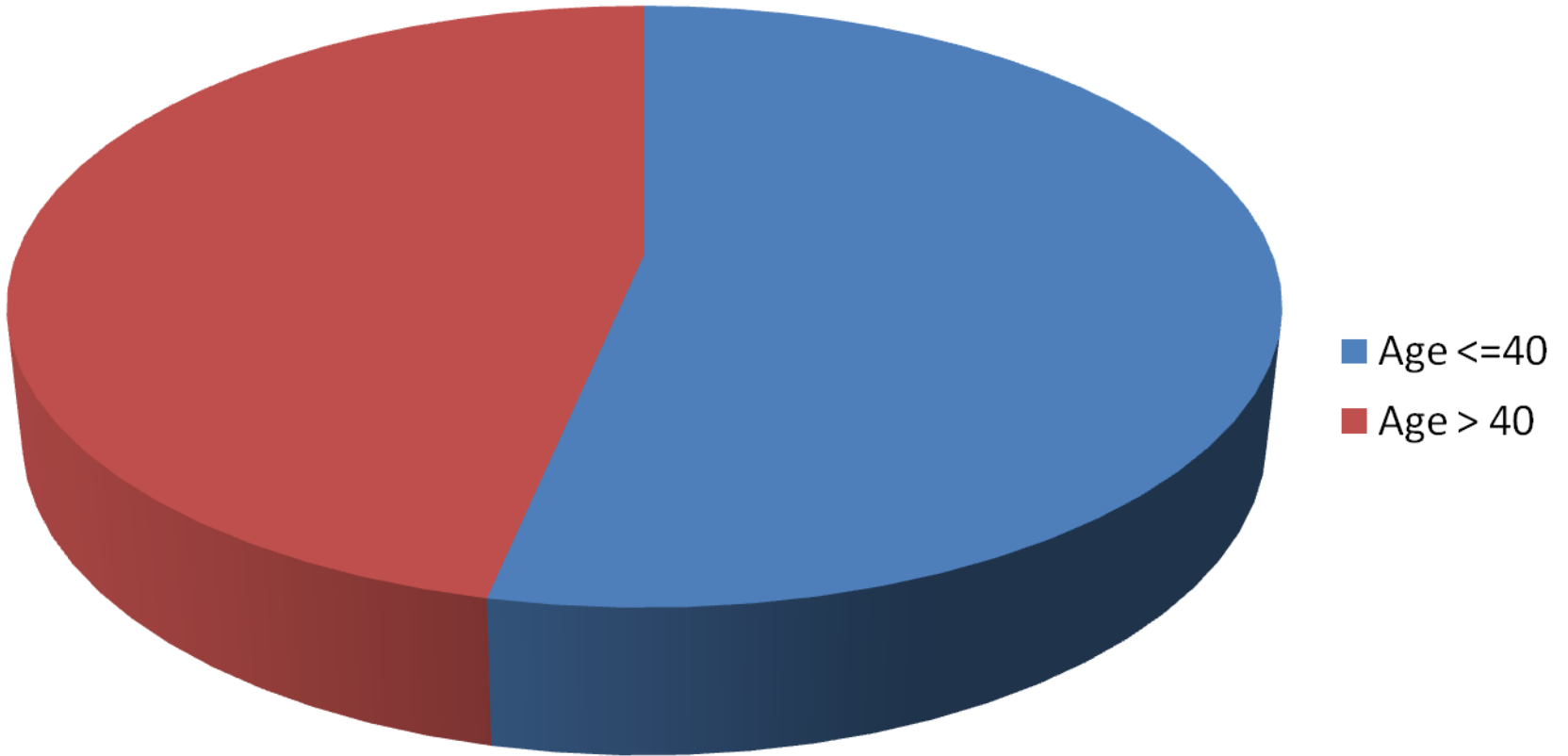
RESULTS

- Pain scores were documented as general pain, night pain and current pain on a scale of 1 to 10 for 8 patients on protocol.
- All eight patients initially had night time pain and at one year only 1 patient's night pain has resolved while it was same in others.
- After 1 year four patients had improvement in pain scores both general as well as current pain but the others showed no improvement in pain scores.

