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ABSTRACTS

Herausgeberin

Hildegard Greinix, Graz

Der Veranstalter des wissenschaftlichen Kongresses, der Verein zur Förderung der Weiterbildung in der Hämatologie und Onkologie e.V., übernimmt keine Gewähr für die Richtigkeit der Angaben in den Abstracts. Beiträge und Anzeigen geben nicht notwendigerweise die Auffassung der Vorstände wieder.

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Conclusion: Compared to CRT, HCT seems to be equally efficient and appears to bear less surgical complications. Additionally, neoadjuvant HCT offers the possibility of individually tailored postoperative radiotherapy.

Disclosure: No conflict of interest disclosed.

P924

Career and financial situation of patients diagnosed with soft tissue sarcomas

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Background: Progress in therapeutic intervention allows many cancer patients a social reintegration into their careers. About one third of cancer patients are younger than 65 years old, and with the constant increase in work life periods, a cancer diagnosis also presents a financial burden for those affected.
Method: We analysed the data of 30 patients diagnosed with soft tissue sarcomas using self-outcome questionnaires in combination with retirement insurance data from the date of first diagnosis up to three years after. Out of 280 sent questionnaires we received 86 completed forms of which 56 were excluded. The remaining completed questionnaires of 30 patients were analysed according to self-determined outcomes and included a calculation of the financial changes caused by the disease.
Results: 30 patients (median age at first diagnosis 42.2 years, range 31-61; 24 female) were included with an average unemployment period of eight months. For 67% (20) the employment situation changed after the period of unemployment. 27% (8) requested pension payments (reduced income insurance). Thirteen percent (4) reduced their weekly working time, and two patients lost their employment due to the disease. One patient had an increase in income of about 24%; another patient received a regular old-age pension. In four patients the income reduction was due to other reasons. Altogether, the average income was reduced by about 25%. Analysing only the eight patients requesting pension payments, partial or full unemployment benefits led to an average loss of income of as high as 62%.
Conclusion: Reduced ability to work may cause severe financial problems for those affected by the diagnosis of a soft tissue sarcoma. We found an average income reduction of 25%, for those requesting pension payments of 62%. This eventually relates to a higher risk of reduced wealth and may lower the patients' social standing.

Disclosure: No conflict of interest disclosed.

P925

Synergistic drug combinations for osteosarcoma based on repurposed drug auranofin

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Background: Survival rates are poor in patients with metastatic or relapsed osteosarcoma and remained virtually unchanged over the past 30 years. High-grade osteosarcoma (HGOS) is the most common primary malignant bone tumor. The lung metastasis of osteosarcoma remains the most challenging problem in clinical management of osteosarcoma patients, both human and dogs. Unresectable osteosarcoma also poses significant clinical challenge, second to lung metastasis. An FDA-approved drug auranofin used for the treatment of rheumatoid arthritis in adult and juvenile setting has been previously shown to decrease metastatic burden of osteosarcoma in a mouse model. Whereas clinical efficacy of the drug is yet to be investigated in clinical trials, we set to look for drug partners of auranofin synergistic in inhibiting proliferation of osteosarcoma cells.
Methods: A panel of HGOS cell lines including established from tumors of in-house patients were analyzed in two-dimensional drug screens using survival assays. As putative synergistic partners of auranofin several anti-cancer drugs have been tested, such as commonly used chemotherapeutic drugs, inhibitors of 20S proteasome, PARP, cell cycle progression and anti-apoptotic proteins as well as several metabolic drugs and tyrosine kinase inhibitors. The range of concentrations was selected based on the available pharmacokinetics data. The synergy was scored by using several methods, such as: HSA, Bliss and ZIP. The survival of osteosarcoma cells in the presence of the synergistic combinations was also assessed by measuring cell death.
Results and conclusion: The present study has identified several synergistic combinations of drugs, mostly affecting proteasome, DNA damage response, and multidrug transport system. Some combinations have shown universal synergy and efficacy in all cell lines tested, whereas other combinations were only active against the cell lines with specific gene expression signature. Most of the drugs are approved for the treatment of cancer and could be used in further pre-clinical trials to address not only synergies in combating osteosarcoma and its metastasis but also possible synergies in toxicities and side effects.

