

Doxorubicin + trabectedin tied to increased survival in metastatic leiomyosarcoma

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For patients with metastatic or surgically unresectable leiomyosarcoma, combination therapy with doxorubicin and trabectedin is associated with improved overall and progression-free survival compared with

doxorubicin alone, according to a study [published](#) online Sept. 4 in the *New England Journal of Medicine*.

Patricia Pautier, M.D., from the Institut Gustave-Roussy in Villejuif, France, and colleagues conducted a Phase III trial involving 150 patients with metastatic or unresectable leiomyosarcoma who had not received chemotherapy.

Patients were randomly assigned to [doxorubicin](#) (six cycles) or doxorubicin plus trabectedin (six cycles), with continued trabectedin as maintenance therapy in patients in the doxorubicin-trabectedin group without disease progression. After six cycles of therapy, surgery was allowed to resect residual disease in each group.

The researchers found that at a median follow-up of 55 months, 47 and 60 patients in the doxorubicin-trabectedin and doxorubicin groups, respectively, had died. Median overall survival was longer in the doxorubicin-trabectedin group versus the doxorubicin group (33 versus 24 months; adjusted hazard ratio for death, 0.65).

Progression-free survival was longer in the doxorubicin-trabectedin group versus the doxorubicin group, in a finding consistent with earlier reports (12 versus six months; adjusted hazard ratio for progression or death, 0.37).

"The trial results support the use of doxorubicin plus trabectedin for the first-line treatment of advanced or metastatic leiomyosarcomas, offering hope for improved outcomes in this challenging disease area," the authors write.

More information: Patricia Pautier et al, Doxorubicin–Trabectedin with Trabectedin Maintenance in Leiomyosarcoma, *New England Journal of Medicine* (2024). [DOI: 10.1056/NEJMoa2403394](https://doi.org/10.1056/NEJMoa2403394)

Robert S. Benjamin, A Late-Arriving but Welcome Advance in Sarcoma Therapy, *New England Journal of Medicine* (2024). DOI: [10.1056/NEJMe2407116](https://doi.org/10.1056/NEJMe2407116)

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