there is good evidence that in low catabolic situations nutrition can be of beneficial effect.
In advanced cancer patients, early nutrition counseling stabilizing weight before there is a involuntary weight loss can be effective in early phases of cachexia, therefore a preventive approach or an early treatment before severe symptoms approach, seems justified.
However clinical trials for pre-cachexia management are required. Patients who have beginning loss of appetite, early satiety, increasing physical function and beginning weight loss should therefore early receive multi model interventions. For patients having physical fatigue and decreased physical function as main symptomatic concern, its important to estimate the likelihood that the tumor situation the cachexia can be controlled to achieved a stabilization of muscle mass or even increase in muscle function and overall physical function.
For that a staging of cachexia syndrome is necessary including nutritional intake and appetite, early satiety, catabolic drive with inflammation, tumor situation and muscle mass (important in patient where obese or with fluid retention). The alleviation of anorexia alone by appetite stimulant seems justified in rare cases, but appetite stimulation without improving muscle mass and physical function is unlikely to improve quality of life. Likewise short term corticosteroids might be justified for 1 or 2 weeks, however a long term treatment is clearly contraindicated because it worsened cachexia syndrome.
Conclusion: Both preventive treatment of cachexia is justified, namely applied as early interventions of pre-cachexia. In addition advanced cancer patients symptomatic approach is important, especially if the tumor situation and the catabolic drive can be controlled and improved. The symptomatic treatment including education and behavior interventions to relieve cachexia related suffering is an effective palliative cancer care intervention. Further research is needed to develop further multi-model approaches.

Scientific Symposium (Wed, 23 Sep, 14:45−16:45)
Special therapies for special sarcoma subtypes

275 INVITED

Taxanes in angiosarcomas

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Rationale: Angiosarcomas of soft tissue represent a heterogenous group of rare sarcomas with specific clinical behaviour and risk factors. Paclitaxel has been suggested to induce tumor control in a higher proportion of patients with angiosarcoma, as compared to other sarcomas. The objective of this retrospective study was to assess the antitumor activity of this compound in a multicenter setting.
Method: Clinical cases of angiosarcomas of soft tissue treated with single agent paclitaxel were collected from centers of the Soft tissue and Bone sarcoma Group of EORTC, using a standardized data collection form. Paclitaxel could be given every three weeks, or weekly. Statistical analysis was performed using SASS software.
Results: Data from 32 patients were collected from 10 centers. There were 17 males, 15 females, with a median age of 60.4 years (range 25−91). Primary angiosarcomas were located in scalp and face in 8 patients (25%) and at other primary sites in 24 patients (75%) All patients had intermediate (n = 13) or high grade (n = 19) primary tumors. 13 (40%) patients had been pretreated with doxorubicin based first-line-chemotherapy and three of them (9%) also with 2nd-line chemotherapy with ifosfamide. 11 (34%) patients had been irradiated before as treatment for angiosarcoma. In 8 (25%) patients the angiosarcoma occurred at sites of prior radiation therapy for other malignancies. The response rate was 62% (21/32) in the whole series, 75% (6/8) in scalp angios, and 58% (14/24) in tumors from other primary sites. The median time to progression was 7.6 months (1−42) for the whole group. For the face/scalp group it was 9.5 months, and for patients with angiosarcomas at other sides 7.0 months respectively.
Conclusion: Paclitaxel was found to be an active agent in angiosarcoma of soft tissue in this retrospective study. These results need to be confirmed in a prospective randomized phase II study.

276 INVITED

Aromatase-inhibitors in gynaecological sarcomas

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Introduction: Endometrial sarcomas are uncommon malignancies, comprising less than 1% of all gynecological cancers and around 5% of uterine cancers.
Stage is the most significant predictor of outcome: survival is 60−70% after surgery when the tumor is confined to the uterus, being pelvis, upper abdomen and lungs major sites of failure.
Histological classification of endometrial sarcomas includes two categories: pure sarcomas (leiomiosarcomas, mullerian and endometrial stromal sarcomas) and mixed sarcomas (carcinosarcomas and adenosarcomas). Recurrence rates are higher for mixed (63%) than for pure (44%) endometrial sarcomas.
Precise role of adjuvant treatment remains unclear being median survival with advanced or recurrent disease less than one year. The role of radiation therapy is controversial without prospective randomized trials and prognostic imbalances between irradiated and non irradiated patients in most retrospective series.
Systemic treatment: According to phase II trials efficacy of chemotherapy in uterine sarcomas is moderate with response rate of 25% for doxorubicin (leiomiosarcomas) and less than 20% for cisplatin or paclitaxel (carcinosarcomas).
Endometrial stromal sarcoma (ESS) constitutes about 0.2% of all genital tract malignancies. ESS usually expresses steroidal receptors and is regarded to be hormones-sensitive. Most women with ESS undergo bilateral salpingo-oophorectomy as part of its primary treatment but estrogen can also be produced by extra-ovarian via. This extra-ovarian production of estrogen depends on conversion of circulating androgens to estrogens via the aromatase enzyme pathway. The efficacy of aromatase-inhibitors is probably due to the reduction of estrogen levels by inhibiting estrogen synthesis not only in peripheral sites but also in the tumor cells themselves.
Due to the rarity of this tumor type only some cases series and no prospective studies are published, with multiple case reports of efficacy of aromatase inhibition, specially in low-grade ESS.
Conclusion: Aromatase-inhibitors are active in the treatment of some gynecological sarcomas, specially low-grade ESS. Despite of the rarity of these tumor types, rare tumours study groups such us Rare Tumors Working Group within Gynecological Cancer Intergroup (GCIG) should make an effort to prospectively define the utility of these treatments.

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