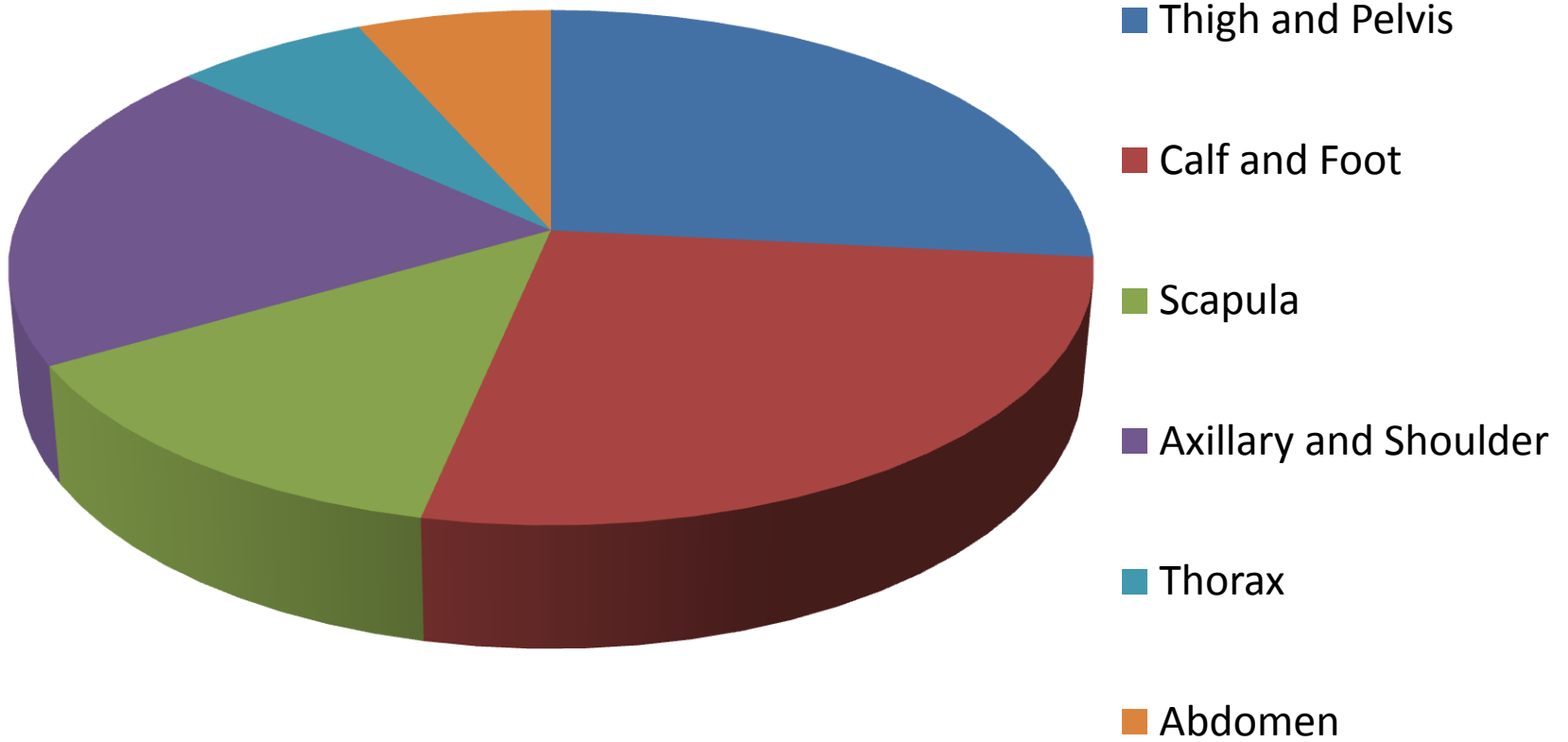
GENDER



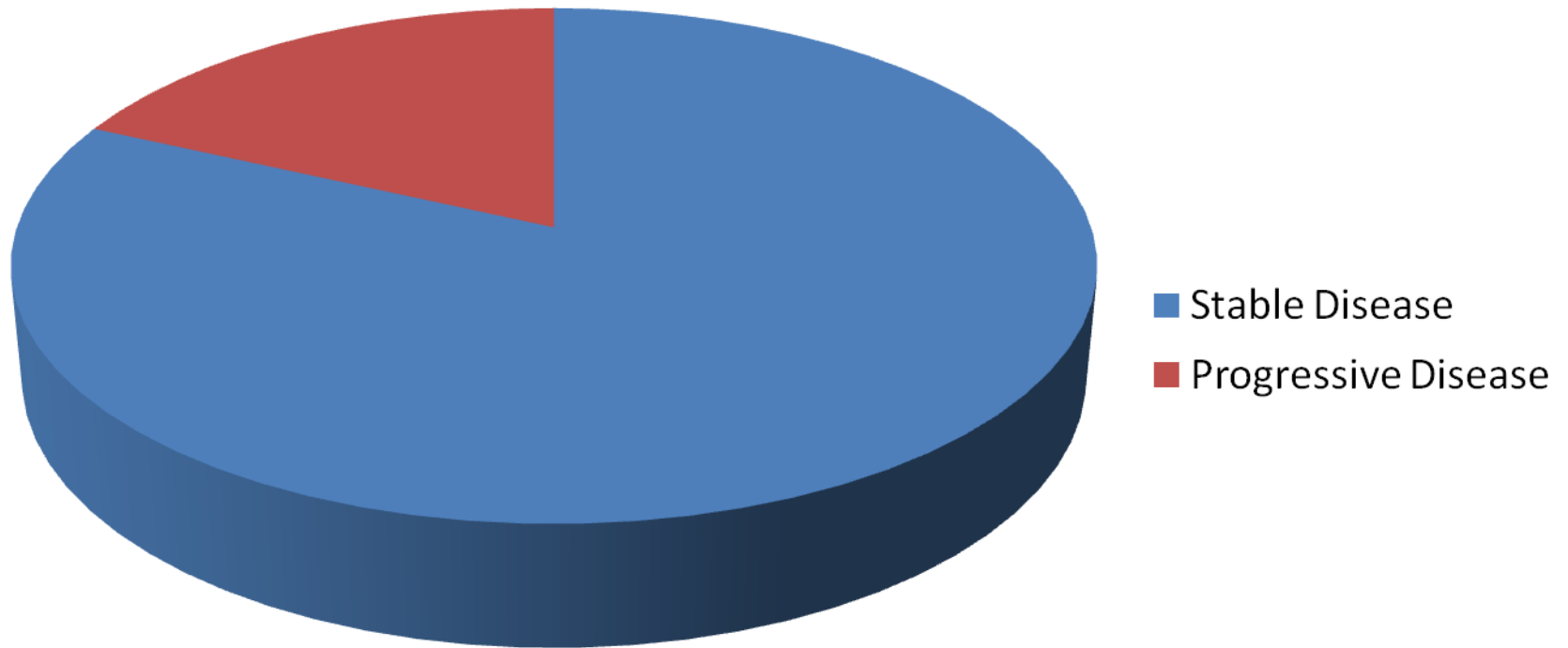
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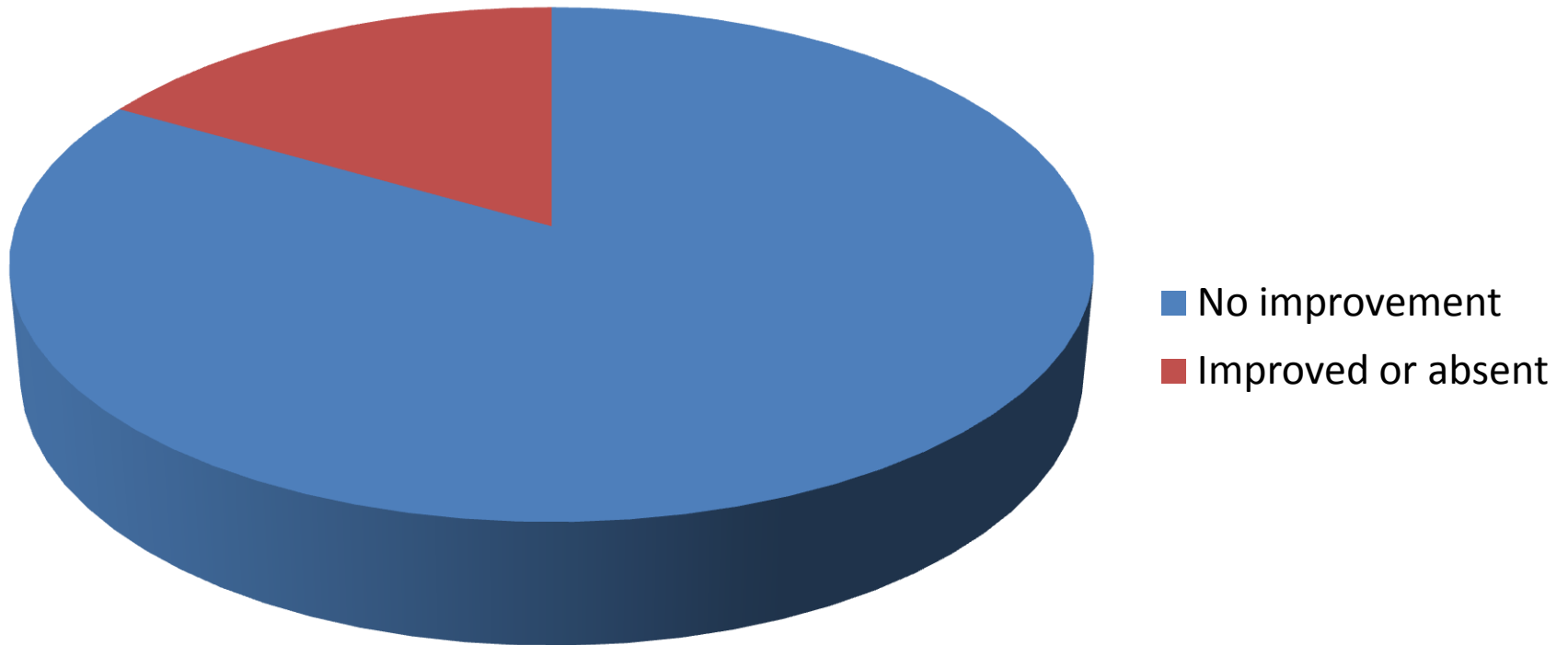
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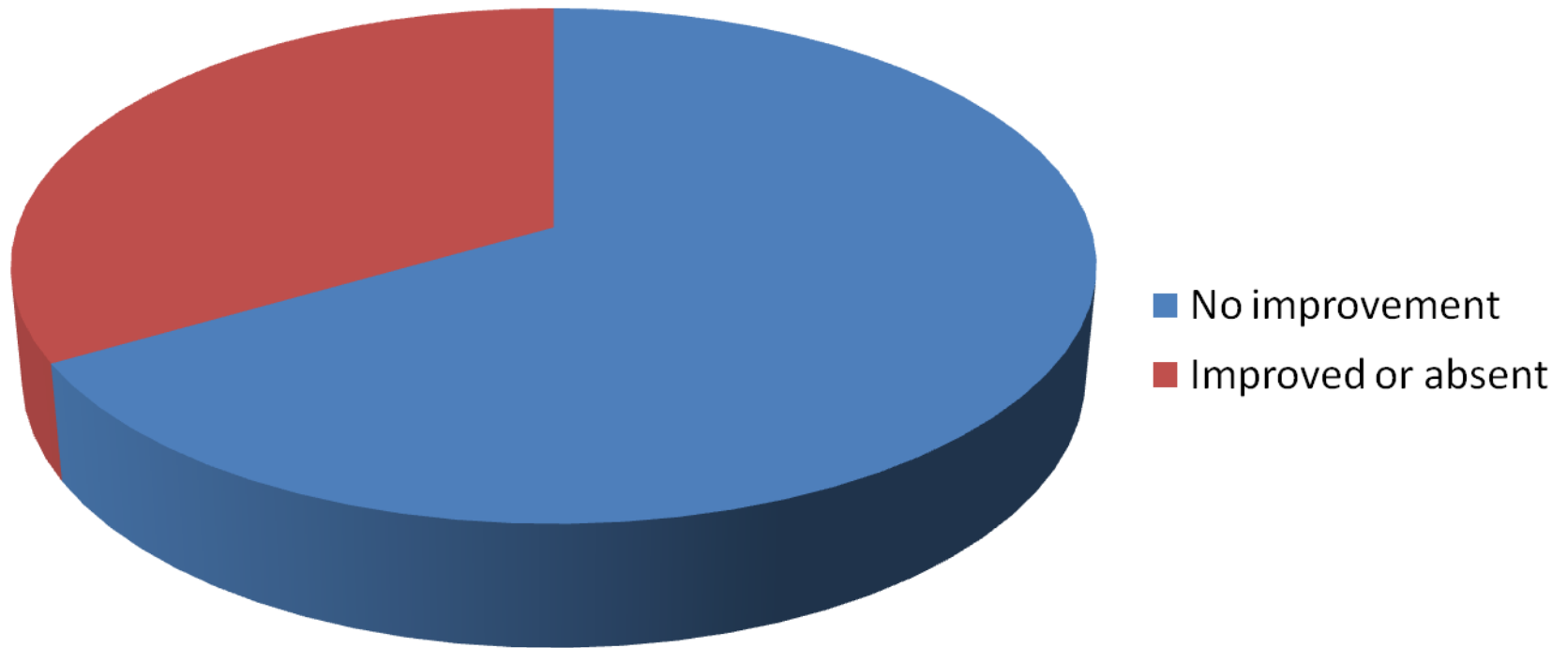
TUMOR RESPONSE



NIGHT PAIN FOR PATIENTS ON PROTOCOL AT THE END OF 1 YEAR



GENERAL AND CURRENT PAIN FOR THE PATIENTS ON PROTOCOL



Second line Hydrea

- Five patients were treated off protocol and all 5 showed significant improvement in pain.

CONCLUSION

- Patients with recurrent desmoid tumor who received Hydrea had stable disease. The improvement in pain was less than that seen in primary desmoid tumor patients treated with Hydrea as initial therapy. Hydrea was well tolerated with minimal toxicity.