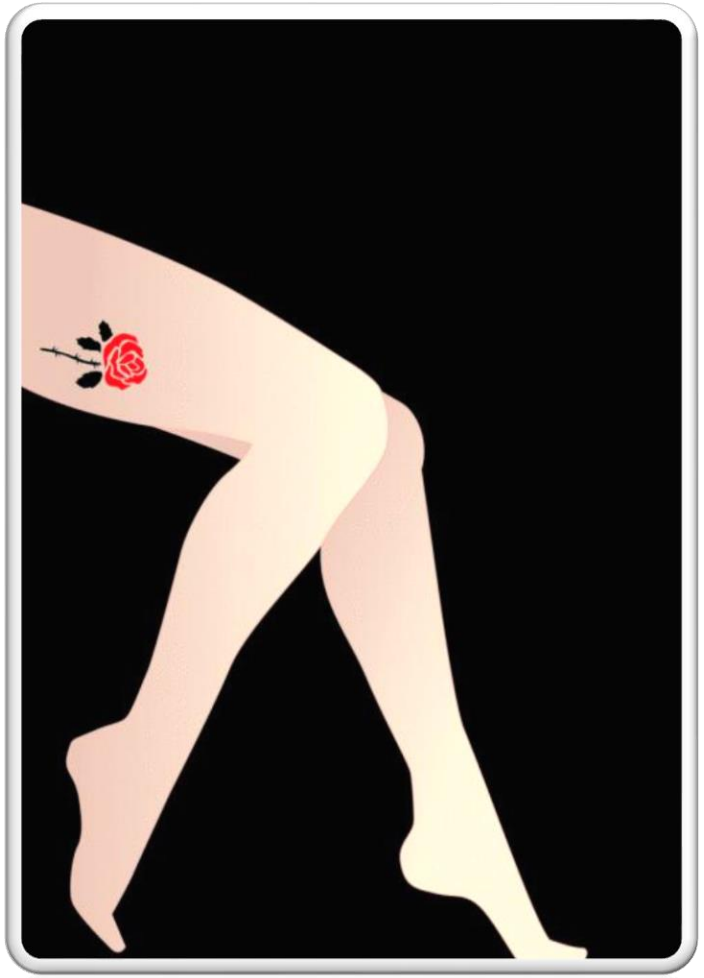
COMITÉ MULTIDISCIPLINAR DE SARCOMAS DE PARTES BLANDAS: Caso clínico

Sara Coca Membribes

Josefina Cruz Jurado

Hospital Universitario de Canarias



Universidad Europea

GEIS
GRUPO ESPAÑOL DE INVESTIGACIÓN EN SARCOMAS

Máster en Tumores Musculoesqueléticos

CASO CLÍNICO

- **Paciente mujer de 40 años**
- **Septiembre 2015, aumento de tamaño del muslo derecho**
- **4-5 meses de evolución**

Antecedentes Personales:

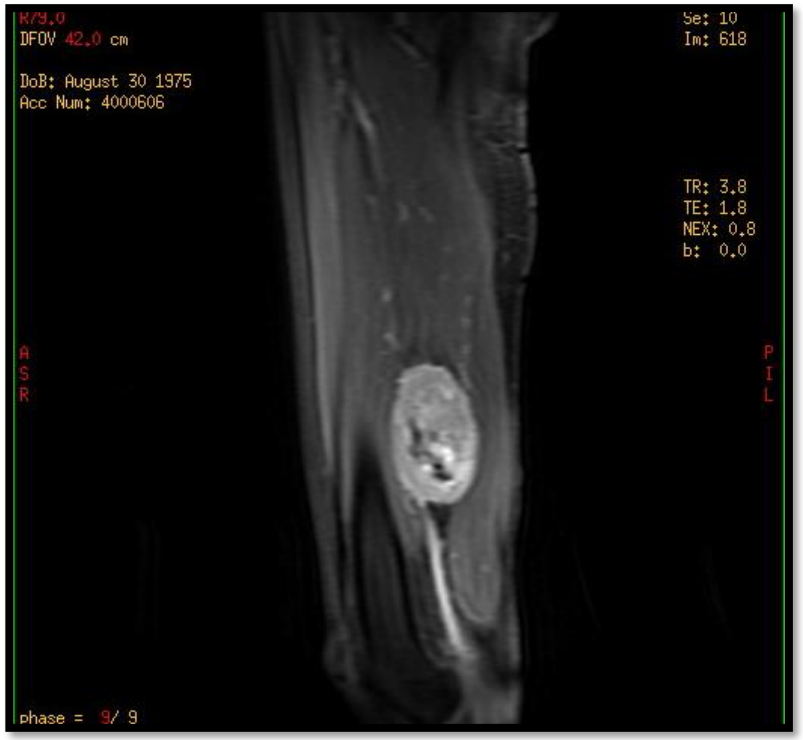
- Sin alergias medicamentosas conocidas.
- Sin hábitos tóxicos.
- Prolapso válvula mitral sin tratamiento.

Exploración

RMN

¿?

Tumoración
de 7 x 7 cm
en cara interna
del muslo derecho



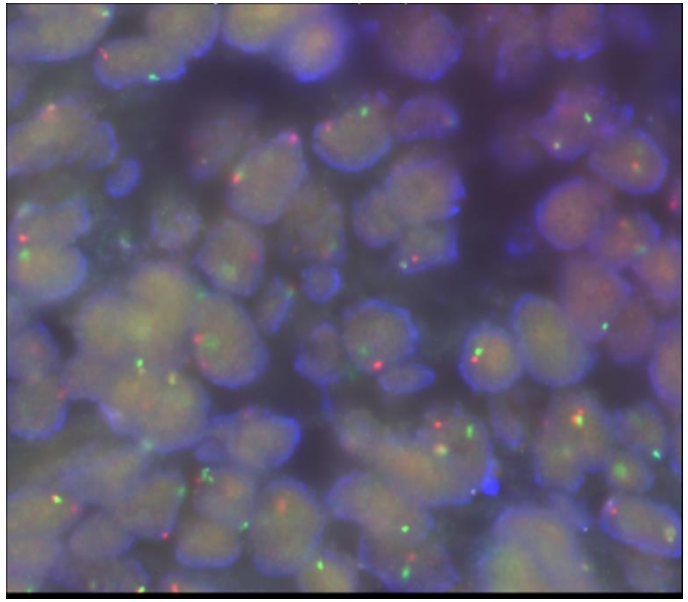
Tumoración de partes blandas en proximidad cortical del fémur posterior derecho

6,2 x 4,6 x 7,5 cm

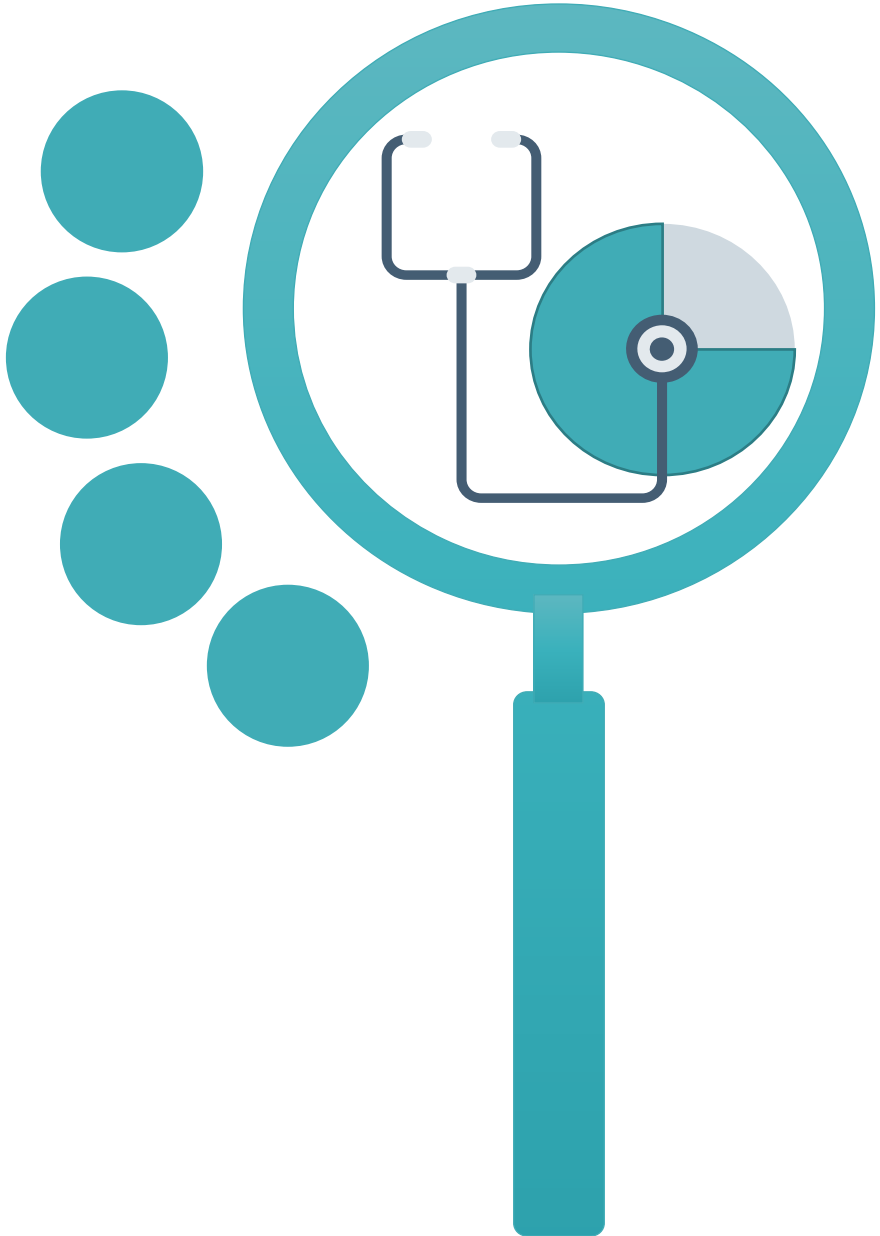
Hipervascularizada y con edema asociado

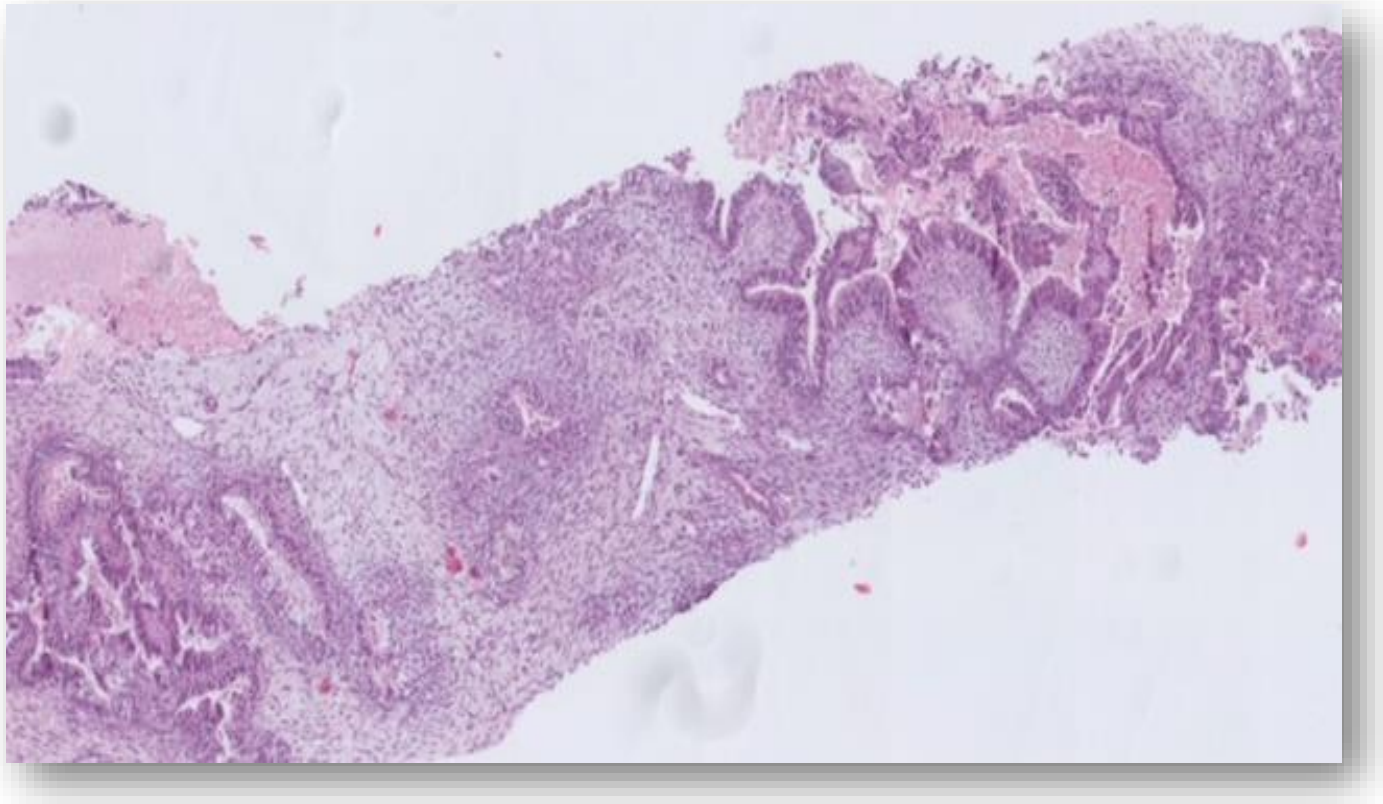
Biopsia trucut guiada por ecografía

CK7+ focal
CK20 –
Vimentina +
BCL2 +
EMA +
P53 –
WTI1 –
FISH SYT (18q11) positivo con reordenamiento



- Liposarcoma
- Sarcoma sinovial
- Leiomiosarcoma
- Sarcoma pleomorfo

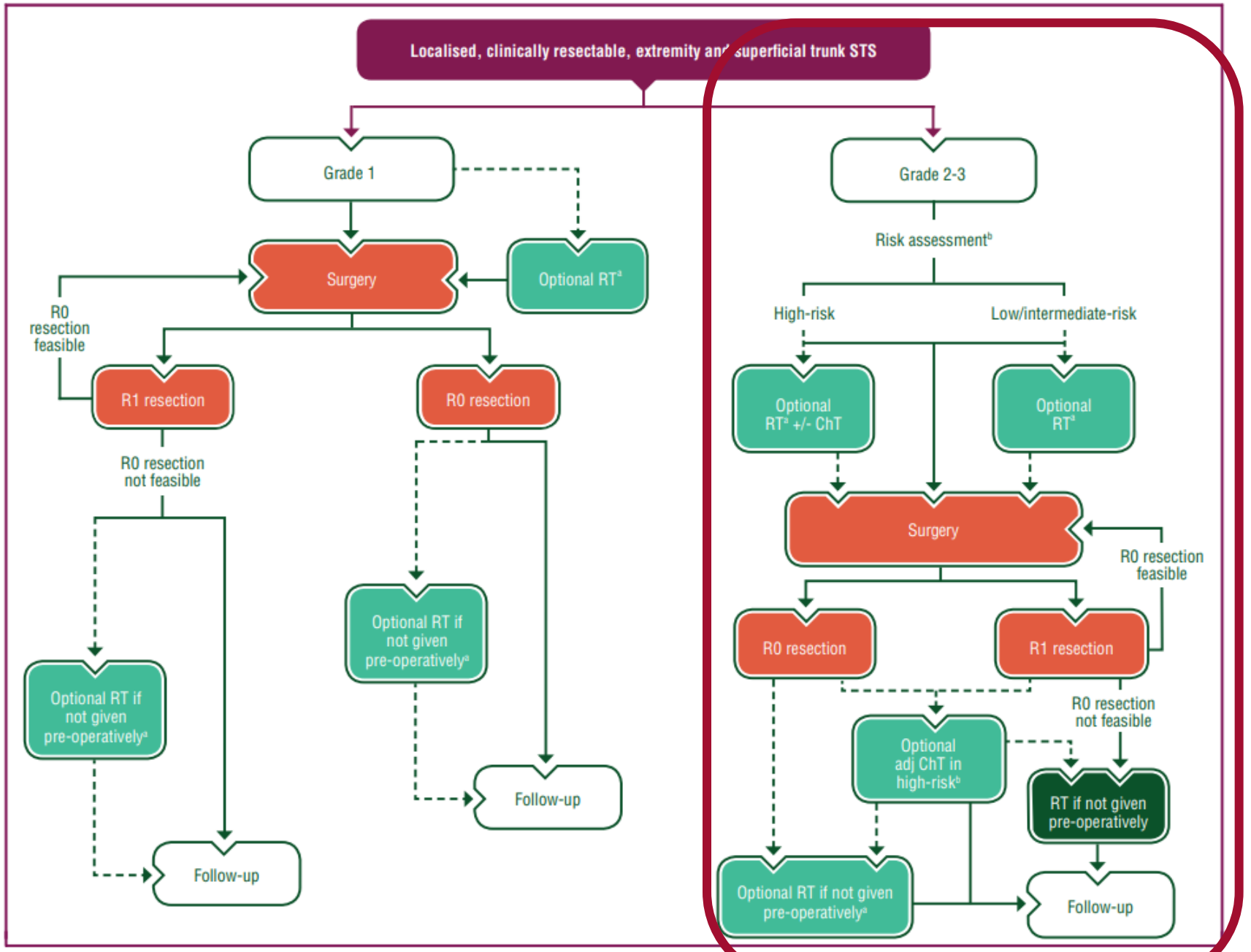




Sarcoma sinovial bifásico
con predominio del componente epitelial
grado 3,
Actividad mitótica 5-9/10 CGA

