

Is symptom worsening (SW) associated with RECIST response in patients (pts) with desmoid tumors (DT) ?

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BACKGROUND

Desmoid tumor (DT) is a rare, locally infiltrative tumor. Front-line 'watch-and-wait' policy with monitoring by MRI is recommended.

METHODS

We retrospectively reviewed data from 27 consecutive patients (pts) with histologically-proven DT from 01/2007 to 12/2015. The study aims to investigate if SW is correlated with disease progression according to RECIST 1.1, volumetric changes or contrast enhancement (CE) over time. Clinical and MRI characteristics were assessed at diagnosis and at last follow up.

RESULTS

Patients characteristics (n=27)	n = (%)
Gender	
Men	6/27 (22%)
women	21/27 (77%)
Location	
Abdominal wall	11/27 (40%)
Others	16/27 (60%)
Systemic treatment	15/27 (55%)
NSAID	7
Imatinib	3
Methotrexate/Velbe	3
Tamoxifene	2
Symptom worsening	
Increasing in pain	11 (40%)
Retraction	10 (37%)
Functional impairment	10 (37%)

Tumor assessment (n = 27)	n = (%)
RECIST 1.1 tumor assessment	
Objective response	7 (26%)
Stable disease	13 (48%)
Progressive disease	7 (26%)
Volumetric tumor assessment	
Objective response	8 (30%)
Stable disease	10 (37%)
Progressive disease	9 (33%)
Contrast enhancement (n=26)	
Decrease CE	10 (38%)
Stable CE	16 (62%)

Size and volume changes were highly correlated (p < .00001)

RECIST 1.1	Objective response (n=7)	Stable disease (n=13)	Progressive disease (n=7)	p =
Increasing in pain	3	5	3	0,974
Retraction	2	4	4	0,438
Functional impairment	2	3	4	0,438

- We have described 2 "false" progressions characterized by increased of only 1 axis and decrease of other axis. **This could be related to tumor retraction along the muscle fibers.**
- **CE change and RECIST response were not correlated (p = 0.697).**
- **We found that response assessment according RECIST was not associated with SW. (See Table)**
- CE changes were not associated with:
 - worsening of pain (p = 0.676)
 - retraction (p = 0.126)
 - functional impairment (p = 0.126)

CONCLUSION

SW was not associated with the response according to RECIST, volumetric or CE changes. Innovative methods for monitoring pts are needed.