

# Planned simple resection for selected patients with extra-peritoneal desmoid tumors

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**Conflict of Interest**

**Nothing to declare**

# Treatment modality for desmoid

Mainstay has been surgical treatment (R0)

Surgical margin  $\neq$  Recurrence rate

(Gronchi A et al, J Clin Oncol 2003)

(Lev D et al, J Clin Oncol 2007)

(Shido Y et al, Arch Orthop Traum Surg 2007)

Treatment at Nagoya Univ.

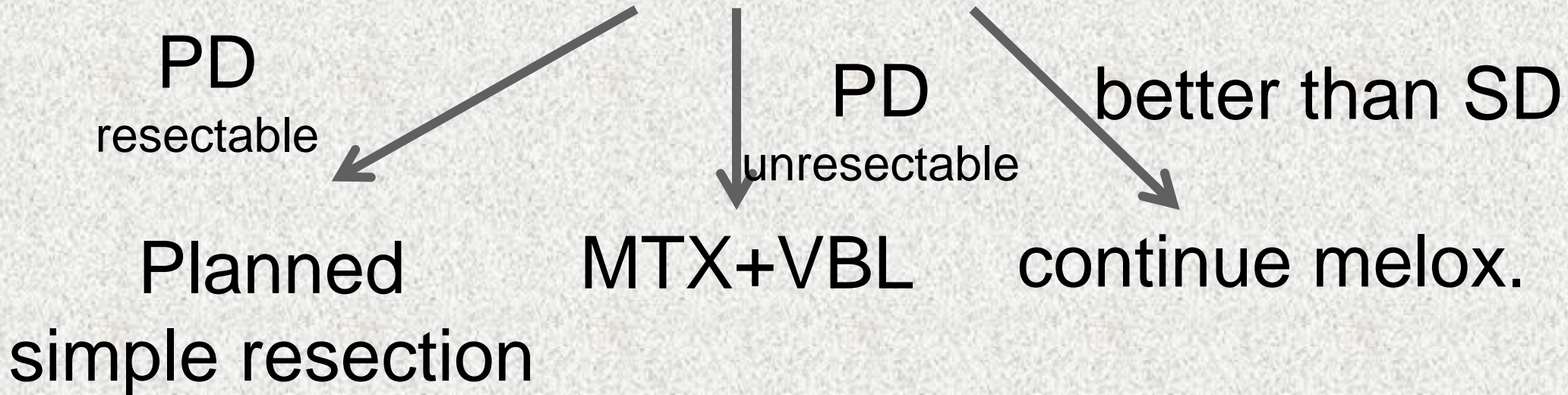


2003 – present      meloxicam, a COX-2 inhibitor  
prospective  
consecutive  
extra-peritoneal

