

Meeting abstract

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Retroperitoneal soft tissue sarcoma

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Background

Retroperitoneal sarcomas are rare malignant tumours with aggressive course of disease and high local recurrence rate. The evaluation and treatment of retroperitoneal sarcomas are challenging because the tumours are relatively rare and frequently present with advanced disease in an anatomically complex location. We analyzed the treatment and survival in 96 patients with primary or recurrent retroperitoneal sarcoma (RPS).

Materials and methods

Between 1991 and 2003, 98 patients with RPS were treated at the Instituto Nacional De Cancerología of México. We retrospectively evaluated clinicopathological data from 96 patients in a single institution. We examined the treatment and outcome. Survival curves were generated using the Kaplan-Meier and the log rank test.

Results

The median age at diagnosis was 47 years (range 17–81). 57 women and 41 men. The mean time following was 30 month (m). At diagnosis 30 patients had metastasis with hepatic metastasis in 14% of all cases, followed by lung (9%). Liposarcoma was the most common type of histology (34%), followed by leiomyosarcoma (20%). The mean size of tumor was 17 centimeter. We removed surgically in 87 patients and 11 patients were treated in other institutions. 42% multivisceral resection. Only in 62 patients were valuable status of the surgical margins. R0 resection was made in 24 patients, R1 resection in 14 and R2 in 24 patients. 37 patients we treated with adjuvant radiotherapy (RT). The local recurrence was present 36%.

The overall survival (OS) was 39 m for low grade vs 29 m by high grade ($P = \text{NS}$). The patients treatment with RT surviving 41 m vs 33 m ($P = 0.03$) The OS in patients treated with surgery in the institution was 42 m vs 10 m in patients treated outside ($P = 0.01$). At following 47 patients were lost.

Conclusion

The treatment of patients with RPS remains unsatisfactory. Aggressive surgery is recommended in the majority of the cases. The adjuvant RT seems to be that impacts in the overall survival. Our results indicate that the patients with RPS should be treated in institutions specialized and with a high experience in the multidisciplinary management.