TC tórax-abdomen-pelvis y gammagrafía ósea negativos para metástasis a distancia

COMITÉ MULTIDISCIPLINAR

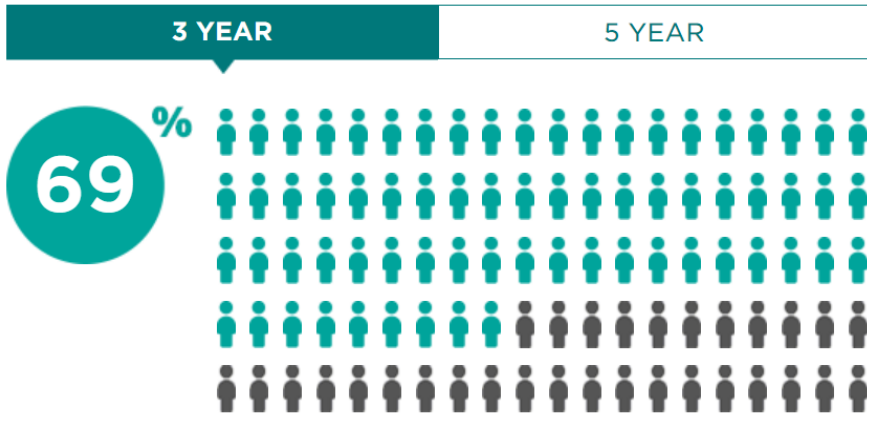


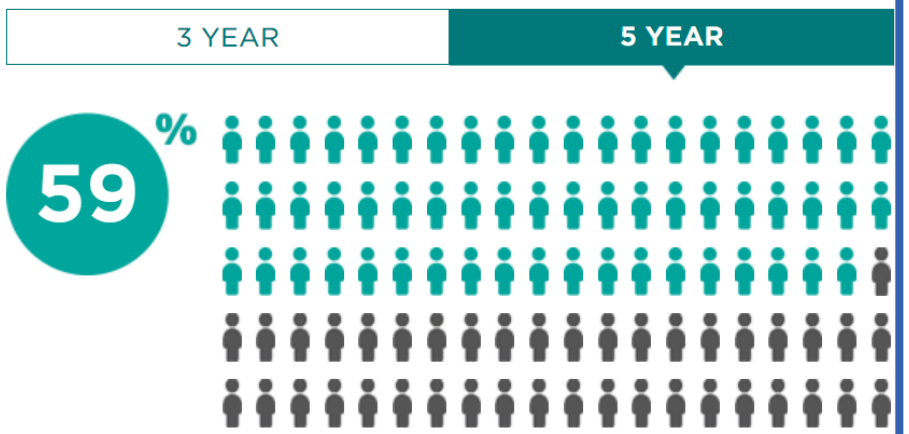
Soft Tissue and Visceral Sarcomas: ESMO-EURACAN-GENTURIS Clinical Practice Guidelines for diagnosis, treatment and follow-up
Published in 2021 - Ann Oncol (2021). Authors: *A. Gronchi, A.B. Miah, A.P. Dei Tos et al.*, on behalf of the ESMO Guidelines Committee, EURACAN and GENTURIS

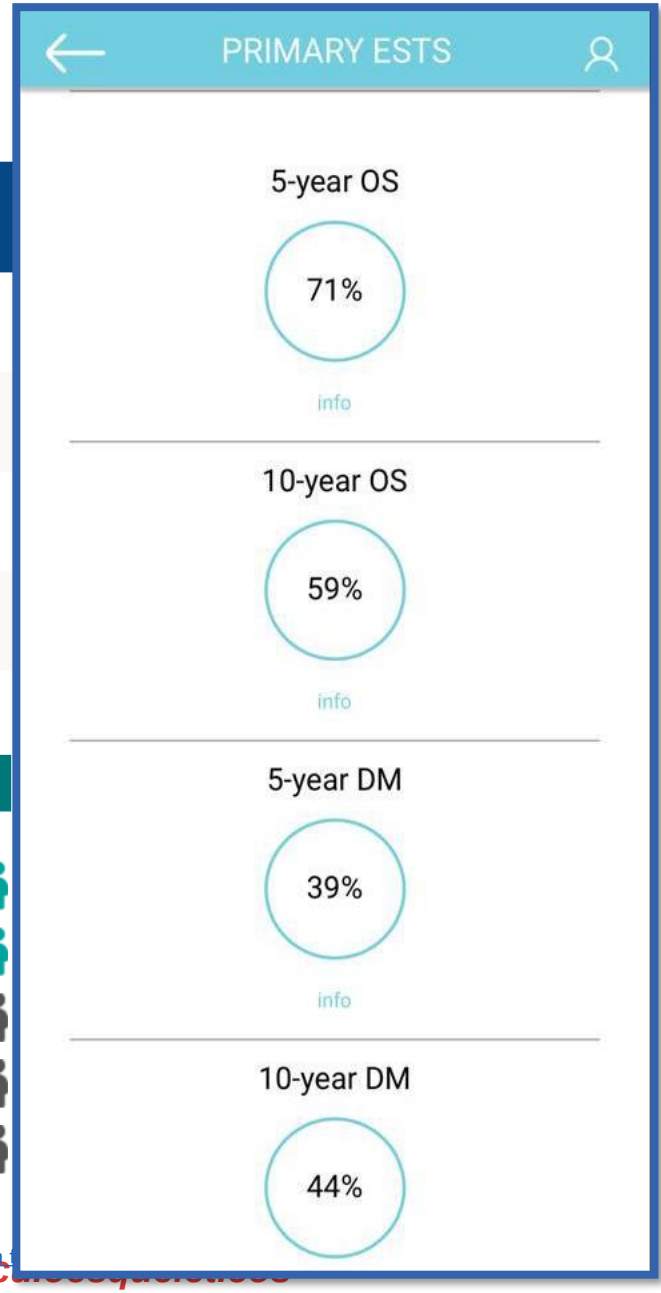
NOMOGRAMAS

Synovial Sarcoma Survival

Title/Description	Possible Values
Site	Possible values are *Upper Extremity*, *Lower Extremity*, or *Other Sites*
Size	Must be between *1* and *30* cm. 7,5
Depth	Possible values are *Superficial* or *Deep*
Histologic Variant (Subtype)	Possible values are *Biphasic* or *Monophasic*







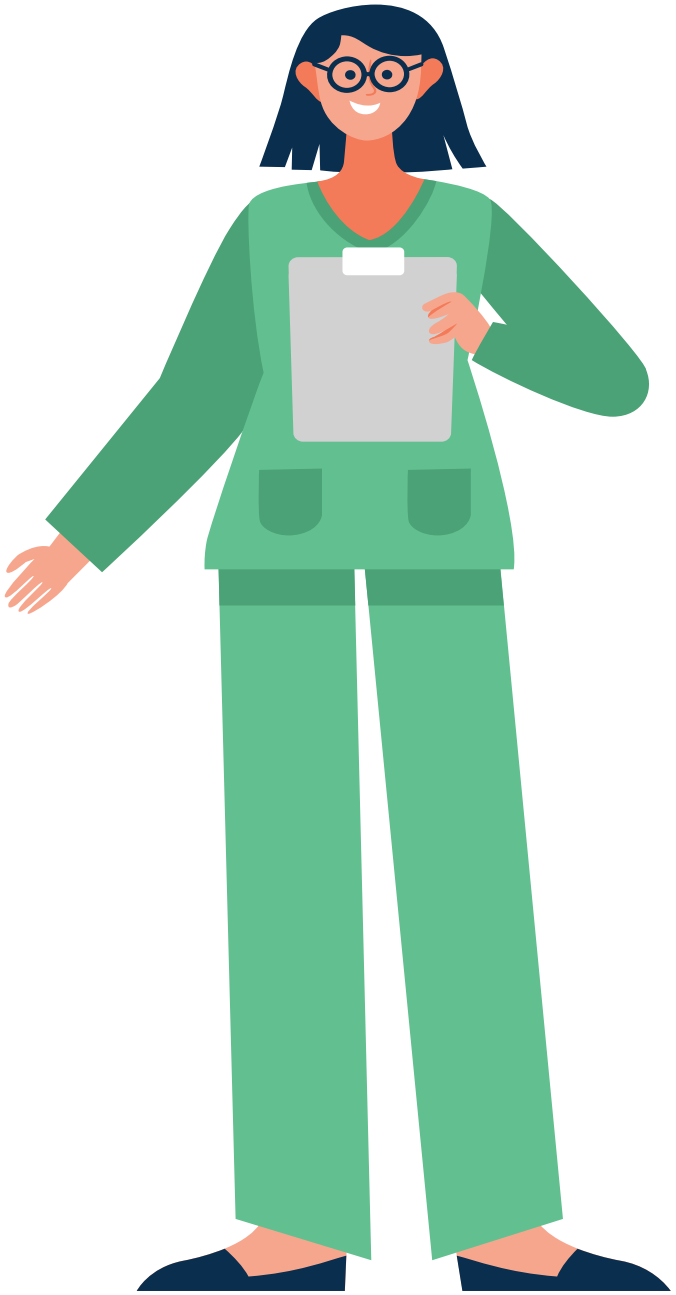
Canter RJ, Qin LX, Maki RG, Brennan MF, Ladanyi M, Singer S. A synovial sarcoma-specific preoperative nomogram supports a survival benefit to ifosfamide-based chemotherapy and improves risk stratification f
10.1158/1078-0432.CCR-08-0843. PMID: 19088035; PMCID: PMC2779709.

¿Qué hacemos?

Quimioterapia

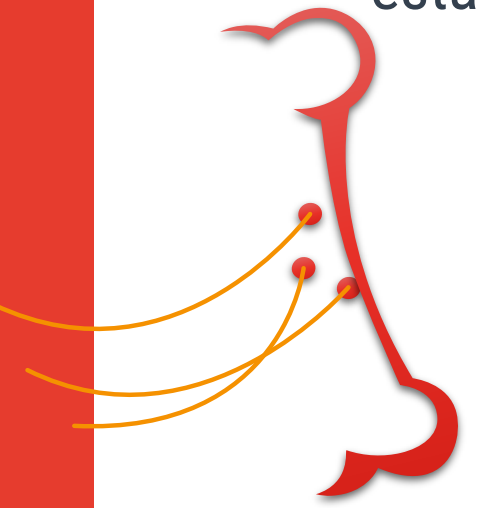
Quimioterapia + Radioterapia

Cirugía



ENSAYO GEIS-25

Sarcomas de partes blandas localizados de alto riesgo de extremidades y pared de tronco en adultos: un enfoque integrador que incluye quimioterapia estándar vs histotipo-dirigida neoadyuvante. Estudio colaborativo con el Grupo Italiano de Sarcomas (ISG)



High malignancy grade
Deeply located
≥ 5 cm

Histology-tailored chemotherapy

- MLPS: Trabectedin
- LMS: GEM + DTIC
- UPS: GEM + TAX
- Synovial: HD- IFX
- MPNST: IFX + ETO

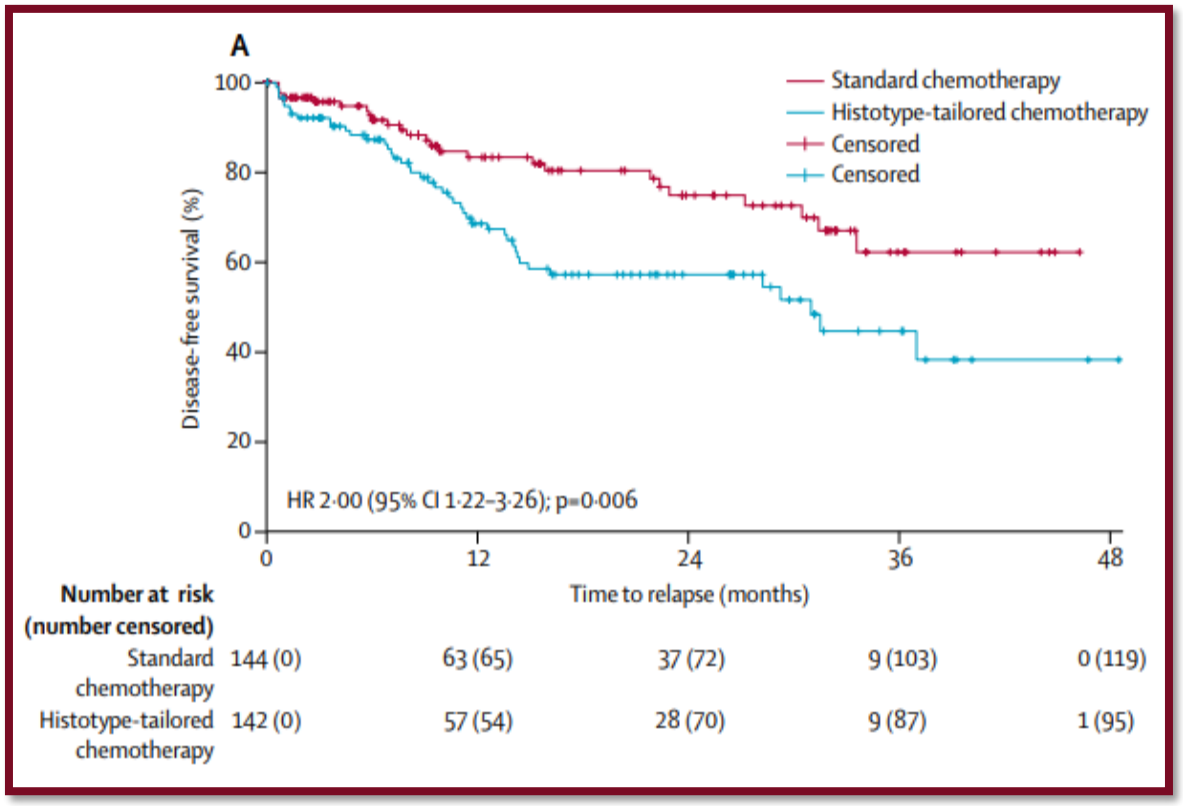
x 3

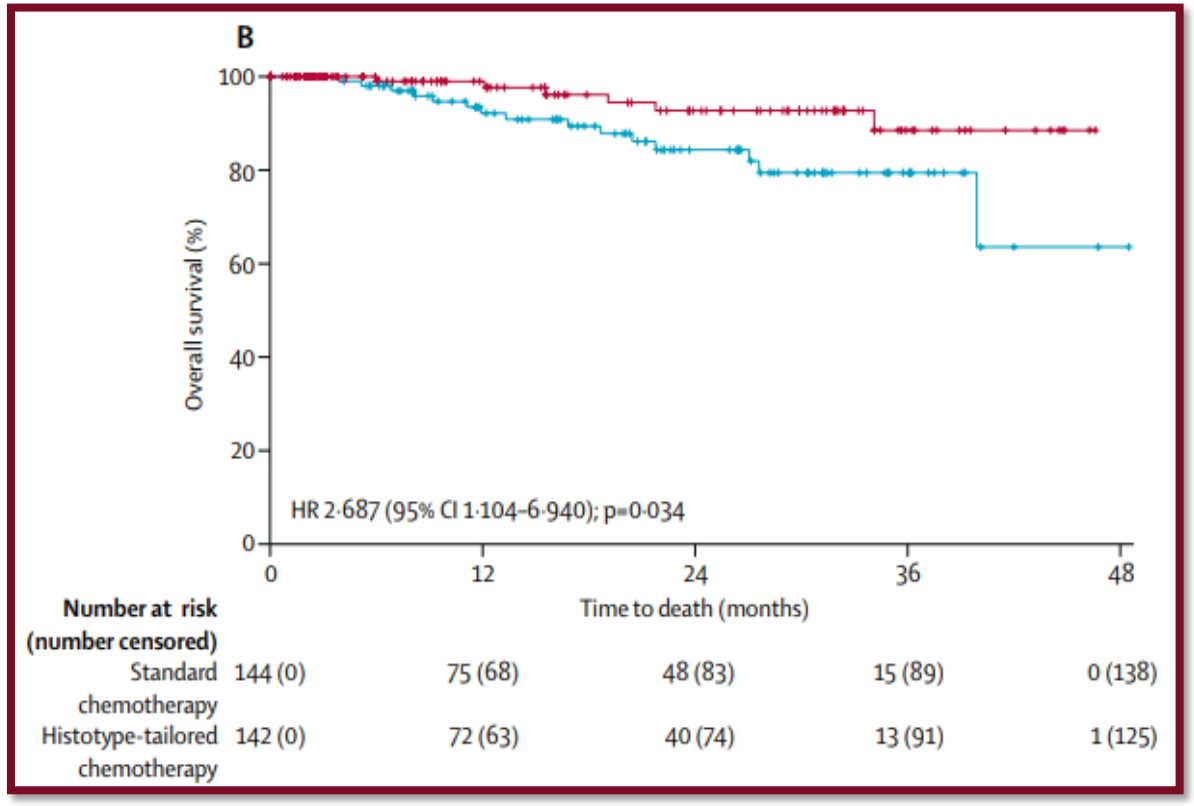
epiADM + IFX

x 3

Surgery +/- RT

Histotype-tailored neoadjuvant chemotherapy versus standard chemotherapy in patients with high-risk soft-tissue sarcomas (ISG-STS 1001): an international, open-label, randomised, controlled, phase 3, multicentre trial