# Algorithm : Nagoya Univ. modality

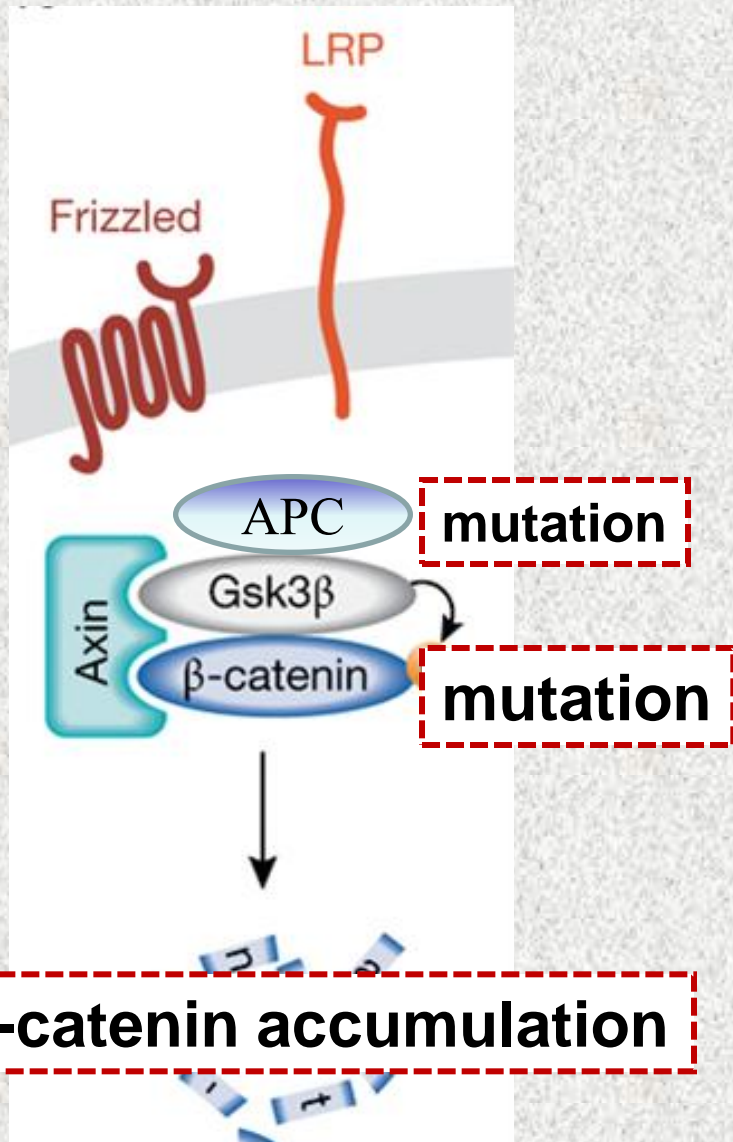


Initial treatment with meloxicam



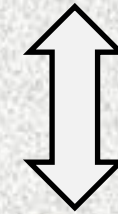
## Predictor of treatment outcome

# Desmoid



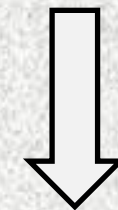
# Aims

**CTNNB1** mutational status



Treatment outcome

Surgery vs CTNNB1  
Already reported



Establish treatment algorithm

# Study cohort

87 cases: Desmoid pathologically diagnosed

68 cases: meloxicam

24 cases: PD

Refuse drug therapy

resectable

Unresectable  
Refuse surgery

1 case

Child, multiple

Recurrent after surgery

4 cases 9 cases

14 cases

15 cases

13 cases

Planned  
simple resection

MTX+VBL

# Simple resection (13 cases)

Age	Gen-der	Tumor site	Tumor size	F/U duration	Antecedent treatment	Rec	Mutation
30	F	Abd.	18	63 Mo.	Meloxicam	-	WT
19	F	Abd.	13	54	Meloxicam	+	S45F
25	F	Back	5.0	48	No	-	T41A
45	M	Back	5.0	38	No	-	T41A
29	F	Neck	7.1	38	Meloxicam	-	WT
39	F	Abd.	8.4	45	Meloxicam	-	WT
70	F	Neck	8.7	26	Meloxicam, Chemo	-	T41A
36	F	Neck	4.5	26	No	-	WT
39	F	Back	17	14	Meloxicam, Chemo	-	T41A
35	F	Abd.	14	13	Meloxicam	-	T41A
40	F	Abd.	12	10	Meloxicam	-	WT
62	M	C.W.	12	9	Meloxicam	-	WT
36	F	Abd.	4.5	6	No	-	T41A

C.W.: chest wall



All cases: histologically margin positive

1 / 13 cases had recurrence

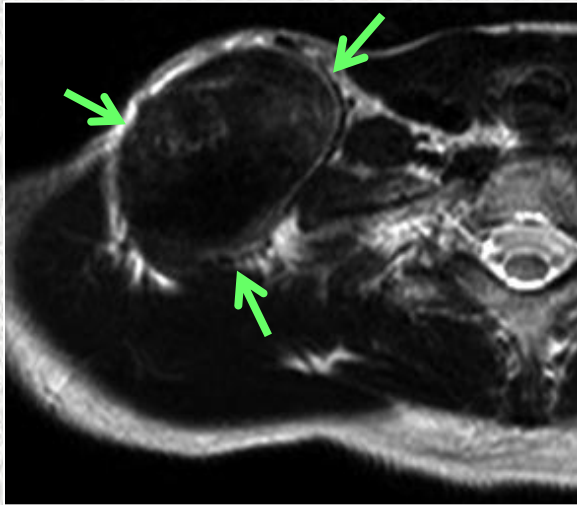
	S45F	Other types	
Rec.(-)	0	12	
Rec.(+)	1	0	P=0.077

