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Giant Cell Tumor of Bone Reply

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In Reply

We thank Cavanna et al. for sharing their interesting observations and remarks [1] concerning our clinical guidance paper on giant cell tumor of bone (GCTB) in the era of denosumab [2]. We also would like to take the opportunity to update our paper with respect to the recent positive opinion, dated July 25, 2014, of the European Medicines Agency's Committee for Medicinal Products for Human Use recommending denosumab for the treatment of adults and skeletally mature adolescents with GCTB that is unresectable or for which surgical resection is likely to result in severe morbidity [3].

Regarding the case report of Cavanna et al. [1], the apparently asymptomatic GCTB was detected through a fluorodeoxyglucose F 18 (¹⁸F-FDG) positron emission tomography (PET) scan while staging a melanoma. GCTB is often PET positive, as mentioned in our paper [2]. In this particular case, additional imaging and an open biopsy led to the final diagnosis.

What we can learn from their report [1] is that in cases of screening for metastases in a highly malignant tumor, such as melanoma, an ¹⁸F-FDG PET-positive lesion is not always a metastasis. In this rare case, an asymptomatic PET-positive GCTB could mimic a metastasis. Further imaging and histology of the PET-positive lesion is always warranted to confirm or exclude metastatic disease and led to the correct diagnosis. That said, we believe that despite the fact that ¹⁸F-FDG PET is generally positive in GCTB, this should not be routinely recommended in the initial diagnosis of GCTB because conventional imaging plus histology is sufficient for clinical decision making.

We also would like to emphasize that an open biopsy, as used in the case report by Cavanna et al. [1], is not our first choice for GCTB. We have shown that the high accuracy of the core needle biopsy, combined with the advantages of this technique over the incisional surgical biopsy, makes it a safe, fast, and adequate technique for obtaining a histologic sample of a bone tumor [4]. The European Society for Medical Oncology guidelines also state that, in many situations, core needle biopsies (preferably taken under imaging control) are an appropriate alternative to open biopsy [5].

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