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CONSERVATIVE TREATMENT OF INOPERABLE GIANT CELL BONE TUMOR OF PELVIS AND SACRUM USING BONE RESORPTION INHIBITORS

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Background: Giant cell tumor is aggressive bone tumor. Surgical treatment is considered to be the only effective method of treatment of these tumors. The problem of primary inoperable patients with giant cell tumors is a challenge.

Methods: Between 2009 and 2012, a total of 5 patients had inoperable giant cell bone tumors of pelvis and sacrum at the National cancer institute in Kiev, Ukraine. Among them were 2 males and 3 females at the age from 19 to 32 years. Mean follow-up was 18 months (range, 5 to 38). 3 patients underwent bisphosphonates administration (zoledronic acid or ibandronic acid), radiation therapy and embolization of tumor-nutrient arteries; 2 patients received denosumab (monoclonal antibody blocking RANKL/RANK bond) by the scheme: 120 mg on 1, 8 and 15 day, then 120 mg once a month. The efficiency was assessed by clinical data: pain syndrome intensity, Brief Pain Inventory (BPI) questionnaire and CT scans comparison (volume and density of tumor).

Results: All 5 patients had pain syndrome intensity decrease after 1 week of study. Treatment with denosumab demonstrated more than 30% tumor regression. All of the patients are in remission status. 4 of them had tumor capsule density increase.

Conclusion: Administration of bisphosphonates and denosumab in patients with inoperable giant cell tumors of pelvis and sacrum is perspective, allows to achieve remission and to increase the quality of life by decreasing pain syndrome intensity.

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