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## Exploring Multiferon Therapy in Patients with Desmoid Tumours in need of Medical Treatment where Surgery is not a Feacible Option.

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### Background:

Desmoid tumours (aggressive fibromatosis) are locally invasive, non metastatic, but have a high local recurrence rate after primary resection. The tumours can occur in all ages, but the majority of patients are women, often of childbearing age. In patients, where surgery is not an option, medical treatments may be needed. Because positive responses with INF- $\alpha$  therapy had been reported, supported by in-vitro and in-vivo results, we decided to investigate Multiferon as a treatment option for patients with these tumours.

### Methods:

Multiferon is a multi subtype INF- $\alpha$  product obtained from the leukocyte fraction of human blood. The product is highly purified and contains  $\alpha$ 1,  $\alpha$ 2,  $\alpha$ 8,  $\alpha$ 10,  $\alpha$ 14 and  $\alpha$ 21. Multiferon was given sc 3 Mill IE x 6/week as a standard, but with some variations in compliance. Included were inoperable patients with progression of disease needing therapy and not candidates for RT, chemotherapy or hormone therapy for different reasons

### Results:

From January 2008 to January 2013, 22 pts have been evaluated for starting Multiferon treatment, 14 women and 8 men. Of these 22pts, 4 have not yet received Multiferon. 4 pts are still on treatment. 5 pts achieved PR, 11 pts SD, 1 pt PD and 1 pt not evaluated yet. None of the pts have progressed after end of treatment. Pts have been treated from 2 -38 months. and have been observed from 0 to 30 months after ending treatment. Treatment was stopped when the pts wanted to, either due to side effects or achieving stable disease observed over several months. Side effects were as expected with Multiferon, generally tolerable, manageable and reversible. All pts were happy ending the treatment.

### Conclusions:

Multiferon may be a new promising treatment option for desmoid tumours. More data are needed. The presentation will present latest new follow-up data.

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