Fibrosarcoma treatment methods

For most patients with progression on the first-line regimen, we prefer enrollment in a clinical trial, if one is available. If protocol treatment is not available or declined, our recommendations for therapy at progression for patients who retain a good performance status are histology-driven.

Trabectedin is approved for use in advanced Fibrosarcoma in the United States after failure of anthracycline-based therapy. Fibrosarcoma appears particularly sensitive to Trabectedin and is preferred for this specific histology in second line.

Eribulin is approved for use in advanced fibrosarcoma in the United States and in Australia. Adult-Type and Sclerosing Epithelioide Fibrosarcoma, appear to be more sensitive to Eribulin than to Trabectedin. As a result, Eribulin is preferred for this specific histology in second line.

Pazopanib is approved for advanced fibrosarcoma that fail anthracycline therapy.

For patients with advanced progressive fibrosarcoma despite anthracycline-based therapy, a weekly Taxane is a good option. Single-agent Gemcitabine or a Gemcitabine-based combination is also a reasonable option.

Other options for the second-line treatment and beyond in patients who retain a good performance status include pegylated liposomal Doxorubicin, an Ifosfamide-containing regimen, or Gemcitabine or a Gemcitabine-based combination.

In our experience, undifferentiated pleomorphic sarcoma/malignant fibrous histiocytoma is the one histologic subtype that responds better to gemcitabine/Docetaxel than to other chemotherapy combinations and we would choose this combination for second-line therapy after failure of initial Doxorubicin plus Olaratumab.