Disclosure: No conflict of interest disclosed.

P926

Burden and medical care of sarcoma in Germany: Nationwide cohort study focusing on modifiable determinants of patient-reported Outcome measures in Sarcoma patients (PROSa) - study design and first results

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Introduction: Sarcomas challenge research and clinical routine standards because of the complex treatment intervention required and the treatment associated burden. Patients report severe limitations in quality of life and currently there is a lack of an interdisciplinary nationwide network for the care of patients. We track the current sarcoma care and the situation of sarcoma patients in a threefold approach. This is the first study of its kind in Germany.
Methods:
1. Nationwide prospective cohort study. Approximately 1200 patients with incident or prevalent sarcoma, will be included in approximately 100 recruitment centers. Data will be collected at 3 time points over a year between 09/2017 and 12/2019. We will collect individual and structural clinical data and patient reported outcomes (PRO) via standardized and self-developed questionnaires. Study data will be collected and managed using REDCap electronic data capture tools.
2. Cross-Sectional Online Survey. We invited clinicians involved in treatment and diagnosis of sarcoma patients, i.e surgeons, pathologists, orthopedists, gynecologists, haematooncologists, radiation therapists and radiologists to take part.
3. Secondary data analysis of a cohort of all sarcoma patients of a big German statutory health insurance in 2008-2014. Endpoints of this analysis are the incidence, prevalence, survival rate, distant metastasis rate, and utilization of diagnostic and therapeutic healthcare.
Results/Aims:
1. Results are expected in Q4 2019. Descriptive measures will include socio-demographic data, diagnose and treatment. PRO's will include quality of life, psychological distress, pain, satisfaction with treatment, lifestyle and functional assessments. Data on general clinical level will include usage of tumor board, number of patients treated and treatment options. We

aim to assess potential influential factors on PRO's. Until April 2018, 360 Patients in approximately 50 study sites were included.
2. Results are expected in Q3 2018.
3. Results are expected in Q1 2019.
Conclusions: Detailed information on QoL, care pathways, quality of care and collaboration between disciplines will help to optimize healthcare service for adult sarcoma patients. Knowledge on the patient's perspectives will contribute to focus translational research on outcomes which are relevant to the patients. The establishment of an interdisciplinary sarcoma network can help to create generally accepted healthcare services.

Disclosure: No conflict of interest disclosed.

P927

Biomodulatory treatment induces long-term remission in advanced angiosarcoma

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Angiosarcomas are rare vascular tumors with aggressive behavior showing poor prognosis and affecting usually elderly patients. While there is some evidence for taxanes or pegylated liposomal doxorubicin in the literature, for patients with advanced/metastatic stage no standard therapy has been established unitl now. Therefore, in 2000 a pilot study testing the efficacy of metronomically scheduled, low-dose trofosfamide in combination with the peroxisome proliferator-activated receptor agonist, pioglitazone, and the selective cyclooxygenase-2 inhibitor, rofecoxib, was performed in patients with advanced vascular malignancies.
Here we present the long-term follow up of a patient treated within this study. In September 2000 the patient was admitted to the hospital due to numbness of the right thigh. A CT scan showed enlarged lymph nodes at multiple sites (cervical, supravlavicular, mediastinal, parailiacal, inguinal). The histological work-up of a resected lymph node confirmed metastatic, low differentiated epitheliod angiosarcoma with unknown primary site. In December 2000 a biomodulatory treatment with a combination of pioglitazone (45 mg per day orally) plus rofecoxib (25 mg per day orally) and, after 14 days, trofosfamide (3 x 50 mg per day orally) was started resulting in a partial remission within 3 months. In the follow-up the patient developed a complete remission. Therapy was paused and restarted due to progressive lymph nodes in 2001 and 2006 (re-biopsy and histological confirmation of angiosarcoma was performed, rofecoxib was switched to etoricoxib and trofosfamide was reduced to once daily 50 mg, since 2009 every second day) before it was finally stopped in 2013 due to complete remission. In May 2018 the patient was re-admitted to the hospital because of abnormal blood counts. A bone marrow biopsy unfortunately confirmed acute myeloid leukemia. A CT scan of the body showed no signs of progressive angiosarcoma.
In conclusion, we present a very interesting case of long-term survival of metastatic epitheliod angiosarcoma treated with the biomodulatory, triple combination of metronomic trofosfamide, pioglitazone and rofecoxib/etoricoxib indicating that this strategy represents a promising approach in the therapy of malignant vascular tumors and may even induce long-term remission.

