

Expert opinions

on current desmoid tumour treatments and guidelines

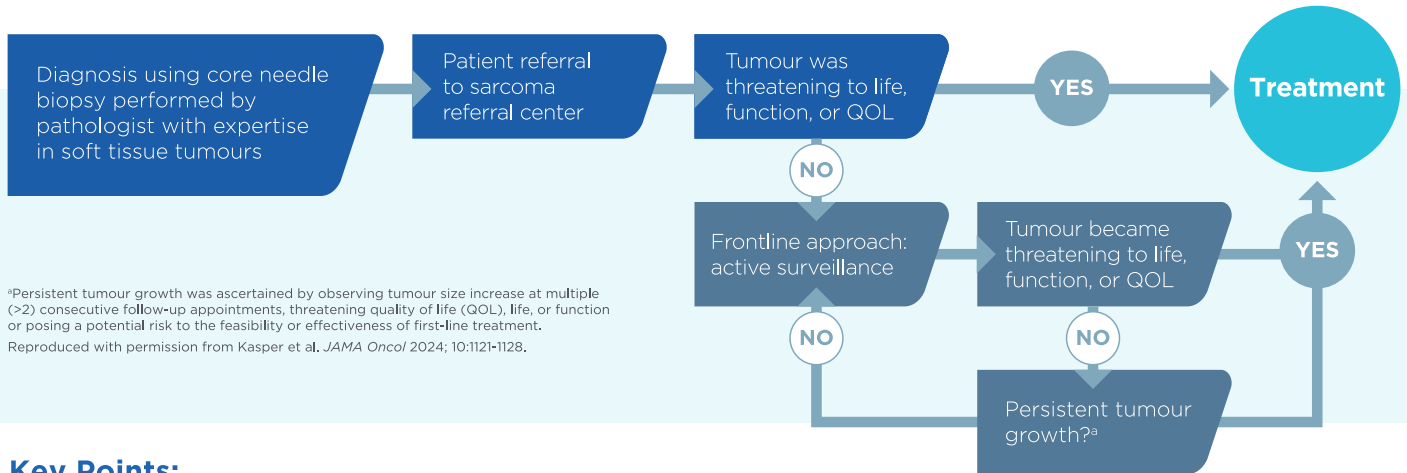
Insights from two renowned experts on the clinical management of DT, **Professor Bernd Kasper** from Germany and **Professor Alessandro Gronchi** from Italy, were captured during an “Ask Your Expert” session at a recent international oncology conference. This session focused on current clinical recommendations for managing DT according to updated guidelines from the international DT Working Group (DTWG).^{1,2}



Professor Alessandro Gronchi MD (Chair)



Professor Bernd Kasper, MD, PhD



Key Points:



Patient Evaluation: Suspected DT should be assessed using imaging, histopathologic biopsy analysis and, whenever possible, testing for associated gene mutations.²



Disease Management: After diagnosis and specialist referral, individualised care should be provided by multidisciplinary teams that may include medical oncologists, radiologists, oncology surgeons, pain specialists, and, where necessary, physiotherapists, psychologists and social workers.^{1,2}



Active Surveillance: Experts from the DTWG and the US National Comprehensive Cancer Network (NCCN) advocate for active surveillance as the first-line management approach in evidence-based treatment guidelines.^{1,2}

- **Monitoring:** Signs of tumour progression, patient symptoms, and quality of life (QoL) should be monitored during active surveillance.



Active Treatment: Individualised treatment — usually systemic therapy, surgical intervention, or both — should be initiated by the multidisciplinary team in consultation with the patient if tumour progression or worsened DT symptoms are detected.¹⁻³

- **Systemic therapies:** Medications administered orally or otherwise to reach the treatment target through the bloodstream are the recommended first-line active treatment option for most DT patients but currently, no systemic therapies have regulatory approval for the treatment of DT in Europe.
- **Surgery:** Surgery is not generally advocated as a first-line treatment in DT, except for potentially life-threatening tumours or abdominal tumours with complications (e.g., gastrointestinal bleeding or obstruction).
- **Locoregional Therapy:** Treatments such as cryoablation (using extreme cold to destroy tumour tissue) or focal radiotherapy (delivering precise radiation doses directly to tumour tissue) can be applied in certain cases.

Systemic Therapy Classes:

1. Low-dose chemotherapy.⁴⁻⁸
2. Tyrosine kinase inhibitors (TKIs).⁹⁻¹¹
3. Gamma-secretase inhibitors (GSIs).¹²⁻¹⁴

- **Treatment considerations:** Low-dose chemotherapy may be used for rapidly growing, debilitating, or life-threatening DT, and TKIs have shown some clinical efficacy in progressive DT; toxicity and tolerability concerns should be taken into account for long-term use with all three therapy classes.^{1,9}