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Pazopanib as treatment for aggressive refractory disseminated familial classical Kaposi sarcoma – Case report

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A case report of a male patient diagnosed in March 2011 with aggressive familial classical Kaposi sarcoma (cKs), was recently published in the journal.[1]
First-line chemotherapy with liposomal doxorubicin was administered with significant improvement. Four weeks after receiving the fifth cycle, the local sarcoma symptoms, i.e. lymphedema, pain and redness of the left thigh, relapsed. Then, second-line chemotherapy with weekly paclitaxel was applied. After that treatment, the local disease was almost healed for approximately eight months. Thus, due to reappearance of the sarcoma on the same area, paclitaxel weekly was reinitiated as third-line chemotherapy, followed by radiotherapy, result in excellent response. New local relapse with new infiltrations on the left area four months later was treated with per os vinorelbine, but it resulted in mixed response, with decrease of the edema of the left thigh but worsening of the redness on the shin area. The patient received fourth-line chemotherapy with paclitaxel weekly with substantial improvement.
Four months after remaining asymptomatic, the patient developed disease progression on the dorsal area of the left foot. Local radiotherapy was applied. A new relapse occurred and pazopanib, 800mg per day, was prescribed. The patient received this dosage for about forty days, with dramatic response to treatment, but then it was reduced to 400mg per day due to hepatic toxicity (fig. 1). The dosage increased up to 800mg per day a month ago. He remains disease-free to present, sixteen months later.
Chemotherapy with liposomal doxorubicin or taxanes are mainly preferred as systematic treatment for aggressive or refractory cases of cKs.[2,3] Generally, no optimal treatment has been developed for cKs.
Pazopanib is a tyrosine kinase inhibitor, which is approved for treatment of advanced soft tissue sarcomas. PALETTE, a phase III study, demonstrated the efficacy of pazopanib in patients with metastatic non-adipocytic soft tissue sarcomas after previous chemotherapy.[4] In this study, the participants, with 2:1 randomization, received either pazopanib, 800mg per day orally or placebo. There was statistically significant median progression-free survival for pazopanib (4.6 months, compared to 1.6 months for placebo), but it was not found superior to placebo in overall survival (12.5 months for pazopanib, compared to 10.7 months for placebo).
The PALETTE study resulted in the inception of many relevant trials, including analysis of various adipocytic sarcomas subtypes receiving pazopanib, as possible extension of the PALETTE study results. Moreover, studies including gemcitabine, with or without pazopanib, for treating refractory soft tissue sarcomas or pazopanib as neoadjuvant therapy of sarcomas, with or without chemotherapy, are in progress, as well.[5] However, the data about sarcomas treatment could be further expanded, including rare sarcomas such as cKs to benefit from applying antiangiogenic agents such as pazopanib.

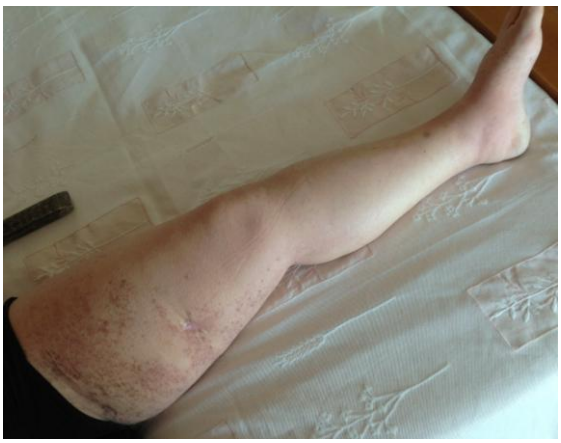

Figure 1. *Left lower extremity after pazopanib admission*

References:

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