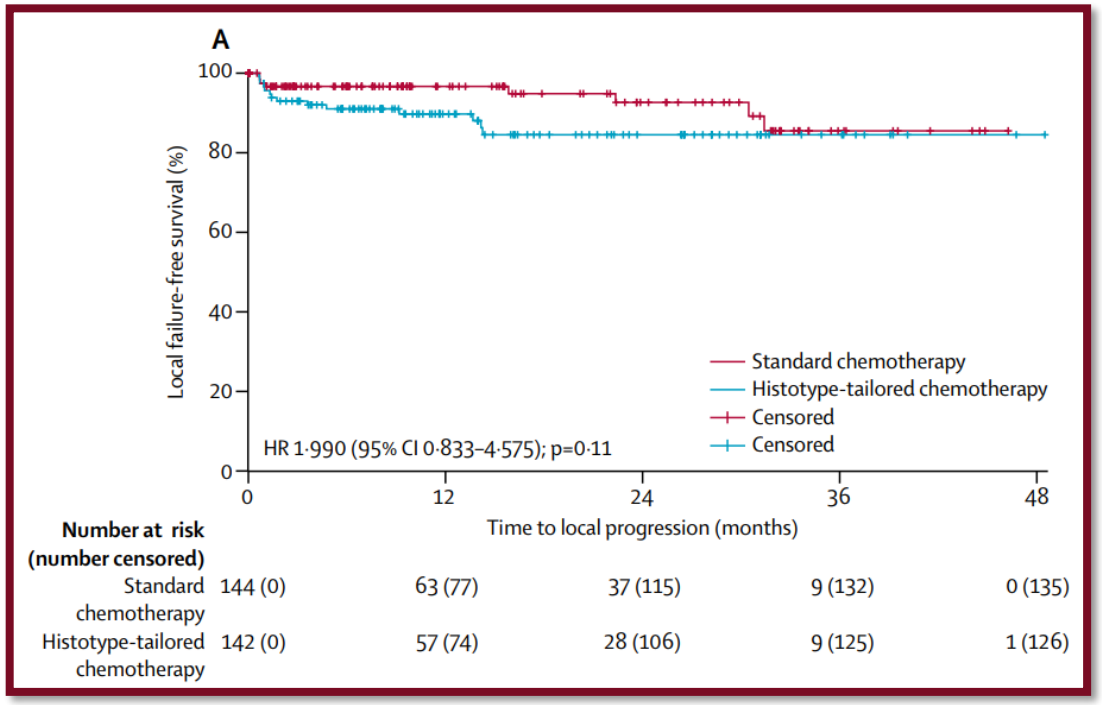


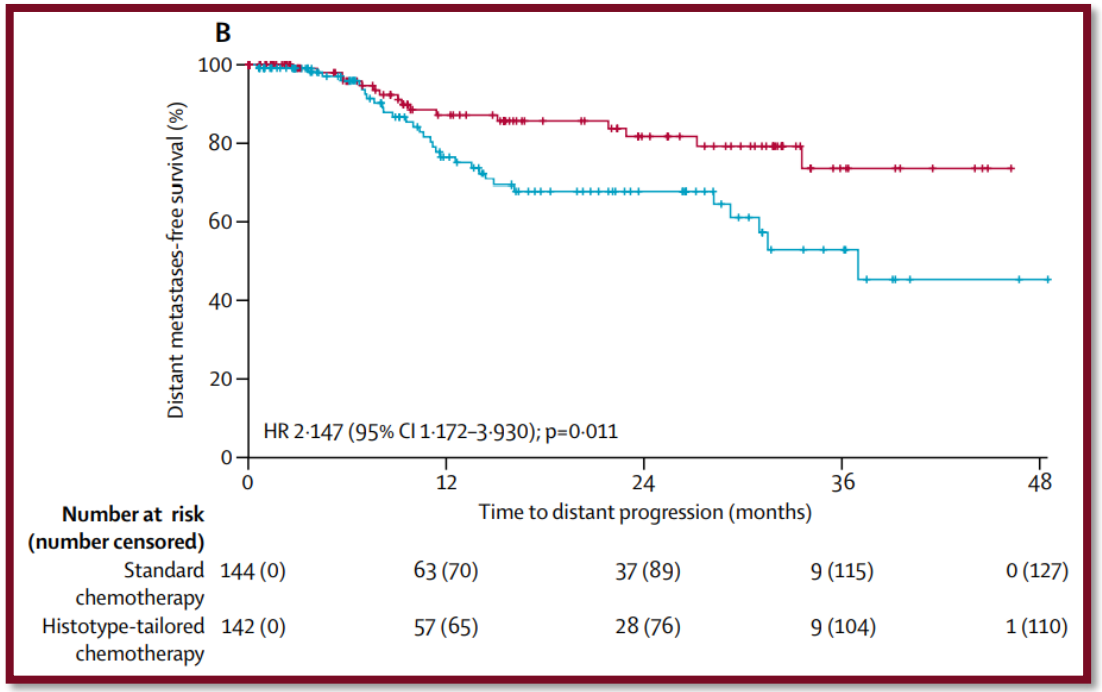


Disease free survival

Overall survival

Gronchi A, Ferrari S, Quagliuolo V, Broto JM, Pousa AL, Grignani G, Basso U, Blay JY, Tendero O, Beveridge RD, Ferraresi V, Lugowska I, Merlo DF, Fontana V, Marchesi E, Donati DM, Palassini E, Palmerini E, De Sanctis R, Morosi C, Stacchiotti S, Bagué S, Coindre JM, Dei Tos AP, Picci P, Bruzzi P, Casali PG. Histotype-tailored neoadjuvant chemotherapy versus standard chemotherapy in patients with high-risk soft-tissue sarcomas (ISG-STS 1001): an international, open-label, randomised, controlled, phase 3, multicentre trial. Lancet Oncol. 2017 Jun;18(6):812-822. doi: 10.1016/S1470-2045(17)30334-0. Epub 2017 May 9. Erratum in: Lancet Oncol. 2017 Jun;18(6):e301. PMID: 28499583.





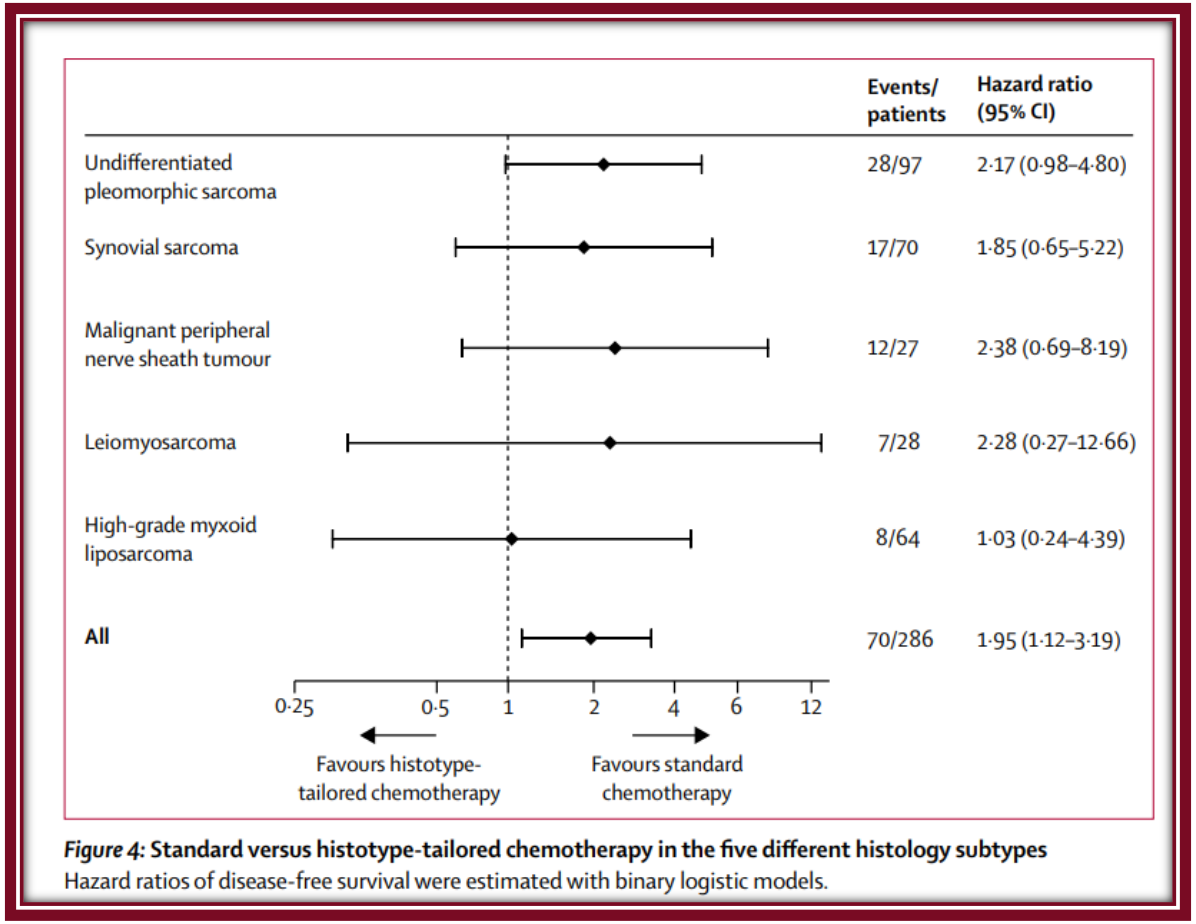


***Figure 4*: Standard versus histotype-tailored chemotherapy in the five different histology subtypes**
Hazard ratios of disease-free survival were estimated with binary logistic models.

Gronchi A, Ferrari S, Quagliuolo V, Broto JM, Pousa AL, Grignani G, Basso U, Blay JY, Tendero O, Beveridge RD, Ferraresi V, Lugowska I, Merlo DF, Fontana V, Marchesi E, Donati DM, Palassini E, Palmerini E, De Sanctis R, Morosi C, Stacchiotti S, Bagué S, Coindre JM, Dei Tos AP, Picci P, Bruzzi P, Casali PG. Histotype-tailored neoadjuvant chemotherapy versus standard chemotherapy in patients with high-risk soft-tissue sarcomas (ISG-STS 1001): an international, open-label, randomised, controlled, phase 3, multicentre trial. Lancet Oncol. 2017 Jun;18(6):812-822. doi: 10.1016/S1470-2045(17)30334-0. Epub 2017 May 9. Erratum in: Lancet Oncol. 2017 Jun;18(6):e301. PMID: 28499583.

Tras randomización → ifosfamida a altas dosis

High malignancy grade
Deeply located
≥ 5 cm

Histology-tailored chemotherapy

- MLPS: Trabectedin
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x 3

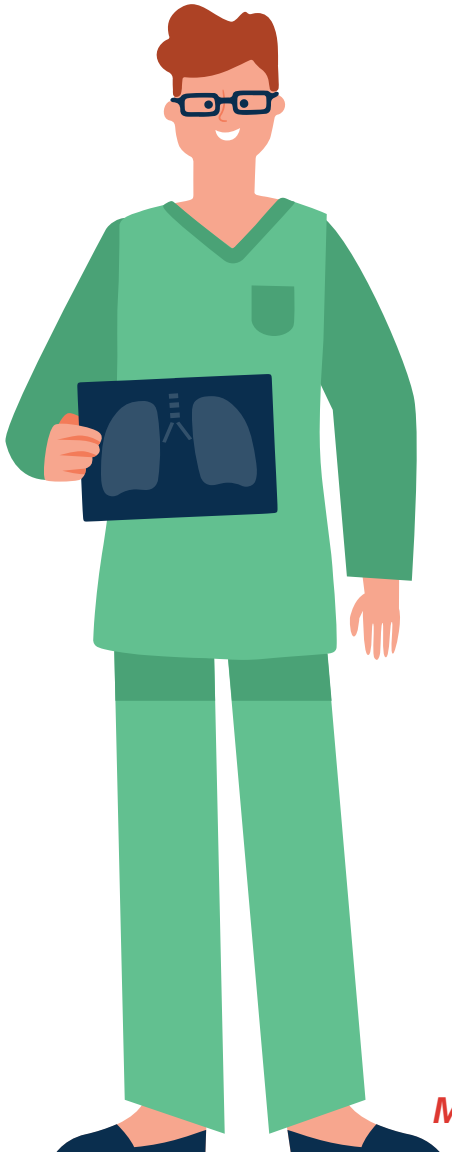
epiADM + IFX

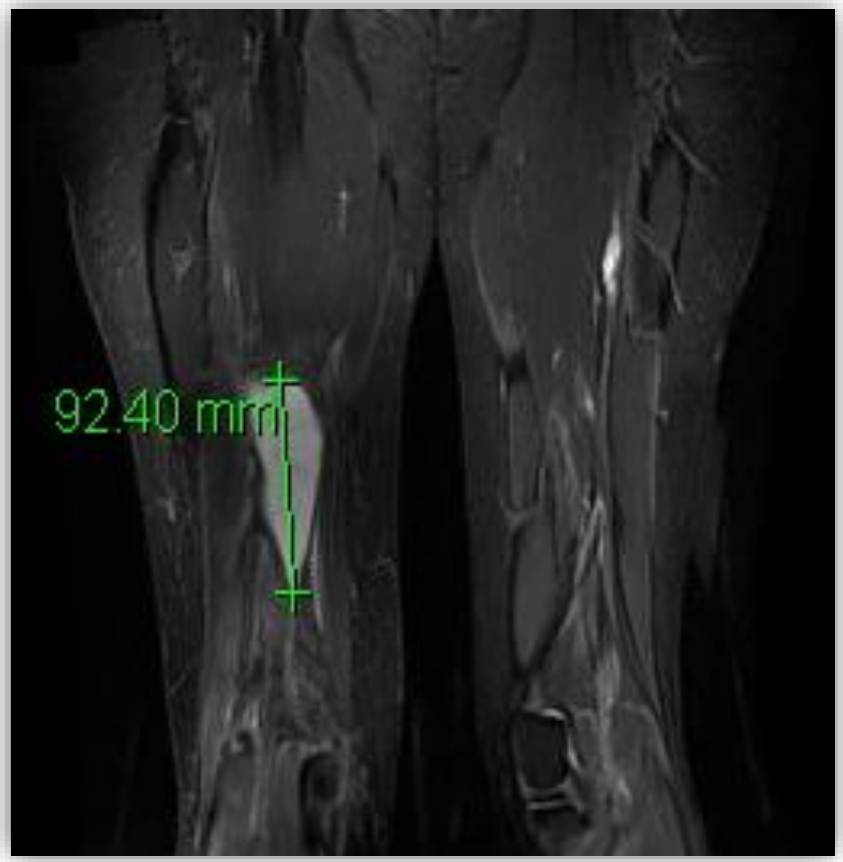
x 3

Surgery +/- RT

3 ciclos → RMN de control

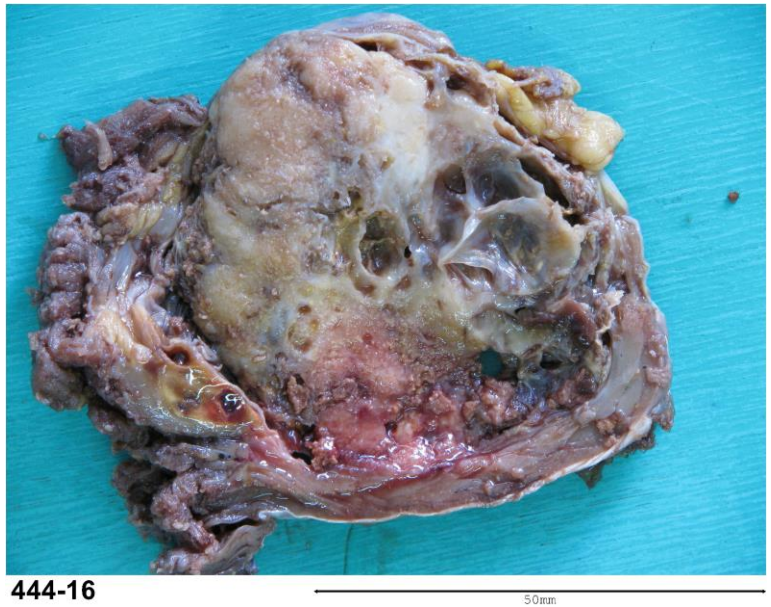
ENFERMEDAD ESTABLE

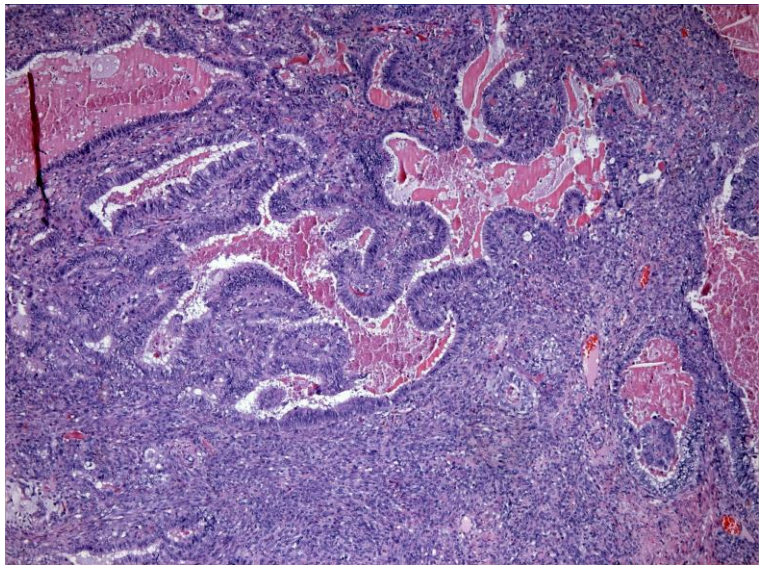




Mismo tamaño, hipervascularización arterial en fase precoz y restricción de difusión