Disclosure: No conflict of interest disclosed.

P928

Multimodality treatment (MT) including surgery is associated with improved overall survival (OS) in patients (pts) with advanced/metastatic soft tissue sarcoma (a/m STS)

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Introduction: MT remains standard of care in selected pts with a/m STS. However, data on MT in STS remains limited. Here, we report on a/mSTS pts with palliative medical treatment (Rx) with MT(+) or without MT(-).
Methods: Pts with a/m STS and Rx within the observation period 12/1998-05/2016 were identified from medical records, retrospectively. MT(+) pts received in addition either surgery (Sx) and/or radiotherapy (RTx) throughout the course of Rx. Overall survival (OS) was defined as time from first palliative treatment until death. Descriptive statistics, Kaplan-Meier and Log-rank analysis, as well as Cox-regression and Landmark analyses were administered.
Results: Out of 181 a/mSTS pts, 111 (61.3%) received MT(+). Administered lines of Rx where similar among both groups. MT(+) pts received a median of 1 Sx (range (r):0-7) and 1 RTx (r: 0-8). The OS of all pts was 18 (95%CI:14.1-21.9) months (mo). MT(+) pts showed a superior OS of 22 (95%CI: 15.2-28.8) mo compared to 15 (95%CI:8.8-21.2) mo ($p = .029$) in MT(-) pts. The use of Rx+Sx±RTx among MT(+) pts was associated mainly with OS improvement ($p \leq .001$), which remained significant at 3- ($p = .001$) and 6-mo land-marks ($p = .004$). Rx+RTx was not identified as independently associated with risk of death. Rx+Sx±RTx showed an independent association with decreased risk of death (HR:0.45 (95%CI:0.4-0.8), $p = .004$).
Conclusion: At our canter MT within the Rx sequence was performed in a relevant proportion of pts. MT was associated with superior OS. In particular, the OS benefit became most prominent in pts receiving Rx+Sx±RTx within 6 months upon first palliative treatment. Therefore, additive surgery deemed to be the preferred approach within the multimodal strategy in a/mSTS pts.

Disclosure: No conflict of interest disclosed.

P929

Multimodal therapy of a young patient in condition after a sclerotized epitheloide fibrosarcoma (SEFS) G2 of the proximal inferior vena cava / right atrium with synchronous oligo bone metastases

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A radical cardiosurgical intervention was performed due to the diagnosis o the SEFS with subsequent R0-resection and classical reconstruction of the inferior vena cava / right atrium with a pericardial patch.
At the time of diagnosis, no radiologic signs of a metastatic disease were found. The patient forewent an adjuvant chemotherapy with doxorubicin and ifosfamide. An adjuvant conventional radiotherapy was dismissed.
In the course of 1.5 years as of December 2013, a repeated intermittent formation of osseous oligometastases occurred in various areas around the initial tumor site

- **12/2013:** Pathological fracture of the left 7th anterolateral rib with subsequent partial resection and histological verification of the known sarcoma (G2, R0[1])
- **01/2014:** Total cleidectomy of the right clavicle with parts of the manubrium sterni and first rib (G2, R0[1])
- **05/2014:** Progressive osteolysis of the 11th thoracic vertebral body with whole-body-PET/CT. Subsequent stereotactic radiotherapy (SBRT) with 5 x 4 Gy each was performed

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