

Ewing Sarcoma

What is Ewing sarcoma?

Ewing sarcoma begins when healthy cells in the bone or nearby soft tissue change and grow out of control, forming a mass called a tumor. Ewing sarcoma is cancerous, which means it can grow and spread to other parts of the body. Ewing sarcoma most often develops in children and young adults between the ages of 10 and 20.

Where does Ewing sarcoma develop?

Ewing sarcoma affects the bones or nearby soft tissue. In bone, it most often develops in the leg, pelvis, rib, arm, or spine. If Ewing sarcoma develops in the soft tissue, it is usually found in the thigh, pelvis, spine, chest wall, or foot.

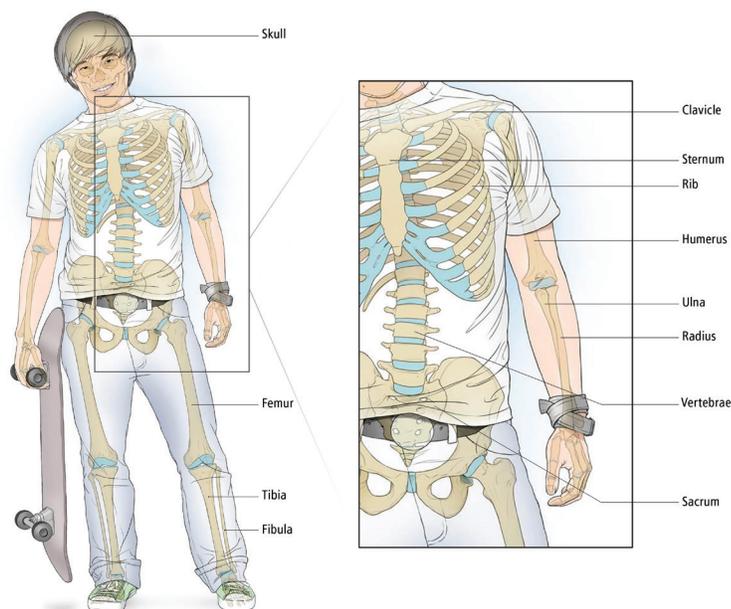


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What does stage mean?

The stage is a way of describing where the tumor is located, if or where it has spread, and whether it is affecting other parts of the body. Doctors describe Ewing sarcoma as localized, metastatic, or recurrent. Localized Ewing sarcoma is only found where it began or has spread only to nearby tissues. Metastatic Ewing sarcoma has spread from where it began to another part of the body, such as the lungs, other bones, or bone marrow. Recurrent Ewing sarcoma is a tumor that has come back after treatment. Find more information at www.cancer.net/ewing.

How is Ewing sarcoma treated?

The treatment of Ewing sarcoma depends on the size and location of the tumor, whether the tumor has spread, and the child's overall health. Children and teens with Ewing sarcoma are often treated in clinical trials. A typical treatment plan for Ewing sarcoma includes systemic therapy that treats the entire body, such as chemotherapy, combined with localized therapy. Localized therapy focuses on treating the tumor itself using surgery and/or radiation therapy. When more than 1 treatment is used, it is called combination therapy. Whenever possible, treatment for Ewing sarcoma begins with chemotherapy.

When making treatment decisions, consider a clinical trial; most children and teens with cancer are treated as part of one. Clinical trials are an option to consider for treatment and care for all stages of cancer. Talk with your child's doctor about all treatment options. The side effects of treatment for Ewing sarcoma can often be prevented or managed with the help of your child's health care team. This is called supportive care or palliative care and is an important part of the overall treatment plan.

How can I help my child or teen cope with Ewing sarcoma?

Helping your child or teenager understand a cancer diagnosis is a key part of the coping process. Children and many adolescents with Ewing sarcoma should be treated at a pediatric cancer center. These centers not only provide access to the latest treatments, but they also offer age-appropriate programs for social and emotional needs. Encouraging your child and other family members to share their emotions can be helpful in managing the diagnosis, treatment, and healing process.

Questions to ask the health care team

Regular communication is important in making informed decisions about your child's health care. It can be helpful to bring someone along to appointments to take notes. Consider asking your child's health care team the following questions:

- What type of Ewing tumor has been diagnosed? What does this mean?
- Where is the tumor located?
- Can you explain my child's pathology report (laboratory test results) to me?
- Would you explain my child's treatment options?
- What clinical trials are available for my child? Where are they located, and how do I find out more about them?
- What treatment plan do you recommend for my child? Why?
- What is the goal of each treatment? Is it to eliminate the cancer, help my child feel better, or both?
- Who will be part of the treatment team, and what does each member do?
- How will this treatment affect my child's daily life? Will he or she be able to go to school and perform his or her usual activities?
- What short-term and long-term side effects may be associated with my child's cancer treatment?
- What are the chances that the cancer will come back after treatment?
- What follow-up tests will my child need, and how often will he or she need them?
- If I'm worried about managing the costs of cancer care, who can help me?
- Where can I find emotional support for my child? For my family?
- Whom should I call with questions or problems?

Find more questions to ask the health care team at www.cancer.net/ewing. For a digital list of questions, download Cancer.Net's free mobile app at www.cancer.net/app.

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WORDS TO KNOW

Biopsy:

Removal of a tissue sample that is then examined under a microscope to check for cancer cells

Bone marrow transplant:

Procedure that replaces diseased bone marrow with healthy stem cells that create new bone marrow or provides stem cells to help the bone marrow recover after high-dose chemotherapy

Chemotherapy:

The use of drugs to destroy cancer cells

Clinical trial:

A research study that tests a new treatment

Lymph node:

A tiny, bean-shaped organ that fights infection

Malignant:

A tumor that is cancerous

Metastasis:

The spread of cancer from where it began to another part of the body

Pediatric oncologist:

A doctor who specializes in treating children and teens with cancer

Prognosis:

Chance of recovery

Radiation therapy:

The use of high-energy x-rays to destroy cancer cells

Tumor:

A mass formed when normal cells begin to change and grow out of control

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