ISP-2-2  Repeated resections of the tumor extend the survival of the patients with leiomyosarcoma: two case reports

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Uterine leiomyosarcoma (LMS) accounts for one-third of sarcomas that occurs in the uterine body. However the incidence of LMS is low, standard therapy has not been established. Clinical findings of LMS are similar to uterine fibroids, even if the possibility of sarcoma was suspected in MRI image, so preoperative definitive diagnosis is difficult. LMS has a tendency of metastasis by hematogenously regardless of it's stage, and prognosis is poor. Median survival time is as short as 31 months, the only effective treatment is complete resection. This time, we report two cases of LMS that achieved long term survival by performing repeated tumor resections for the post-operative recurrences. Case 1: In 2006, a 50-year-old woman underwent laparoscopic uterine myomectomy due to uterine fibroids. The postoperative pathological diagnosis was LMS. She underwent 6 times resective surgeries for recurrences after the primary surgery during 9 years. Case 2: In 1985, a 26-year-old woman underwent abdominal hysterectomy due to uterine malignant tumor. The postoperative pathological diagnosis was LMS, so she was treated with adjuvant combination chemotherapy and performed 5 times resective surgeries for the recurrences. These patients are still alive. When the recurrence of LMS seems to be resectable, it should be better to perform tumor resection. It was thought to contribute improve prognosis.

ISP-2-3  Pazopanib for recurrent or advanced uterine leiomyosarcoma: a case series

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Pazopanib, a multitargeted tyrosine kinase inhibitor, has activity in patients with soft-tissue sarcoma. We retrospectively assessed the outcomes and adverse events of pazopanib in three patients with recurrent or advanced uterine leiomyosarcomas, using the Response Evaluation Criteria in Solid Tumors (ver 1.1) to assess tumor responses. Case 1: A 62-year-old woman relapsed and received many treatments over five years. In subsequent treatment with pazopanib (800 mg) orally once daily for 2 months, the sum of her tumor diameters increased by 21.2% vs. by 43.7% after cessation. She died of the disease. Case 2: A 47-year-old woman had multiple lung metastases which progressed on her initial treatment. In subsequent treatment with pazopanib for 3 months, the sum of her tumor diameters increased by 46.8% vs. by 81.9% after cessation. She died of the disease. Case 3: A 75-year-old woman had a recurrent pelvic tumor that was surgically removed. A tumor again recurred and she received pazopanib, which has been inhibiting tumor growth and stabilizing the disease for 7 months. No patients had serious adverse events. The tumors of two of these patients enlarged suddenly after ending pazopanib treatment. The prognosis of recurrent uterine leiomyosarcomas is poor, thus disease control is important. Therefore the decision to discontinue pazopanib therapy requires careful consideration.

ISP-2-4  Prognostic impact of ovarian preservation and hormonal therapy in low-grade endometrial stromal sarcomas

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[Objective] Low-grade endometrial stromal sarcoma (LG-ESS) is generally positive for ER and PR. The aim of this study is to investigate the prognosis of LG-ESS and its correlation with hormonal status. [Methods] We retrospectively investigated 12 cases of LG-ESS in our hospital under approval of our ethics committee. The median follow-up period is 102 months. Four patients underwent surgery with ovarian preservation. Four patients received MPA and/or an aromatase inhibitor (AI) for recurrent tumors as adjuvant therapy. We analyzed the correlation between prognosis and characteristics, including hormonal status. [Results] The median age was 43, and 9 (75%) were pre-menopausal. All the 4 cases with ovarian preservation recurred after primary surgery. However, only 2 patients (25%) recurred in 8 patients with hysterectomy and bilateral salpingooophorectomy. Although age, gravidity, parity, tumor size, and stage were not associated with recurrence, ovarian preservation was significantly associated with recurrence (p = 0.01 by t-test). All the 3 recurrent patients with MPA and/or AI treatment showed long overall survival (OS) (12-25 years), and one stage IV patient with adjuvant MPA is free of recurrence for 47 months. [Conclusion] Ovarian preservation is indicated to increase the risk of recurrence in LG-ESS. Inversely, MPA and/or AI treatment may contribute to extend OS.