Recommendations for treating recurrent and advanced chordoma

Chris Heery, MD
Bill Dorland

Recommendations for recurrence

- Chordoma Global Consensus Group
- 60 doctors from around the world
- Group met for the second time in November 2015

Paper published in Annals of Oncology in February 2017 with recommendations for local and regional recurrences

Purpose of the group
- Cure is not always possible for recurrence, but treatment options exist that can make it possible for patients to live many years
- Recommendations created to help ensure that patients receive these treatments

Definitions of recurrence

- If the tumor grows back in the same place as the original tumor, this is known as a local recurrence.
- If it grows back in an area close to where the original tumor grew, this is called a regional recurrence. In most regional recurrences, the tumor only spreads to areas in direct physical contact with the site of the original tumor and not to other areas of the body.

Diagnosing recurrence

- Scans
  - MRI with contrast
  - Possibly CT
- Biopsy recommended if
  - Imaging is uncertain
  - Tumor is growing quickly
  - Another type of cancer is suspected
- Importance of experienced multidisciplinary team
  - Pathology
  - Radiation oncology
  - Surgery
  - Medical oncology
  - Palliative care
Determining treatment

- Scans
  - MRI of entire spine
  - Full body CT
  - Compare these to imaging taken after first treatments
- High-dose radiation
  - Determines what treatment options are possible
  - How is this determined?
- Treatment options vary by location of tumor
- Important to consider possible side effects
  - Discuss with doctors, discuss with family

Determining treatment, cont.

- What to consider if high-dose radiation is not possible
  - Debunking surgery
  - Low-dose radiation
  - Ablation therapies
    - Cryoablation
    - RFA
  - Clinical trials
  - Systemic therapies
  - Watch and wait
    - If imaging is uncertain but tumor is not growing and no symptoms present
    - If recurrence is confirmed but tumor is not growing or growing slowly and no symptoms present

Recommendations for advanced disease

- Advanced disease
  - Local or regional recurrence that cannot be treated with high-dose radiation and/or surgery
  - Metastatic disease
- CF Medical Advisory Board recommendations for considering systemic therapy
  - 1) Chordoma-specific clinical trials
  - 2) Trials relevant to chordoma patients
  - 3) Off-label drug therapies
    - Drugs approved to treat other cancers can be prescribed off-label for chordoma
    - FAQ: Are some off-label therapies harder to get than others? How much will out-of-pocket costs be?
    - FAQ: Should imatinib always be prescribed first? If not, how can patients advocate to their oncologists to consider others?

CF resources available

Doctor Directory to find experienced medical oncologists

FAQ: What if there are no experienced oncologists in my area?

CF resources available

- Clinical Trials Catalogue
  - chordoma.org/clinical-trials

CF resources available

- Systemic therapy information
  - chordoma.org/systemic-therapy
CF resources available

- Patient Navigation Service
  - chordoma.org/request-help

Comprehensive palliative care

- Also called supportive care, recommended for patients at any stage of chordoma treatment
- A comprehensive palliative care plan should consider
  - Pain management
  - Management of other symptoms
  - Psychological support
  - Care planning
- Specialties
  - Physical medicine and rehabilitation
  - Anesthesiology
  - Pain medicine
  - Psychology/social work
  - Palliative care

New Expert Recommendations booklet

Your feedback is important and appreciated!