Enero 2016: intervención quirúrgica programada





Sarcoma sinovial bifásico grado 3

- 6,5 cm x 6,5 cm
- **ypT2Nx**
- En contacto con borde profundo, a 2 mm del borde interno

Tumor residual viable 56%

Necrosis 5%
Cambios mixoides 2%
Hialinosis 5%
Hemosiderosis 18%
Quistificación 5%
Cambios fibrohistiocitarios 11%
Ki67 15%

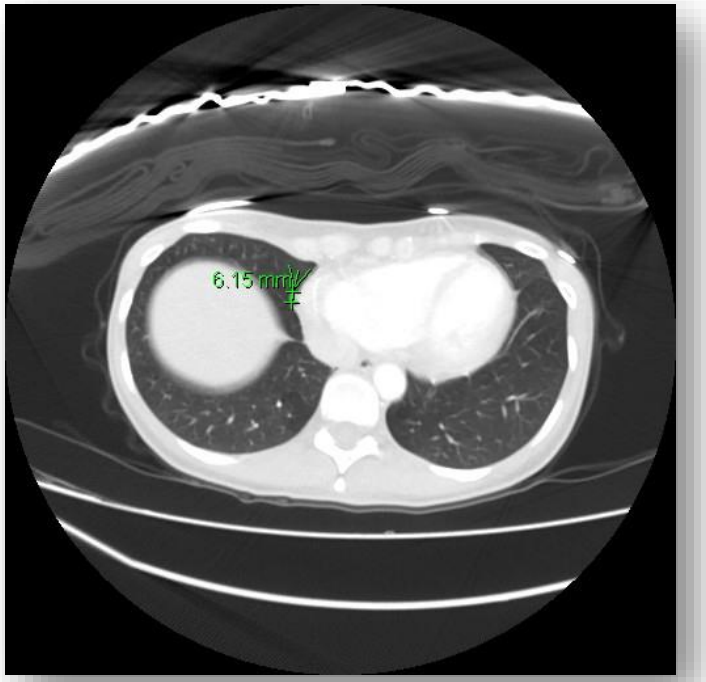
RT adyuvante 50 Gy + boost en zona intervenida 70 Gy

Fin: abril 2016

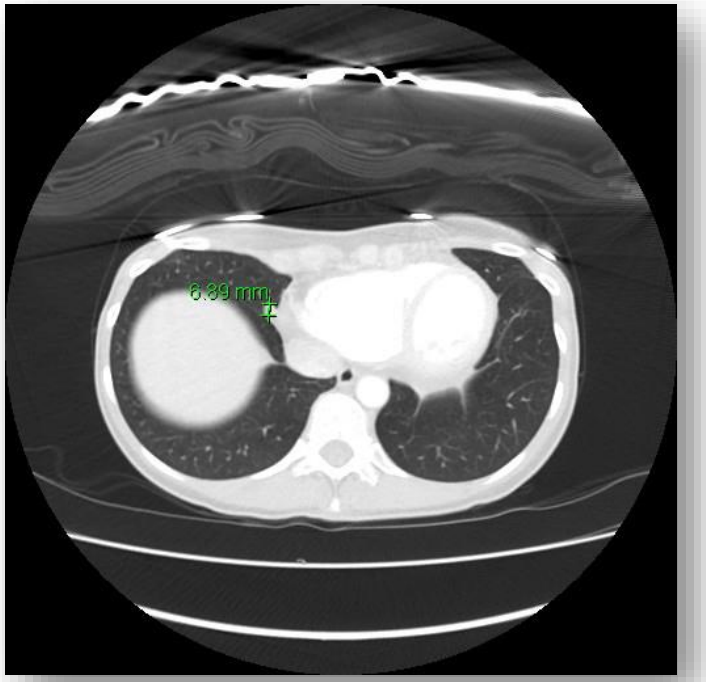
SEGUIMIENTO

Marzo 2017

6 mm



Mayo 2017



Julio 2017

10 mm

RMN sin signos de recidiva tumoral

COMITÉ MULTIDISCIPLINAR TUMORES TORÁCICOS

Metástasis pulmonar única

Intervalo libre de enfermedad: 18 meses

¿Qué hacemos?

Seguimiento

Quimioterapia

Radioterapia

Cirugía

ENFERMEDAD POTENCIALMENTE RESECABLE

Annals of Oncology

A. Gronchi et al.

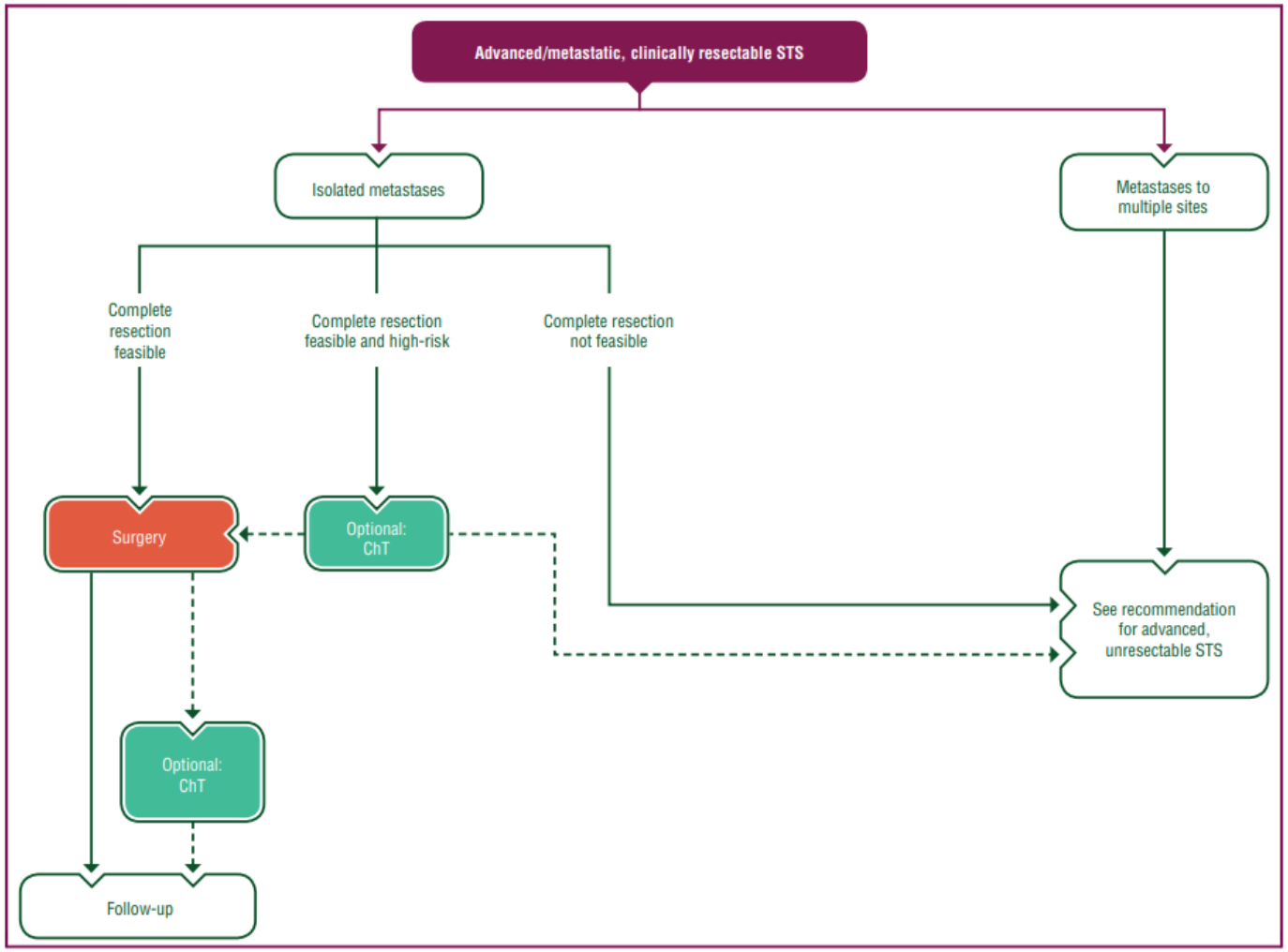
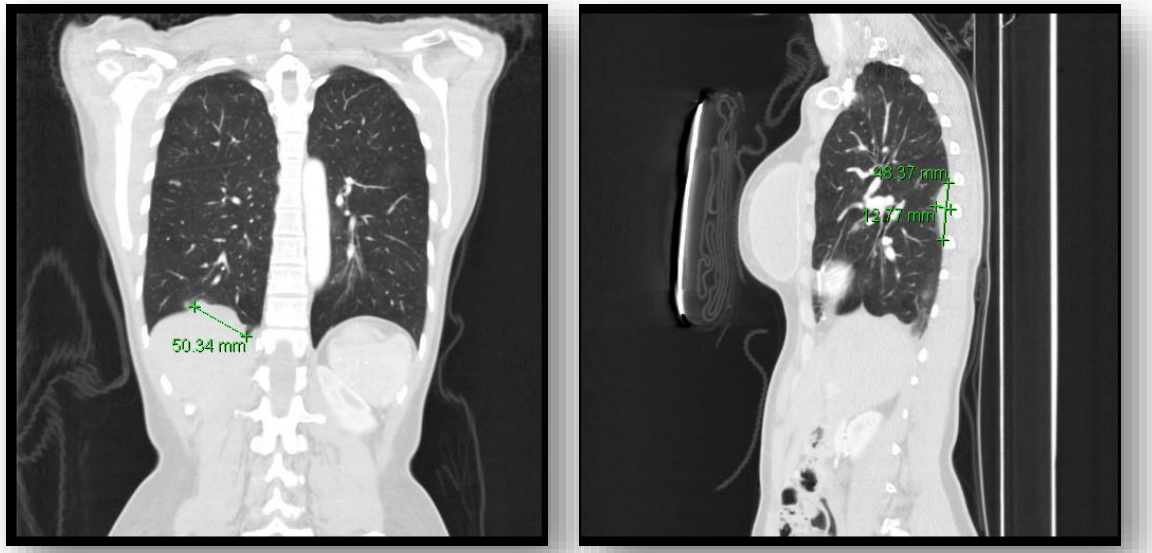


Figure 3. Management of advanced/metastatic, clinically resectable STS.
Purple: general categories or stratification; red: surgery; turquoise: combination of treatments or other systemic treatments; white: other aspects of management. ChT, chemotherapy; STS, soft tissue sarcoma.

- ILE > 12 meses
- ≤ 3 nódulos pulmonares
- ≤ 2 cm

SG 30-35% 5 años

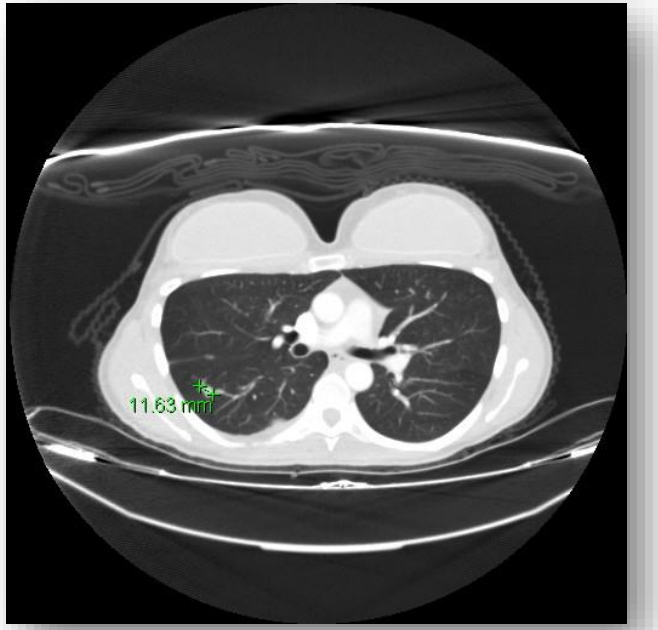
- Metastasectomía en septiembre 2017
- AP: metástasis pulmonar sarcoma sinovial

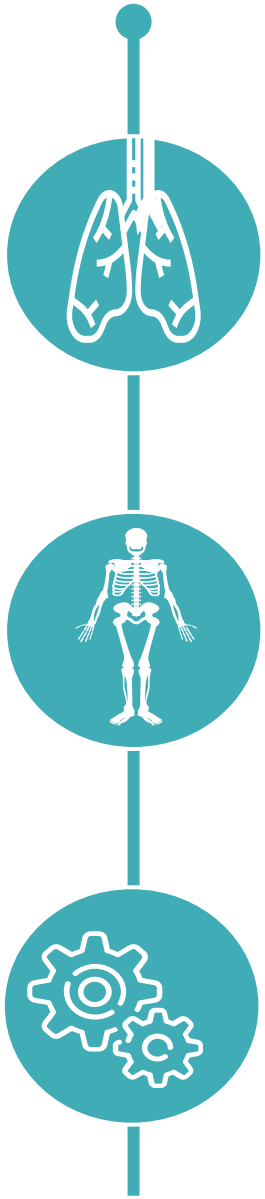


SEGUIMIENTO

- Diciembre 2017: progresión pulmonar

Lesión bilobular en LID 11,5 mm
Engrosamientos pleurales múltiples





Progresión pleuro-pulmonar

Intervalo libre de enfermedad: 3 meses

¿Qué hacemos?

