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Biopsy Technique Usage for Diagnosis of Ewing Sarcoma

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Ewing's sarcoma (EwS) is a rare, high-grade cancer that causes micrometastasis a priori in most patients because more than 90% of patients die of disseminated disease without systemic therapy [1]. It is most commonly diagnosed in the 20 years of life. However, patients present with tumors in almost every part of their body, from newborns to the age of 80.

Current EwS therapy highlights a multimodal approach that has resulted in improved overall survival (OS) in localized disease as a result of collaborative research [2]. Despite multimodal treatment, survival is still associated with a poor prognosis for metastatic disease, which is 20-25% of patients, primarily lung (70-80%) and bone / bone marrow (40-45%) [3]. In addition, recurrence is observed in 30-40% of patients with primary non-metastatic disease and increases to 60-80% in EwS patients with metastatic disease at diagnosis. Recurrences are most o en systemic (71-73%), followed by complex (12-18%) and local (11-15%) recurrences with a 5-year survival rate of 15-25% a er recurrence and local recurrence outperforms whole body [4]. Controlling systemic tumors remains the greatest therapeutic challenge.

Nevertheless, many aspects of the disease require further research. B. Cells of potential origin, phenomena of oncogene dependence and oncogene plasticity, EwS, CIC rearranged sarcoma, sarcoma with genetic BCOR changes, and round cell sarcoma with EWSR1 non-ETS fusion (previously all known together) ere was a di erent molecular activity and clinical association of fusion proteins in "Ewing-like sarcoma"). e term refers to morphological similarity, but misleads both the genetic background and clinical similarity. erefore, it is referred to as "related entity") [5].

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