All cases are **truncal** desmoid



# Case 5. R. neck

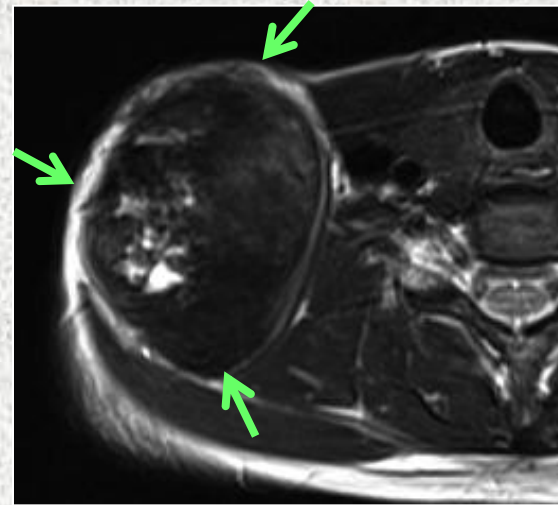
29 years, female



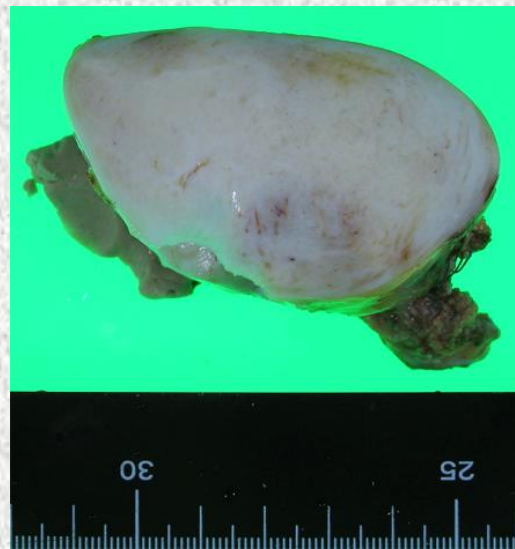
meloxicam



Size up



Simple  
resection

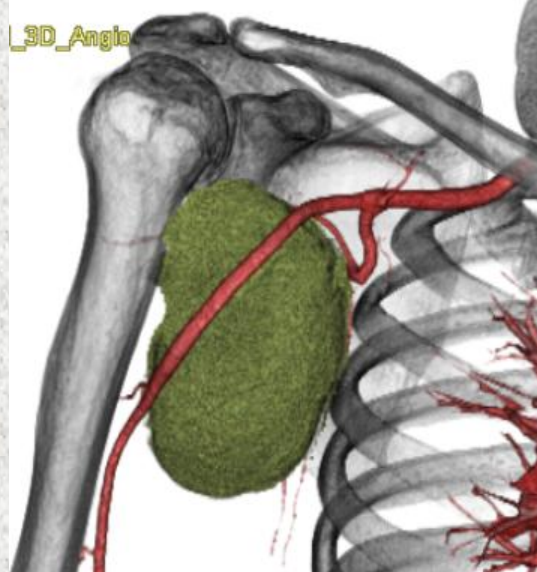
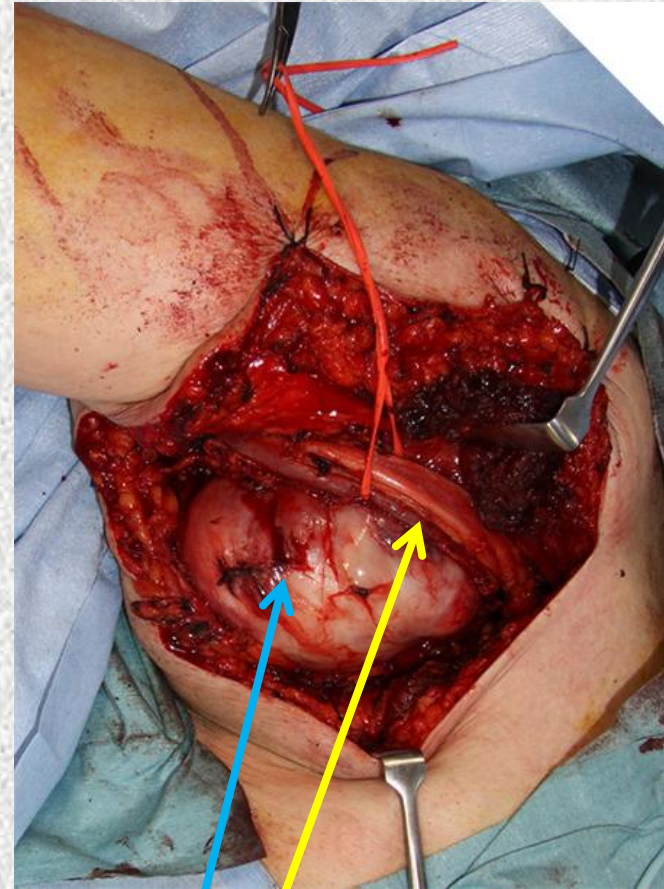
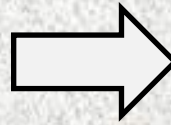
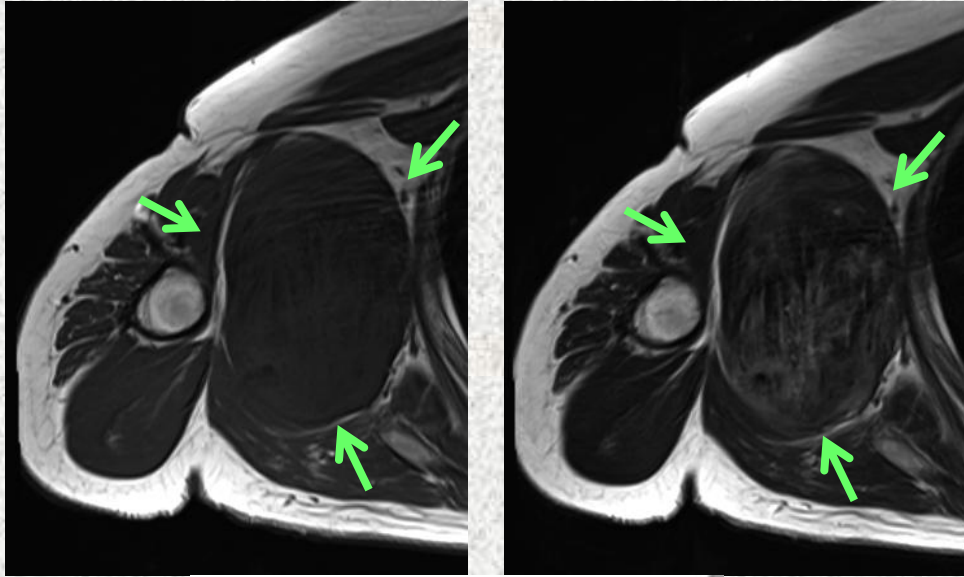