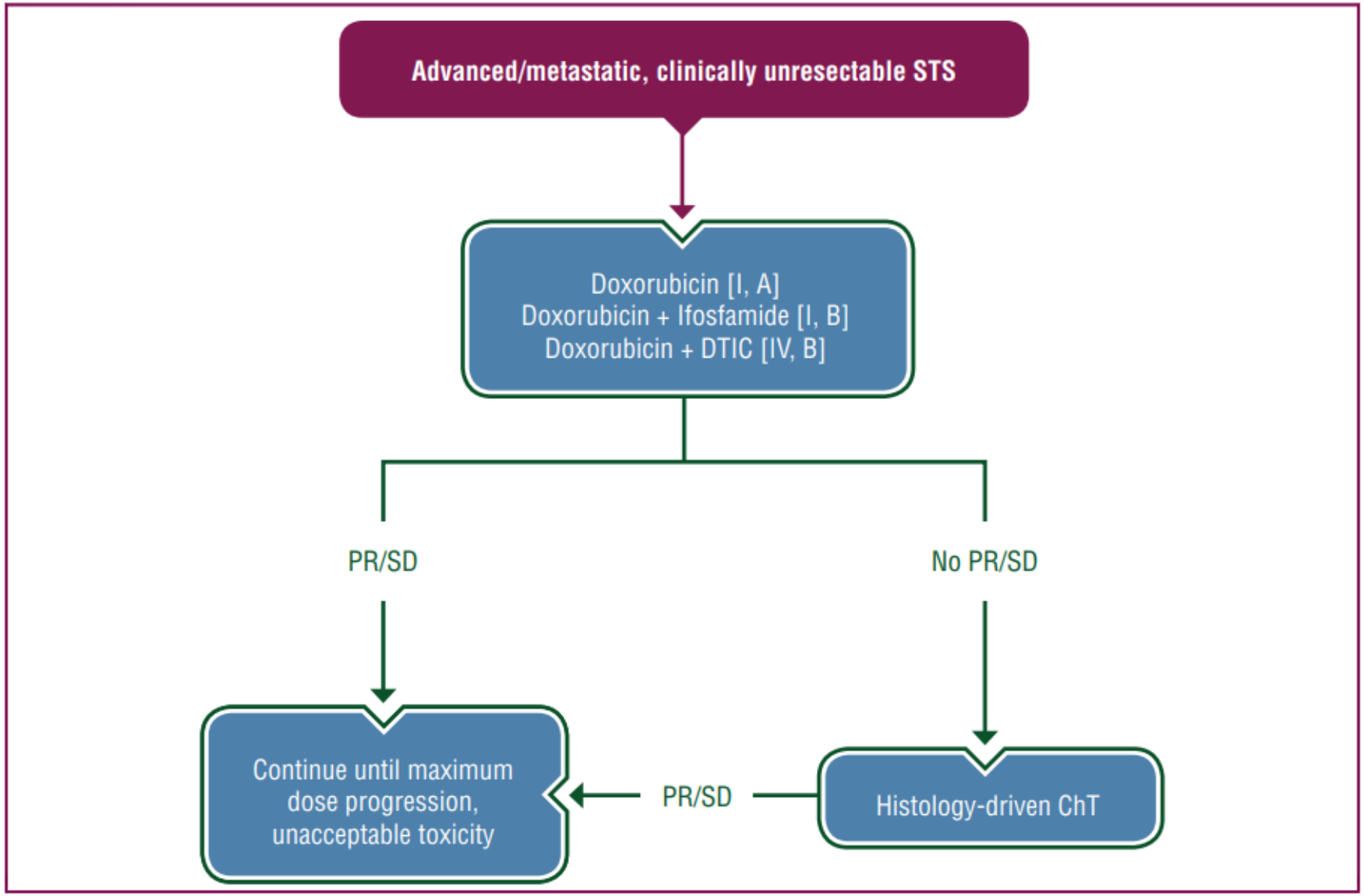


Figure 4. Management of advanced/metastatic, clinically unresectable STS.
Purple: general categories or stratification; blue: systemic anticancer therapy.
ChT, chemotherapy; DTIC, dacarbazine; PR, partial response; SD, stable disease; STS, soft tissue sarcoma.

Soft Tissue and Visceral Sarcomas: ESMO-EURACAN-GENTURIS Clinical Practice Guidelines for diagnosis, treatment and follow-up
Published in 2021 - Ann Oncol (2021). Authors: *A. Gronchi, A.B. Miah, A.P. Dei Tos et al.,* on behalf of the ESMO Guidelines Committee, EURACAN and GENTURIS

QUIMIOTERAPIA EN ENFERMEDAD AVANZADA

Doxorrubicina 75 mg/m2 cada 21 días

¿Combinaciones con doxorrubicina?

Authors	Chemotherapy	N	Response Rate		Survival
Muss et al. 1985	A/AC	104	NS		NS
Omura et al. 1983	A/AD	146	NS		NS
Borden et al. 1987	A/AD	186	AD = 30 %	(*p = 0.02*)	NS
Lerner et al. 1987	A/AD	66	AD = 44 %	(LMS)	NS
Santoro et al. 1995	A/AI/CYVADIC	449	NS		NS
Borden et al. 1990	A/AVd	295	NS		NS
Edmonson et al. 1993	A/AI/APM	262	AI = 34 %	(*p = 0.03*)	NS
Antman et al. 1993	AD/MAID	340	MAID = 32 %	(*p = 0.002*)	NS
Judson et al. 2014	A/AI	415	AI = 26 %	(A = 14 %)	NS
Ryan et al. 2016	A/APal	447	APal = 28 %	(A = 19 %)	NS

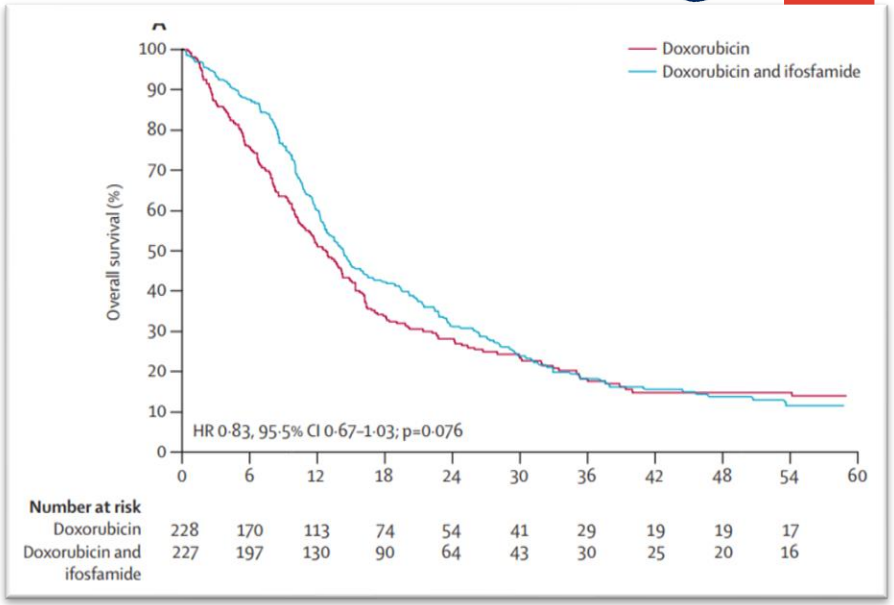
Doxorrubicina + Ifosfamida

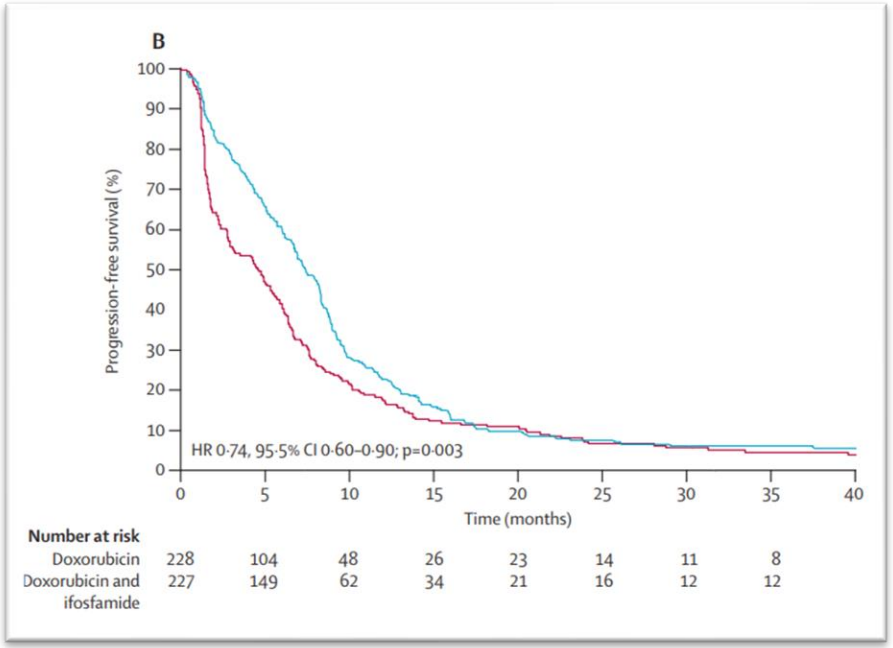
✓ Mayor tasa de respuesta objetiva (ORR)

☒ Más toxicidad
☒ Sin mejoría significativa en supervivencia

Obtener mayor respuesta objetiva
Mejoría de síntomas o resecabilidad

Retrasar progresión (estructuras críticas adyacentes)
Enfermedad amenazante





Doxorubicin alone versus intensified doxorubicin plus ifosfamide for first-line treatment of advanced or metastatic soft-tissue sarcoma: a randomised controlled phase 3 trial

April 2014

No significant difference in OS
Doxo 12.8 m vs 14.3 m Doxo+IFS
HR 0.83 (95% CI 0,67 – 1,03)

PICASSO III: A Phase III, Placebo-Controlled Study of Doxorubicin With or Without Palifosfamide in Patients With Metastatic Soft Tissue Sarcoma

Nov 2016

No significant difference in OS
Doxo 16.9 m vs 15.9 m Doxo+Palifosfamide
HR 1.05 (95% CI 0,79 – 1,39)

Doxorubicin plus evofosfamide versus doxorubicin alone in locally advanced, unresectable or metastatic soft-tissue sarcoma (TH CR-406/SARC021): an international, multicentre, open-label, randomised phase 3 trial

Aug 2017

No difference in OS
Doxo 19.0 vs 18.4 m Doxo+Evofosfamide
HR 1.06 (95% CI 0,88 – 1,29)

Gemcitabine and docetaxel versus doxorubicin as first-line treatment in previously untreated advanced unresectable or metastatic soft-tissue sarcomas (GeDDiS): a randomised controlled phase 3 trial

Sept 2017

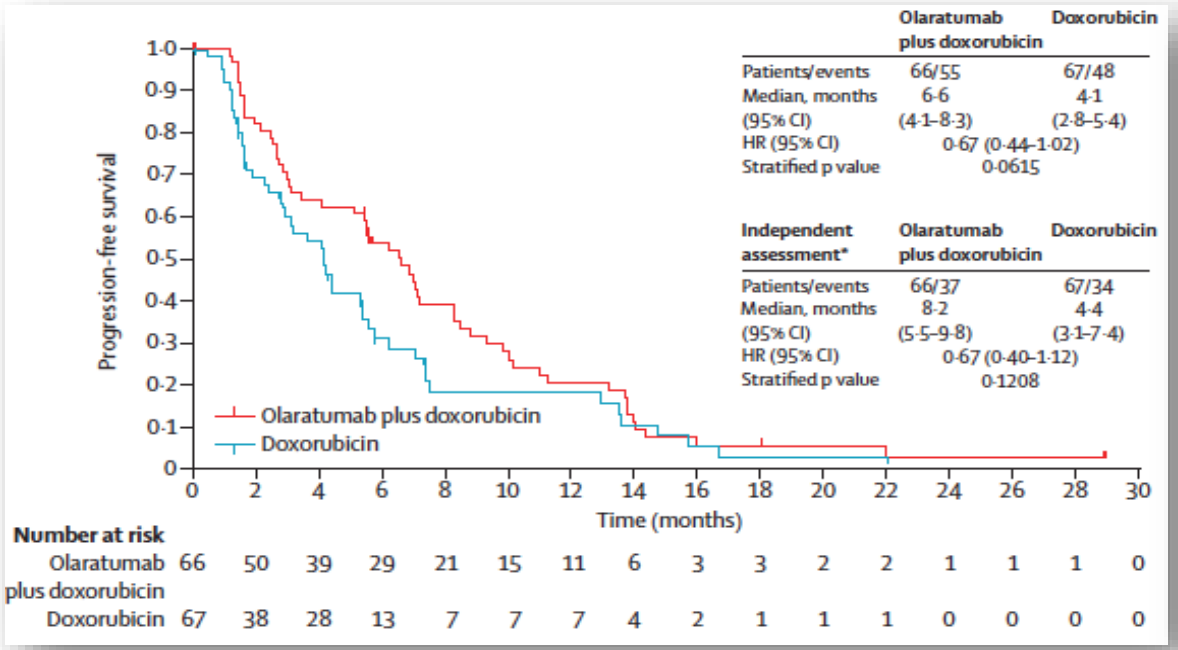
No significant difference in OS
Doxo 76,3 weeks vs 67,3 weeks GZT+ Docetaxel
HR 1.14 (95% CI 0,83 – 1,57)

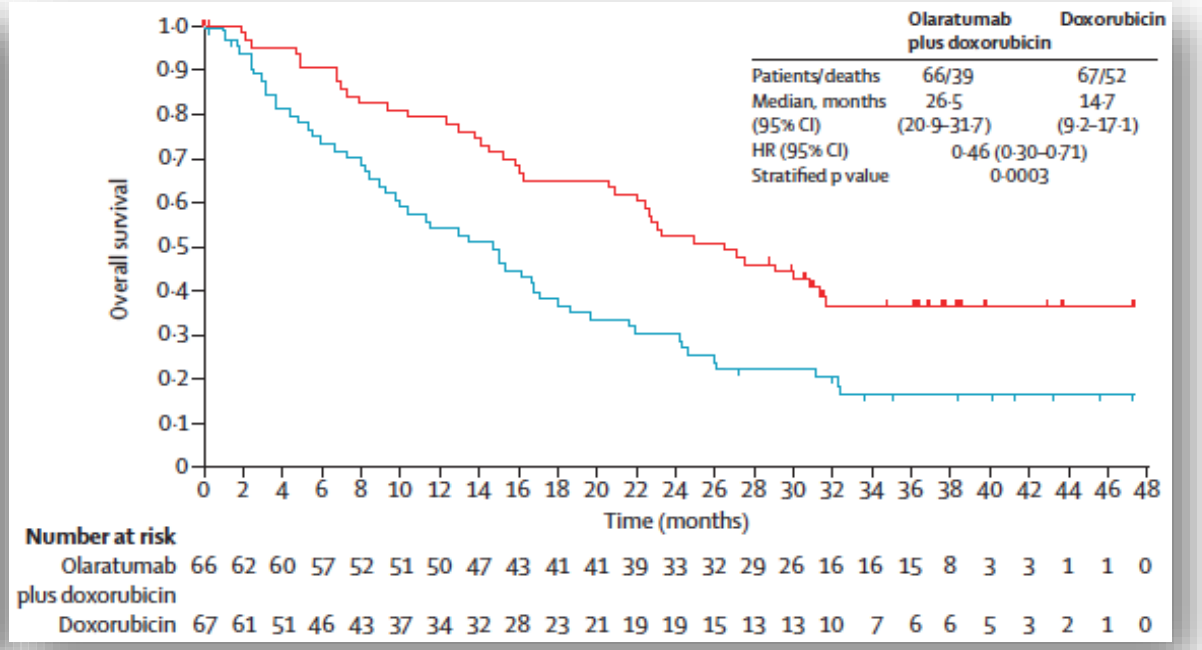
¿Y Doxorrubicina + Olaratumumab?

Olaratumab and doxorubicin versus doxorubicin alone for treatment of soft-tissue sarcoma: an open-label phase 1b and randomised phase 2 trial

June 2016

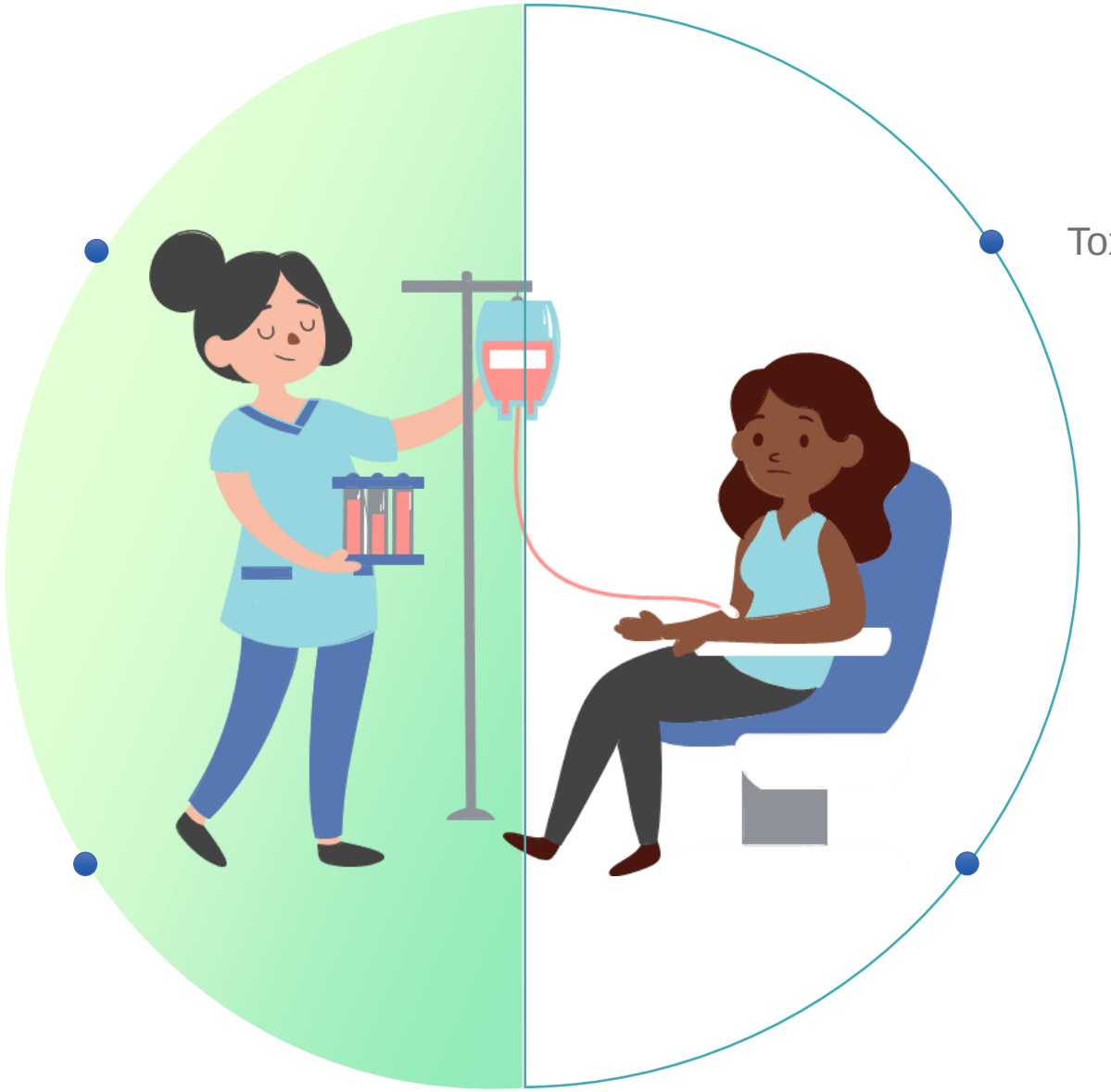
Median OS **Doxo+Olaratumumab 26.5 m**
vs 14.7 m Doxorubicin
HR 0.46 (95% CI 0.30 – 0,71)





