Pazopanib for advanced liposarcoma

Results of a prospective, single-arm, multicentre, phase 2 trial suggest that pazopanib might have activity in patients with unresectable or metastatic liposarcoma, a rare malignancy with poor prognosis. Pazopanib is a multi-targeting tyrosine kinase inhibitor approved as second-line therapy for other types of soft tissue sarcoma.

In this study by Brian Samuels (Summit Cancer Centers, Post Falls, ID, USA) and colleagues, 41 patients with unresectable or metastatic liposarcoma received oral pazopanib (800 mg) once a day in 28-day cycles. The progression-free rate at 12 weeks (primary endpoint) was 68·3% (95% CI 51·9–81·9) after pazopanib treatment, significantly greater than the 40% historical progression-free survival rate that characterises active therapies (p=0·0002). 39% (95% CI 24·2–55·5) of patients were progression-free at 24 weeks. Median progression-free survival was 4·44 months (95% CI 3·2–6·5), and median overall survival was 12·6 months (8·5–16·2). The most frequent drug-related adverse events were nausea, hypertension, diarrhea, and fatigue (all ≤grade 3).

Samuels explained that patients with liposarcoma are excluded from the indication approved by the US Food and Drug Administration for pazopanib treatment of advanced sarcoma because of a statistical anomaly that occurred during the previous phase 2 study that preceded the pivotal phase 3 trial leading to drug approval. As Samuels summarised, 'We decided to recapitulate the original phase 2 study in liposarcomas…Pazopanib is active in the treatment of liposarcomas, just as it is for other subtypes of sarcoma.'

George Demetri (Dana Farber Cancer Institute, Boston, MA, USA) commented, "Sarcomas, though rare, continue to generate important research and clinical insights. It is interesting that this study is in conflict with certain prior trial results, likely reflecting the heterogeneity even of rare subsets of rare diseases with very small numbers of patients." Demetri noted that several new therapies have been approved worldwide for liposarcomas in the past 2 years, and that this study provides "more data that there are more options for rare diseases; and data such as these support the potential use of pazopanib to gain control of progressive disease if all other options had failed."

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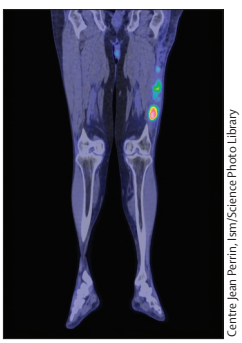

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Lancet Oncol 2017

Published **Online**
August 24, 2017
http://dx.doi.org/10.1016/S1470-2045(17)30663-0

This online publication has been corrected. The corrected version first appeared at thelancet.com/oncology on Month DD, 2017

For the **study by Samuels and colleagues** see *Cancer* 2017; DOI:10.1002/cncr.30926

For the **study by Sleijfer and colleagues** see *J Clin Oncol* 2009; **27:** 3126–32

For the **study by van der Graaf and colleagues** see *Lancet* 2012; **379:** 1879–86