36 months  
No  
recurrence

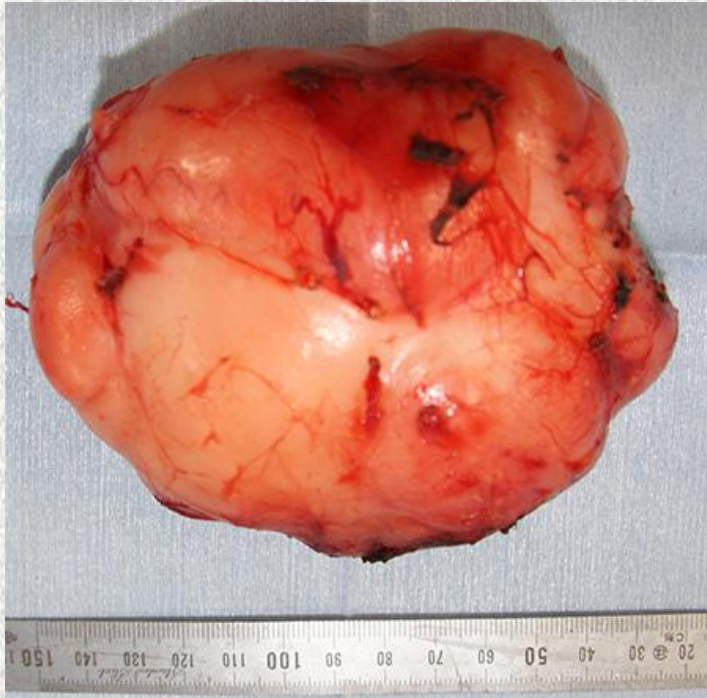
**CTNNB1: WT**

# Case 12. R. Chest wall

62 years, male



Neurovascular bundles preserved  
Strip the pseudocapsule from the tumor



Margin positive

18 months

No recurrence

**CTNNB1: WT**



# Discussion

## CTNNB1 status vs Surgical treatment

Lazar et al, Am J Pathol 2008

Domont et al, Br J Cancer 2010

Colombo et al, Cancer 2013

Mullen et al, Oncologist 2013

Van Broekhoven et al, Ann Surg Oncol 2014

Generally, tumors with **S45F** had **poor** outcome

# Van Broekhoven DLM et al, Ann Surg Oncol 2014

Mutation	Recur.	5-Y rec. rate
WT	2/25	13.4%
T41A	4/49	12.2
<b>S45F</b>	<b>10/18</b>	<b>63.8</b>
Other	1/9	16.7

Age	Recur.	5-Y rec. rate
<b>0–27</b>	<b>10/24</b>	<b>60.5 %</b>
28–35	2/25	10.3
36–44	3/27	11.2
45–80	2/25	11.8

Location	Recur.	5-Y rec. rate
<b>Extra-abd.</b>	<b>17/66</b>	<b>31.0%</b>
Abd. wall	0/35	0

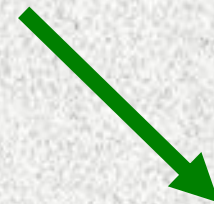
# Criteria for planned simple resection (Nagoya University)

Other than 45F mutation

Trunk

Little morbidity predicted after surgery

Well-circumscribed



extremity

Planned simple resection could be a possible therapeutic modality for extra-peritoneal desmoid tumors, particularly of truncal location with wild-type or T41A mutational status.

Function will be well-preserved with this type of resection



Thank you for your kind attention