Volviendo a nuestra paciente…

Enero 2018
Doxorrubicina + Olaratumumab

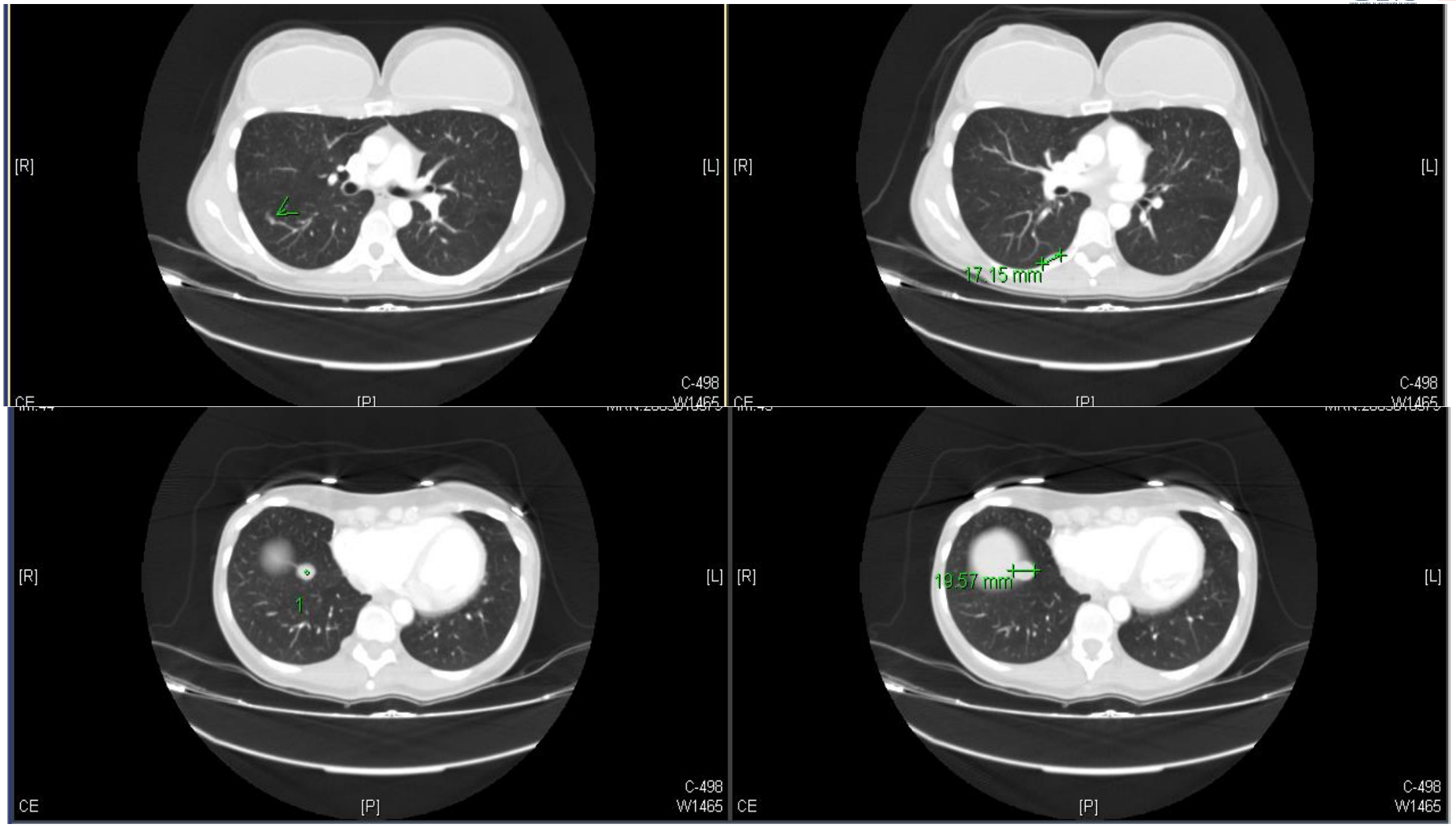


Toxicidad digestiva grado II

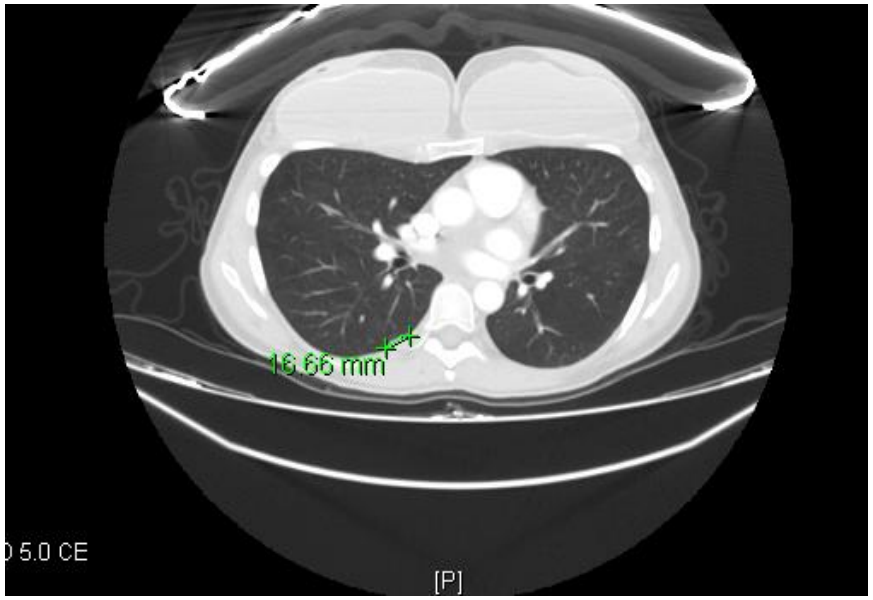
Tras 3 ciclos, respuesta parcial

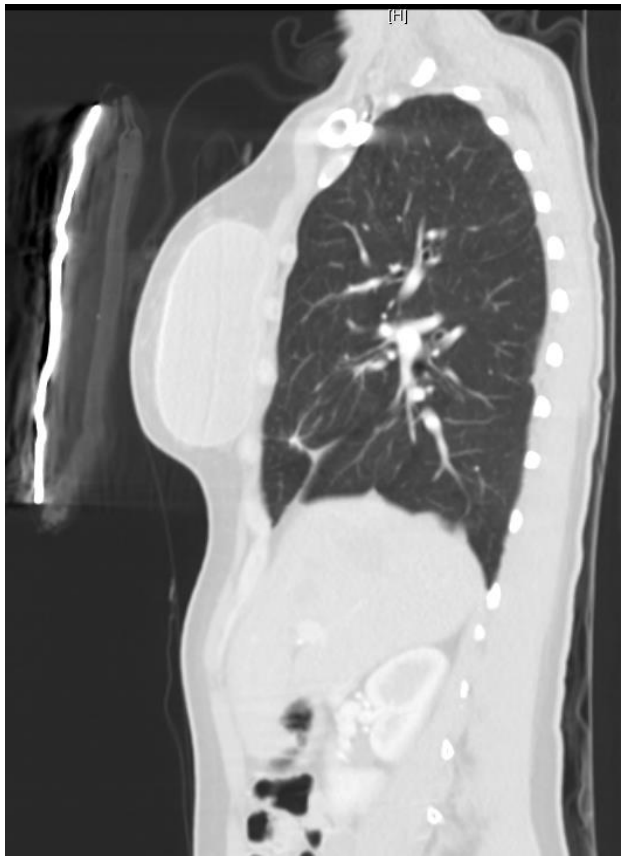
Toxicidad hematológica: neutropenia afebril grado III

Tras 3 ciclos…

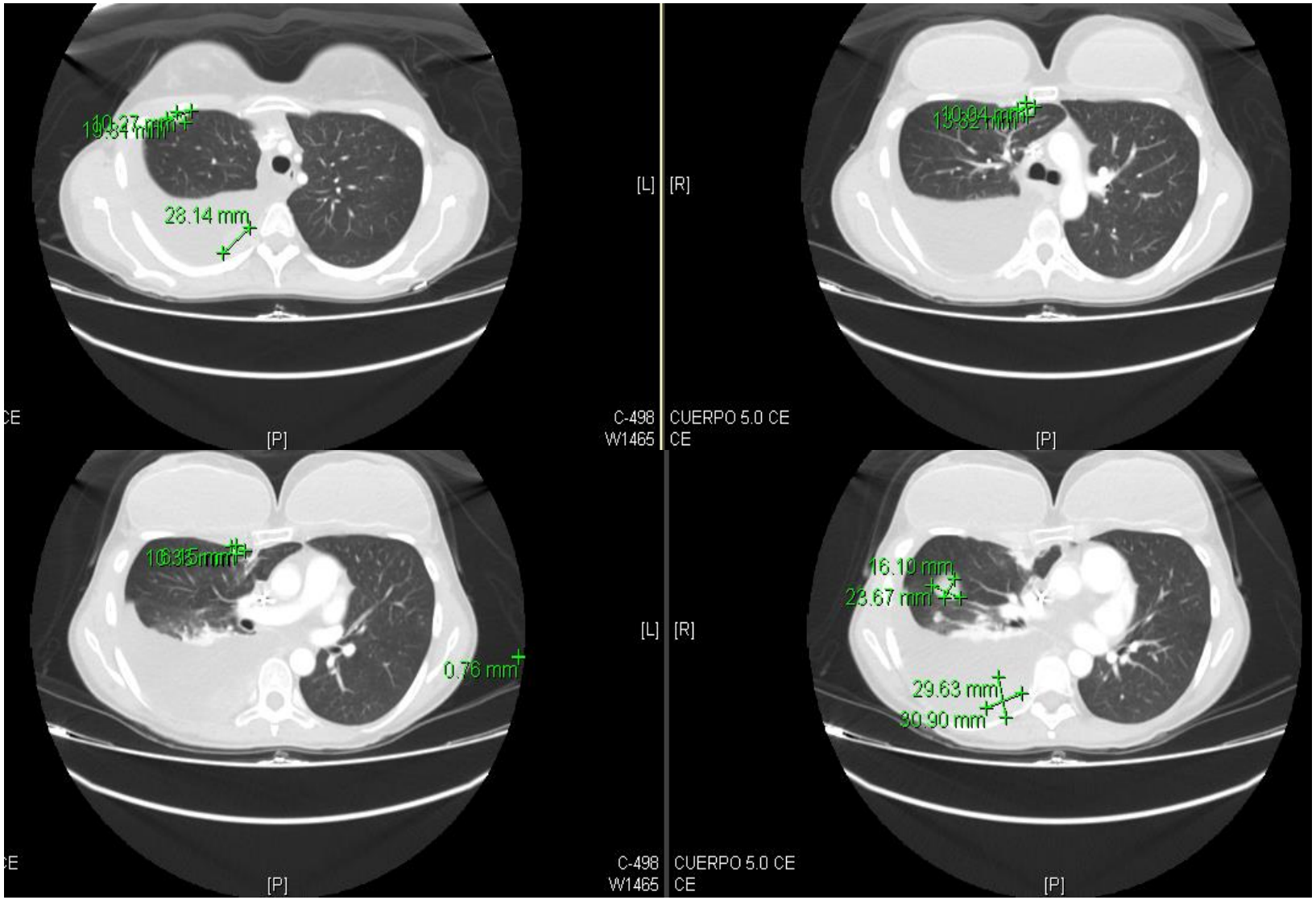


Tras 6 ciclos… Enfermedad estable





En julio 2018… progresión pulmonar



Derrame pleural izquierdo submasivo,
implantes pleurales aumentados de tamaño

Effect of Doxorubicin Plus Olaratumab vs Doxorubicin Plus Placebo on Survival in Patients With Advanced Soft Tissue Sarcomas

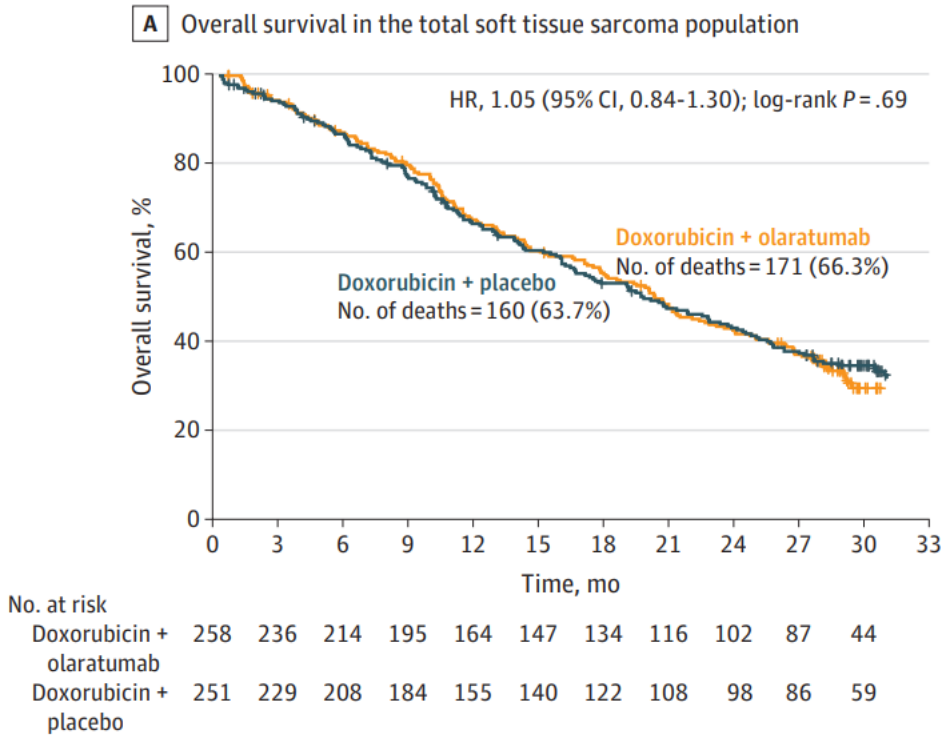
The ANNOUNCE Randomized Clinical Trial

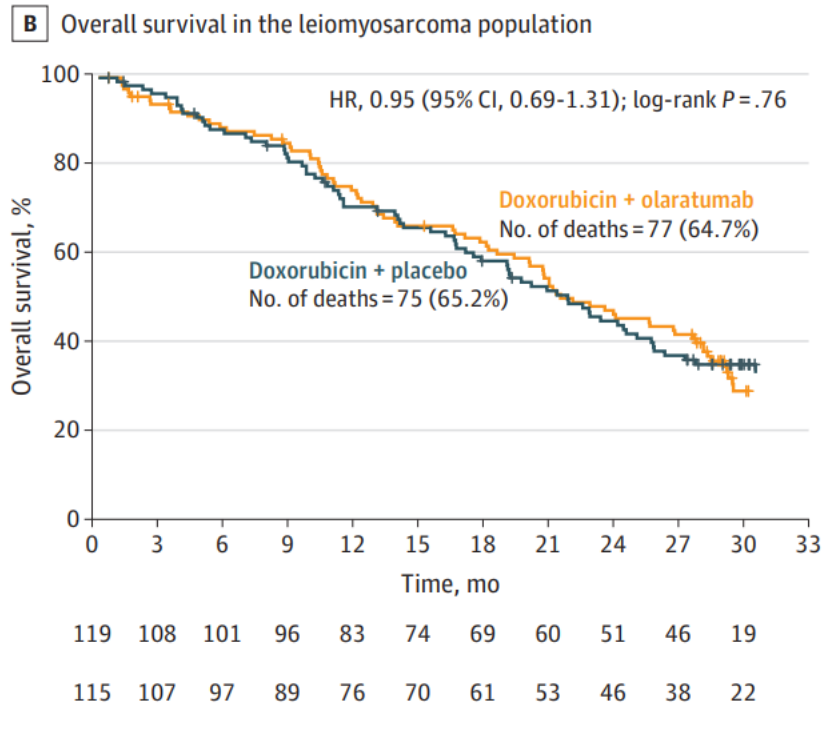
April 2020

No statiscally significant difference in OS

STS: Doxo + Olaratumumab 20,4 m vs 19,7 m Doxo + placebo (HR 1,05)

LMS: Doxo + Olaratumumab 21,6 m vs 21,9 Doxo + placebo (HR 0,95)





¿Qué hacemos?

