

Pediatric Sarcoma Patients at Increased Risk of Thromboembolic Events

A review of the records of 122 patients diagnosed with sarcoma at a median age of 18 years showed an increased risk of thromboembolic events, particularly for those patients with metastatic disease. Researchers from Johns Hopkins Hospital in Baltimore, Md., published their findings in the April 20 issue of the *Journal of Clinical Oncology*. The patients whose records were reviewed were diagnosed between October 1980 and July 2002. A total of 19 patients had a reported 23 thromboembolic events, 43% of which were asymptomatic. Rates of thrombosis did not differ among different types of sarcoma. The predominant sites of thromboses were deep veins of the extremities in 10 patients (43%), pulmonary embolism in 5 patients (22%), and the inferior vena cava in 4 patients (17%); tumor compression and venous catheters were associated with the thromboses in 8 (35%) and 3 (13%) patients, respectively. Metastatic disease was associated with a 2.59-fold higher likelihood of developing a thromboembolism than localized disease. In approximately 53% of the patients with thrombosis, a clot was present at the time of sarcoma diagnosis, and half of these patients developed a clot unrelated anatomically to the tumor itself. The researchers stated that this observation suggested “systemic activation of the coagulation system.” The rate of thromboembolic events in pediatric sarcoma patients necessitates aggressive management of patients in whom suggestive symptoms occur. Also, some patients with prothrombotic risk factors may benefit from prophylaxis.

Reduced-intensity Conditioning in Multiple Myeloma Associated With Higher Risk of Relapse Than Myeloablative Conditioning

Reduced-intensity conditioning (RIC) allogeneic stem cell transplantation (allo-SCT) is associated with a higher risk of relapse in multiple myeloma than myeloablative conditioning, according to results of a retrospective study published in the April 15 issue of *Blood*. However, the authors stressed that the issue of RIC versus myeloablative conditioning may be subsumed under the larger, and still unanswered, question of whether allogeneic or autologous transplantation is associated with better outcomes in this setting. Randomized studies are addressing the larger question now, but the type of conditioning to be used with allogeneic transplantation has not been researched in a randomized fashion. The retrospective analysis compared outcomes of RIC and myeloablative conditioning in 320 and 196 patients, respectively, who underwent allo-SCT

for multiple myeloma between 1998 and 2002. The average ages of patients who received RIC and myeloablative conditioning were 51 and 45 years, respectively. Progressive disease was reported in 28% of RIC patients and 21% of myeloablative patients; 76% and 11% of RIC patients and myeloablative patients, respectively, had undergone a prior transplantation. Nonrelapse mortality at 2 years was found to be 24% and 37%, but overall survival was 38.1% and 50.8% in RIC and myeloablative patients, respectively. Interestingly, the researchers reported a hazard ratio (HR) for nonrelapse mortality of 0.5 for RIC, which was offset by an increase in relapse risk (HR 2.0). Furthermore, they stated that “the conditioning intensity did not impact on overall survival or retain significance for progression-free survival,” though, “swapping relapse for nonrelapse mortality is not progress.” Therefore, even though the RIC regimen allows better engraftment, that does not indicate it is successful; rather, the authors assert, a conditioning regimen that controls the myeloma is needed. Still, a return to fully myeloablative allo-SCT is not the answer. Improved conditioning through the use of targeted radiotherapy and better posttransplant care will likely be beneficial.

Panitumumab Extends Progression-free Survival in Chemorefractory Metastatic Colorectal Cancer

Panitumumab (Vectibix, Amgen), a fully human monoclonal antibody directed against the epidermal growth factor receptor (EGFR), has been shown to extend progression-free survival in patients with metastatic colorectal cancer refractory to chemotherapy. Results of an open-label phase III study enrolling 463 patients were published in the May 1 issue of the *Journal of Clinical Oncology*. Researchers compared panitumumab 6 mg/kg every 2 weeks plus best supportive care to supportive care alone and found that patients receiving the antibody experienced an improvement in median progression-free survival (8 vs 7.3 weeks) and a 46% decrease in the relative progression rate. However, there was no difference observed in overall survival between the groups. After a minimum of 12 months' follow-up, response rates were 10% for panitumumab and 0% for best supportive care alone ($P < .0001$). In addition, the rates of stable disease were 27% and 10% in the panitumumab and best supportive care alone groups, respectively. The most commonly observed toxicities were skin toxicities (in 90% of panitumumab recipients), hypomagnesemia, and diarrhea. There were no serious (grade 3/4) infusion-related reactions or treatment-related deaths.