

More intensive chemo ups survival in ewing sarcoma

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(HealthDay)—More intensive chemotherapy (every two weeks versus every three weeks) improves event-free survival for patients with localized Ewing sarcoma, according to a study published online Oct. 22 in the *Journal of Clinical Oncology*.

Richard B. Womer, M.D., from the Children's Hospital of Philadelphia, and colleagues conducted a prospective trial in which 568 patients younger than 50 years old with newly diagnosed localized extradural Ewing sarcoma were randomized to receive standard or intensified treatment with chemotherapy cycles beginning every 21 and 14 days, respectively (284 patients in each group). Patients received vincristine, [doxorubicin](#), and [cyclophosphamide](#) alternating with ifosfamide and etoposide for 14 cycles, with filgrastim between cycles. At week 13, following four cycles in the standard arm and six cycles in the intensified arm, primary tumor treatment (surgery, radiation, or both) began.

The researchers found that, at a median of five years, event-free survival was 65 percent in the standard arm and 73 percent in the intensified arm ($P = 0.048$). Toxicity was similar between the groups.

"For localized Ewing sarcoma, chemotherapy administered every two weeks is more effective than [chemotherapy](#) administered every three weeks, with no increase in toxicity," the authors write.

More information: [Abstract](#)
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