Opciones de segunda línea:

No tratar

Sarcoma sinovial

Ifosfamida HD
10-14 g/m2
Aumenta ORR 30%
Toxicidad: hematológica, digestiva, neurocortical, renal

Premedicación con DXM
LPS mixoide y LMS: aumenta mediana supervivencia 10,3m
Trabectedina

Pazopanib
Excepto en Liposarcoma

Gemcitabina + dacarbazina
Beneficio OS 16,8 m vs 8,2 m dacarbazina

Leiomiosarcoma

LMS uterino y sarcoma pleomorfo idiferenciado
Gemcitabina + docetaxel

LPS irresecable
Beneficio OS 13,5 m vs 11,5 dacarbazina

A noninterventional, multicenter, prospective phase IV study of trabectedin in patients with advanced soft tissue sarcoma

Nov 2017

Angela Buonadonna [1], Charlotte Benson, Jose Casanova, Bernd Kasper, Antonio López Pousa, Filomena Mazzeo, Thomas Brodowicz, Nicolas Penel

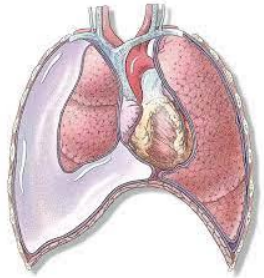
Trabectedina 1,5 mg/m2

Julio 2018

Varios ingresos

Infección respiratoria, derrame pleural recidivante

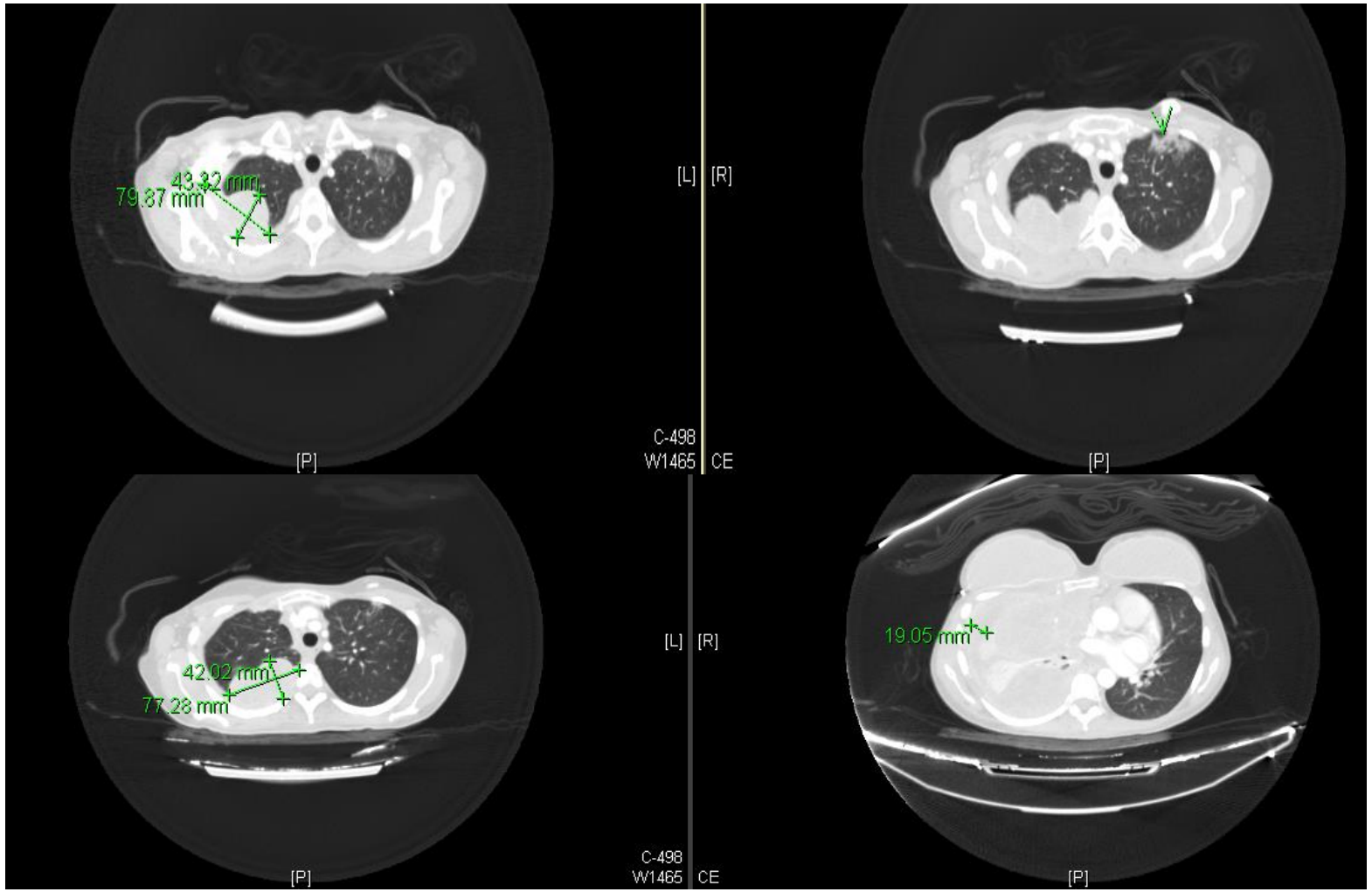
Pleurodesis + biopsia pleural



Confirma afectación pleural por proliferación mesenquimal

Buonadonna, Angela[a]; Benson, Charlotte[b]; Casanova, Jose[c]; Kasper, Bernd[d]; López Pousa, Antonio[e]; Mazzeo, Filomena[f]; Brodowicz, Thomas[g]; Penel, Nicolas[h] A noninterventional, multicenter, prospective phase IV study of trabectedin in patients with advanced soft tissue sarcoma, Anti-Cancer Drugs: November 2017 - Volume 28 - Issue 10 - p 1157-1165 doi: 10.1097/CAD.0000000000000560

En septiembre 2018… progresión



Invasión mediastínica de masas pleurales

ECOG 2

¿Qué hacemos?

Inicia pazopanib 800 mg/día en octubre 2018

Pazopanib for metastatic soft-tissue sarcoma (PALETTE): a randomised, double-blind, placebo-controlled phase 3 trial

Prof Winette TA van der Graaf, MD • Prof Jean-Yves Blay, MD • Sant P Chawla, MD • Dong-Wan Kim, MD • Binh Bui-Nguyen, MD • Paolo G Casali, MD • et al. Show all authors

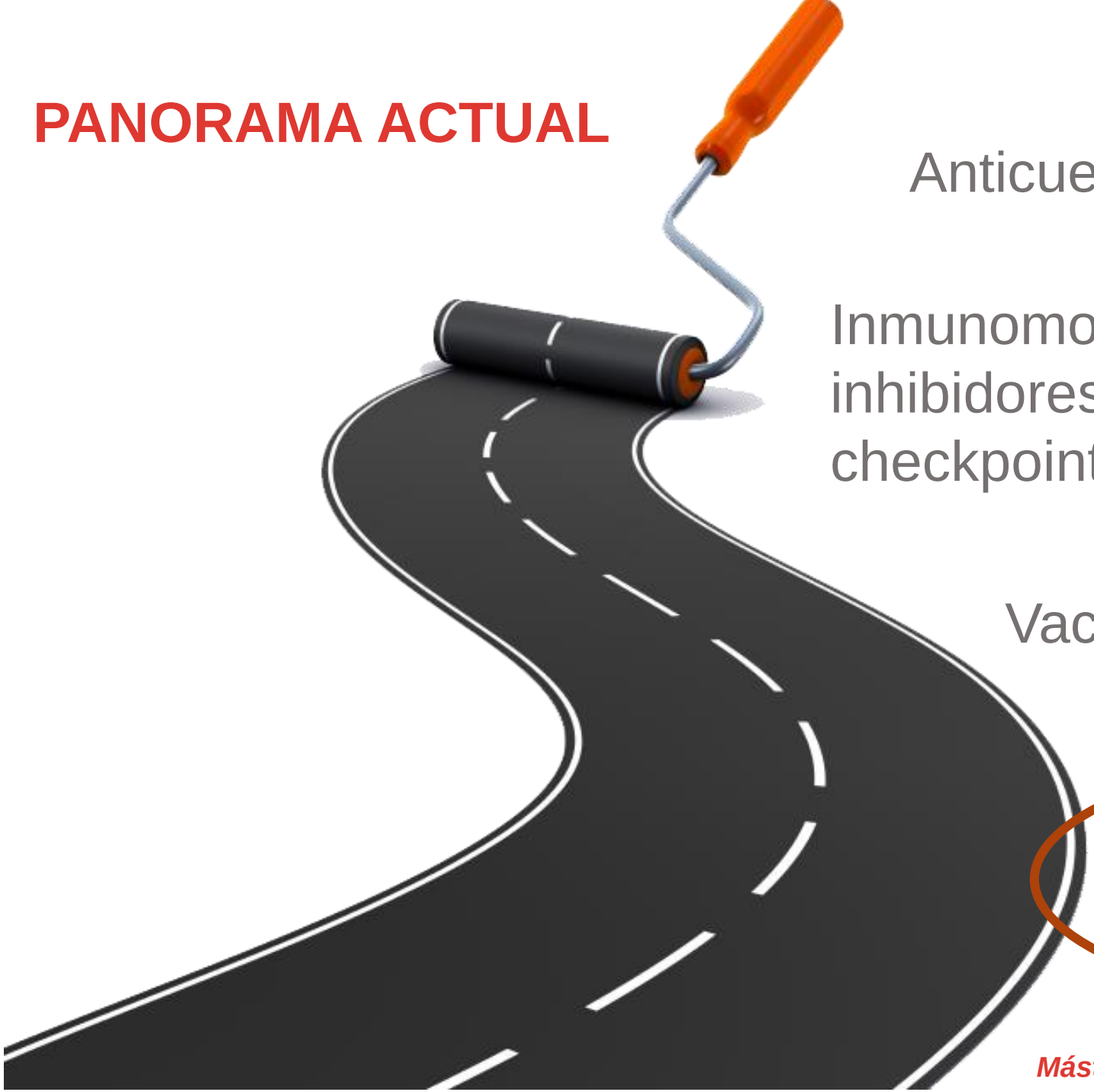
Beneficio PFS vs placebo 4,6 m vs 1,6 m

Fallece en octubre 2018 (15 meses después de primera recidiva)

mediana OS SPB avanzado:
12 – 18 meses

Van der Graaf WT, Blay JY, Chawla SP, Kim DW, Bui-Nguyen B, Casali PG, et al. Pazopanib for metastatic soft-tissue sarcoma (PALETTE): a randomised, double-blind, placebo-controlled phase 3 trial. Lancet. 2012;379(9829):1879–86.

PANORAMA ACTUAL



Anticuerpos

VEGF/VEGF-R
PDGFR-α

Inmunomoduladores/ inhibidores checkpoint

CSF1/CSF1R , CTLA4 ; DO, IL-2/IL-2R ; LAG3 ; PD1/PDL1

Vacunas

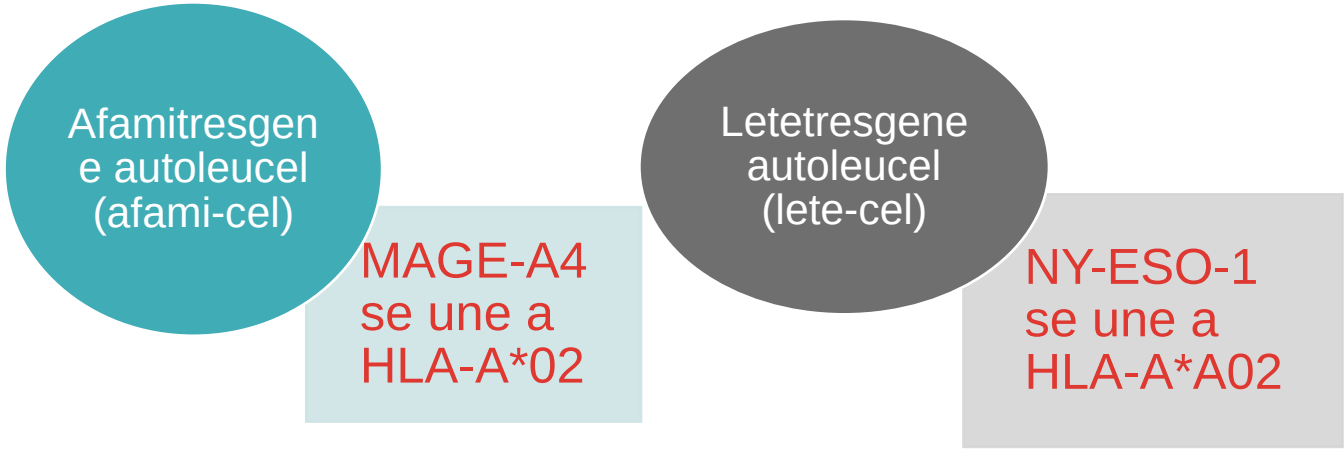
MAGE-A4, NY-ESO-1, PRAME-1

Terapias CART

MAGE-A4, NY-ESO-1
WT1

T-CELL THERAPIES

- > 50% expresan NY-ESO-1 y/o MAGE-A4
- Liposarcoma mixoide, osteosarcoma, liposarcoma pleomorfo, condrosarcoma, sarcoma sinovial

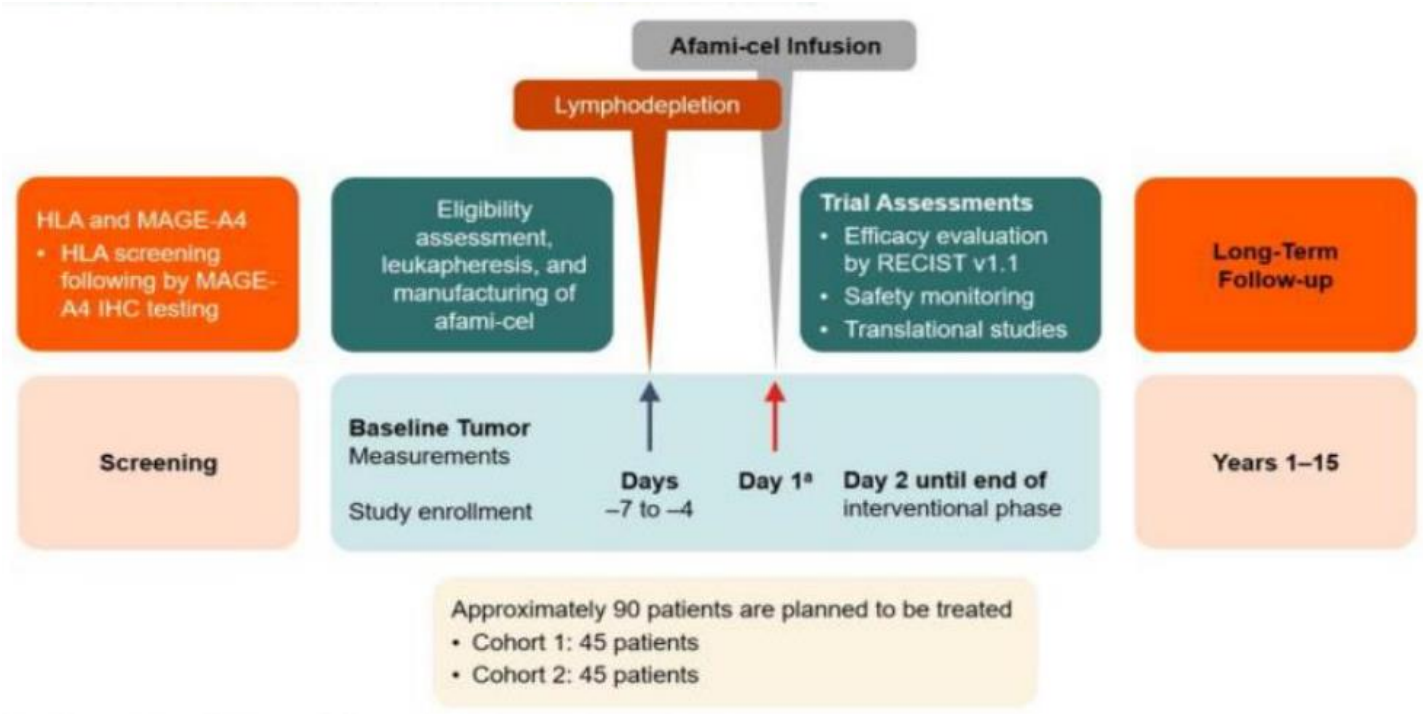


SPEARHEAD-1: A phase 2 trial of afamitresgene autoleucel (Formerly ADP-A2M4) in patients with advanced synovial sarcoma or myxoid/round cell liposarcoma.

Objetivo primario: ORR

Objetivo secundario:
DOR
TTR
PFS
AE

Estudio Fase II
ECOG 0-1
HLA 2+
MAGE + IHQ
16 –75a

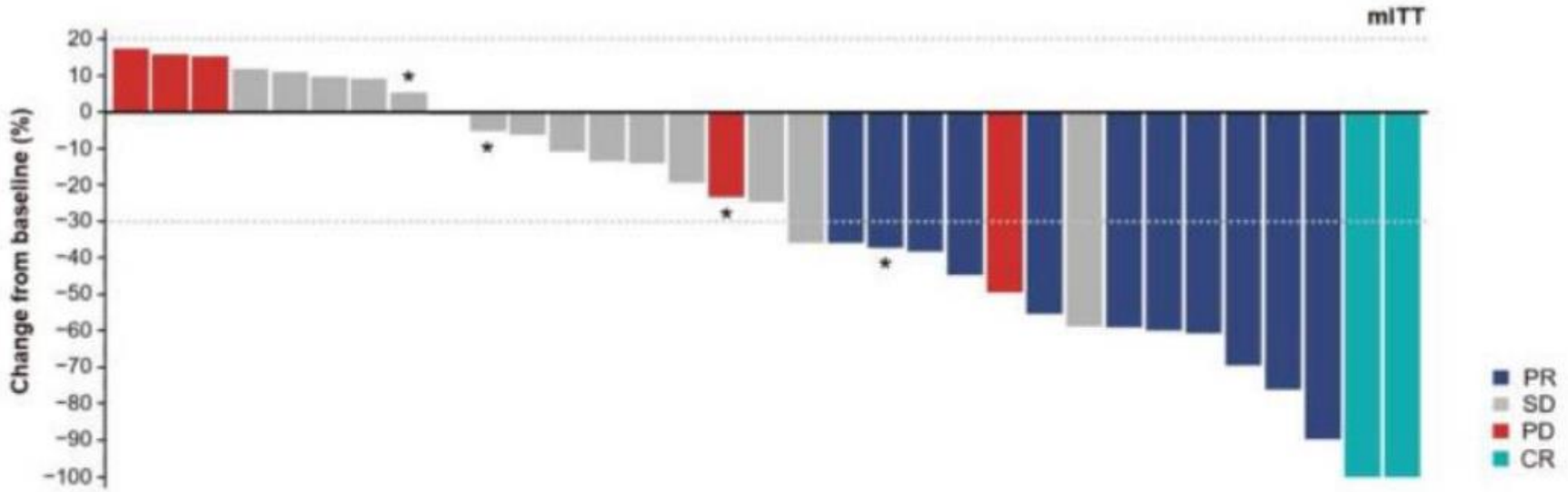


AES IN ≥ 10% OF PATIENTS

TEAE Preferred Term, mITT, n (%)	N=37	
	Any Grade	≥Grade 3
Any	35 (95)	34 (92)
Lymphocyte count decreased	31 (84)	31 (84)
Neutrophil count decreased	27 (73)	25 (68)
White blood cell count decreased	25 (68)	23 (62)
Nausea	24 (65)	1 (3)
Cytokine release syndrome	22 (59)	1 (3)
Pyrexia	19 (51)	1 (3)
Anemia	14 (38)	8 (22)
Fatigue	14 (38)	0
Constipation	11 (30)	0
Back pain	10 (27)	2 (5)
Platelet count decreased	10 (27)	6 (16)
Vomiting	10 (27)	0
Appetite decrease	9 (24)	0
Hypophosphatemia	9 (24)	1 (3)
Abdominal pain	8 (22)	1 (3)
Dyspnea	8 (22)	2 (5)

TEAE Preferred Term, mITT, n (%)	N=37	
	Any Grade	≥Grade 3
Hypokalemia	8 (22)	1 (3)
Pain in extremity	8 (22)	1 (3)
Tachycardia	8 (22)	0
Headache	7 (19)	0
Non-cardiac chest pain	7 (19)	1 (3)
Chills	6 (16)	0
Dizziness	6 (16)	0
Peripheral edema	6 (16)	0
Chest pain	5 (14)	0
Hypotension	5 (14)	0
ALT increase	4 (11)	1 (3)
Bilirubin increase	4 (11)	2 (5)
Cough	4 (11)	0
Diarrhea	4 (11)	0
Hypertension	4 (11)	1 (3)
Pleural effusion	4 (11)	2 (5)
Decreased weight	4 (11)	1 (3)

Most TEAEs were consistent with those typically experienced by cancer patients undergoing cytotoxic chemotherapy and/or cancer cell therapy



Overall response rate was 34%

- Two CRs in patients with synovial sarcoma
- ORR of 39.4% (13/33): synovial sarcoma 41.4% (12/29) and MRCLS 25.0% (1/4)
- Disease control rate of 84.8% (28/33)

Median time to response: 4,9 weeks (4,1 – 12)
Median duration of response: not reached (4,3 – 65,3)

	Independent review N=47, n (%)	Investigator review N=50, n (%)
Complete response	0 (0.0)	2 (4.0)
Partial response	16 (34.0)	15 (30.0)
Stable disease	24 (51.1)	25 (50.0)
Progressive disease	6 (12.8)	8 (16.0)
Not evaluable	1 (2.1)	0 (0.0)
Overall response rate [95% CI]	**16 (34.0) [20.86, 49.31]**	**17 (34.0) [21.21, 48.77]**
Synovial sarcoma	14 (35.9)	16 (38.1)
MRCLS	2 (25.0)	1 (12.5)
Disease control rate (CR+PR+SD)	40 (85.1)	42 (84.0)

Safety and efficacy of letetresgene autoleucel (lete-cel; GSK3377794) in advanced myxoid/round cell liposarcoma (MRCLS) following high lymphodepletion (Cohort 2): Interim analysis.

Pilot Study to Assess Safety and Antitumor Activity of Lete-cel in Advanced MRCLS (NCT02992743)

Inclusion

- Pts must be ≥18 years, with histologically confirmed advanced (metastatic or inoperable) high-grade MRCLS with chromosomal t(12;16)(q13;p11) or t(12; 22)(q13;q12) translocation
- Pts must be positive for HLA-A*02:01, *02:05, or *02:06, and have NY-ESO-1 tumor expression
- Measurable disease per RECIST v1.1
- Previously received or be intolerant to anthracycline-based chemotherapy

Exclusion

- Receiving specified anticancer therapy prior to leukapheresis or lymphodepletion
- History of chronic/recurrent severe autoimmune/immune disease requiring immunosuppressive treatment
- Prior malignancy not in complete remission
- Active brain or leptomeningeal metastases

Overview of Study Design[1,2]

Phase II, open-label, single-arm, non-randomized study (N=20)

Part 1

Screening

Within 28 days prior to leukapheresis

For HLA-A*02 and NY-ESO-1 positive participants, eligibility screening must be completed within 28 days prior to leukapheresis

Part 2

Leukapheresis & lete-cel manufacture

Part 3

Low-dose LD (Cohort 1, n=10) — *Days –7 to –5*

High-dose LD (Cohort 2, n=10) — *Days –8 to –5*

Lete-cel infusion (Day 1)

Follow-up assessment

Week 4, 8, 12, then every 3 months to Year 2
No assessments after Year 2

Endpoints

Primary:
- ORR (CR+PR)

Secondary:
- TTR
- DoR
- PFS
- AE, SAE, AESIs

Exploratory:
- Peak expansion of transduced T cells and association with lymphodepletion regimen and cell dose

Long-term follow-up Study 208750 (NCT03391778)

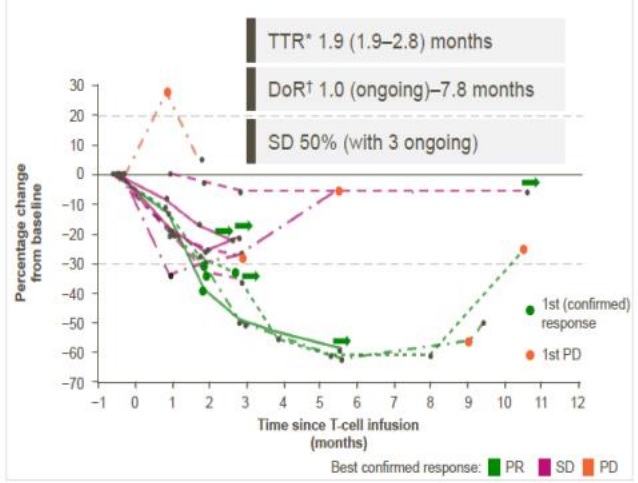
Long-term follow-up for delayed AEs (up to 15 years)

Primary efficacy outcomes

Maximum percentage reduction from baseline in sum of target lesion diameters by RECIST v1.1

Secondary efficacy outcomes

Percentage change from baseline in sum of target lesion diameters by RECIST v1.1 over time



- All patients experienced Grade ≥3 treatment-emergent* cytopenias
- All patients experienced T-cell related CRS
  - Grade 3 AE in 3 patients (30%)
  - Serious in 5 patients (50%)
  - Median (range) onset of 2.0 (1–5) days
  - Median (range) duration of 7.5 (3–25) days
  - All instances were resolved
    - 4/10 patients required single-dose tocilizumab to resolve CRS, of whom 3 experienced CRS as a SAE
- No Grade 5 AEs occurred; Grade 4 TEAEs occurred in 9 patients (1 serious) and Grade 4 T-cell infusion-related† AEs occurred in 4 patients (1 serious)
- There were no reports of GvHD, ICANS, pancytopenia, severe aplastic anemia, or Guillain-Barre syndrome

Grade ≥3 AEs

	Treatment-emergent* AEs (N=10)	T-cell infusion-related† AEs (N=10)
Any event, n (%)	10 (100)	8 (80)
Leukopenia	8 (80)	4 (40)
Anemia	7 (70)	1 (10)
Thrombocytopenia	6 (60)	1 (10)
Neutropenia	5 (50)	3 (30)
Febrile neutropenia	4 (40)	3 (30)
Lymphopenia	4 (40)	1 (10)
Cytokine release syndrome	3 (30)	3 (30)
Rash	3 (30)	2 (20)
Arthralgia	1 (10)	–
Bone pain	1 (10)	1 (10)
Headache	1 (10)	1 (10)
Hyperglycemia	1 (10)	–
Hypokalemia	1 (10)	–
Hypophosphatasemia	1 (10)	–
Pyrexia	1 (10)	1 (10)
Urticaria	1 (10)	1 (10)

Grade ≥3 SAEs

	Treatment-emergent* SAEs (N=10)	T-cell infusion-related† SAEs (N=10)
Any event, n (%)	5 (50)	4 (40)
Cytokine release syndrome	3 (30)	3 (30)
Rash	3 (30)	2 (20)
Neutropenia	1 (10)	1 (10)
Thrombocytopenia	1 (10)	1 (10)

Phase III Trial of Anlotinib, Catequentinib in Advanced Alveolar Soft Part Sarcoma, Leiomyosarcoma, Synovial Sarcoma (APROMISS)

ClinicalTrials.gov Identifier: NCT03016819

- Catequentinib/ Anlotinib (TKI) vs Dacarbazina (2:1)
- Al menos una primera línea de tratamiento

- Efectos adversos: diarrea e HTA

- SLP 2.89 m. vs 1.64 m. con HR 0.44 y p=0.0015
- SLP comparada a 4, 6 y 12 meses fue de 48.1%, 42.3% y 26.9% vs 14.8%, 11.1% y 3.7% para Dacarbazina.

Brian Andrew Van Tine, Sant P. Chawla, Jonathan C. Trent, Breelyn A. Wilky, Rashmi Chugh, Bartosz Chmielowski, et al. A phase III study (APROMISS) of AL3818 (Catequentinib, Anlotinib) hydrochloride monotherapy in subjects with metastatic or advanced sinovial sarcoma. DOI: 10.1200/JCO.2021.39.15_suppl.11505 *Journal of Clinical Oncology 39*, no. 15_suppl (May 20, 2021) 11505-11505.

Phase II study of eribulin and pembrolizumab in patients (pts) with metastatic soft tissue sarcomas (STS): Report of LMS cohort.

Liposarcoma, leiomiosarcoma, sarcoma pleomorfo indiferenciado

Objetivo primario: SLP

Diagnosis	Progression-Free Rate at 12 wks (90%CI)	Median PFS (wks) (90% CI)	ORR* per RECIST 1.1
Liposarcoma* n=20	69% (23-60)	27 (12.4 - unevaluable)	3 (15%)
UPS/Other n=18	56% (39- 98)	12 (7- 38)	6 (33%)

*Of note: all patients who experienced stable disease or response had radiographic disease progression by investigator assessment prior to study entry

Combination of MK3475 and Metronomic Cyclophosphamide in Patients With Advanced Sarcomas : Multicentre Phase II Trial (PEMBROSARC)

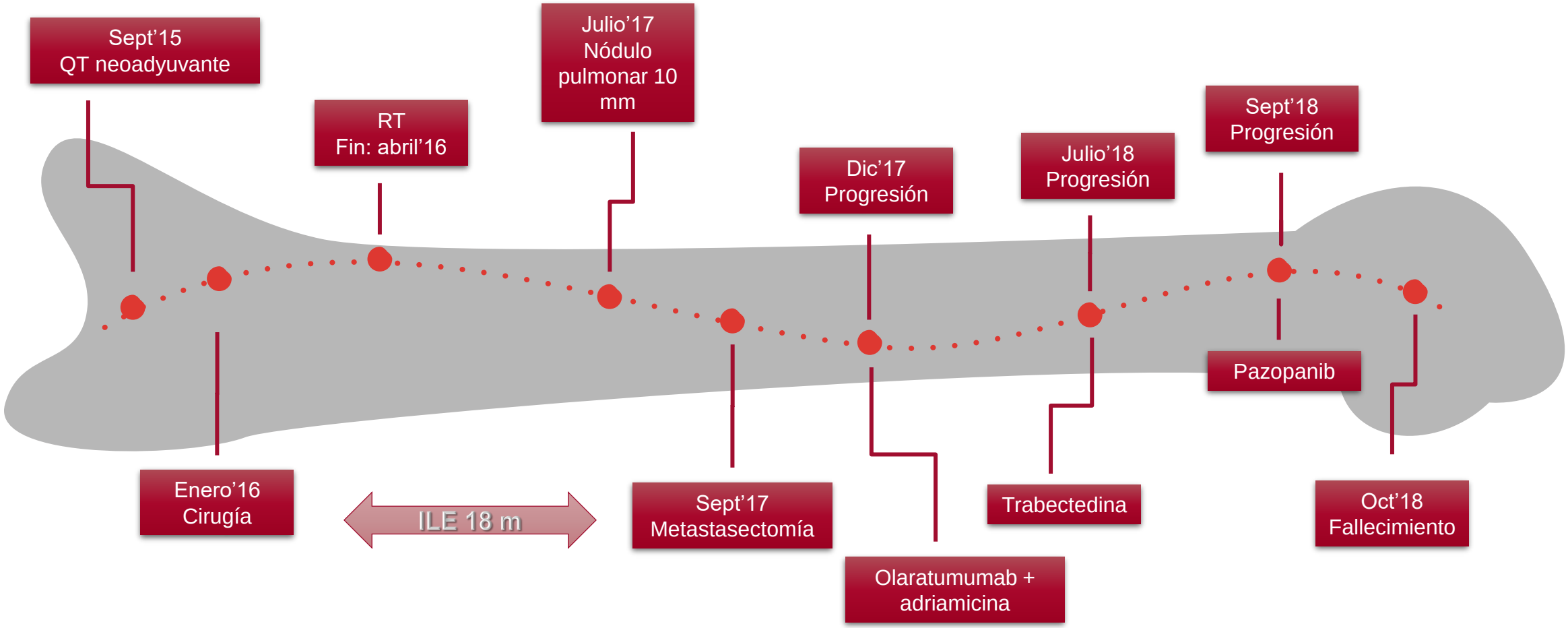
ClinicalTrials.gov Identifier: NCT02406781

Ensayo fase II, no aleatorizado, abierto

Objetivo primario: tasa de respuesta objetiva a las 12 semanas

98 pacientes

- 6 con rta parcial a las 12 semanas
- 1 con rta completa
- 33 enfermedad estable


Sept'15
QT neoadyuvante
RT
Fin: abril'16
Julio'17
Nódulo
pulmonar 10
mm
Dic'17
Progresión
Julio'18
Progresión
Sept'18
Progresión
Pazopanib
Enero'16
Cirugía
ILE 18 m
Sept'17
Metastasectomía
Olaratumumab +
adriamicina
Trabectedina
Oct'18
Fallecimiento

¡Muchas gracias!

Universidad Europea

GEIS
GRUPO ESPAÑOL DE INVESTIGACIÓN EN SARCOMAS

Máster en Tumores Musculoesqueléticos