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## TREATMENT OF MALIGNANT MESOTHELIOMA (MM) BY IRRADIATION AND CHEMOTHERAPY.

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We reviewed 40 pts with MM, of these 29 had pleural MM, and 11 peritoneal MM, treated from 1980-91. Diagnosis was confirmed by biopsy in all cases. **Pleural MM:** Long-term exposure to asbestos was confirmed in 8/29 pts; Of 15 pts with thoracotomy only 5 underwent debulking surgery, whereas the remaining 14 had biopsy of the pleura; 19/29 pts were irradiated to hemithorax (TD 400-6000 cGy), 3/29 had additional ChT (CTX, ADM, CDDP), and 1/29 ChT alone. The resulting poor outcome of treatment was expected. All pts have died. The interval from diagnosis to death was 1-42 mos, mean 10.4 mos. Only 3 pts with combined ChT and RT survived longer, i.e. 23,26,42 mos respectively. **Peritoneal MM:** 2/11 pts. were exposed to asbestos; debulking surgery was performed in 7 pts; 10 pts had systemic ChT (ADM, CTX, CDDP, MMC); 6 pts were additionally irradiated (TD 1500-4500 cGy). 8/11 pts have died. The interval from diagnosis to death was 4-90 mos, mean 30 mos. Three pts are still alive 48, 38 and 19 mos respectively after the beginning of treatment.

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The results of the treatment of 100 soft-tissue sarcomas of the extremities in a developing National Center for Orthopedic Oncology in Israel. I.Meller*, M.D.; M. Mozes, M.D.; and Y. Kollender, M.D. , The National Unit for Orthopedic Oncology, Soroka Medical Center, Beer-Sheva , ISRAEL.
We describe the surgical aspects of the treatment of 100 non-selected consecutive soft tissue sarcomas of the extremities, shoulder and pelvic girdles in a developing national center. The follow-up time was 1→5 years. 80% of patients in different stages of their disease, 50% in unfavorable beginning conditions (to be described). 95 patients underwent limb-sparing surgery and 5 amputations. We achieved in 84 cases Histological Wide local margins and only Marginal margins in 15 cases. The rate of local Recurrence was 12% with 5 secondary amputations belonging to a group of of patients referred after Local Recurrence or Open Exc. Biop. and with Marginal Margins. Our results stress the need for concentration of the treatment of these rare tumors in a center with a sarcoma team approach.

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POSTOPERATIVE RADIATION THERAPY IN SOFT TISSUE SARCOMAS:
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Soft tissue sarcomas (STS) have a mesenchymal origin and its anatomical location and hystological subtipe determinate its definitive tumor control by local treatment or local and systemic one. Local treatment consists of surgical and postoperative radiotherapy wich can saved adverse effects of ultraradical surgery but its not clear if survival is affected.

We have analyzed our experience in 40 patients with STS. 31 patients undervent to radical surgery and 9 to tumorectomy. 31 patients recived postoperative radiotherapy (50 Gy/5w + 10 Gy boost). After 104 months of mean follow-up the most relevant results were:1)Complete local control, 83% (33/40). 2)Local relapse 42% (14/33), systemic recurrence 9%, NED 48% (16/33). 3) Probability of 7 years overall survival was asociated to sex, duration of prediagnosis period, surgical radicality and postoperative radiotherapy. Continous relapse free survival was affected by duration of prediagnosis period, tumor volume, hystological grade and radiotherapy.

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ADRIAMYCIN AND IFOSFAMIDE COMBINATION REGIMEN IN THE TREATMENT OF ADVANCED SOFT TISSUES SARCOMAS.
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Medical treatment of advanced soft tissue sarcomas is often unrewarding. Anthracyclines and alkylating agents are moderately active single agents, combined use being potentially synergistic. Ifosfamide was previously shown to be active and its combined use with adriamycin was therefore worth exploring.
From May '90 to February '93, 33 patients (13 males) with advanced unresectable soft tissue sarcoma (metastatic or relapsed) were treated. Histology was: 8 leiomyosarcoma, 6 undifferentiated, 5 angiosarcoma, 5 fibrosarcoma, 2 rabdiomyosarcoma, 2 fusocellular, 1 liposarcoma, 1 alveolar, 1 condrosarcoma, 1 giant cell sarcoma, 1 schwannoma. Anatomical site of primary tumor was: intra-abdominal 12, extremities 9, trunk 4, thyroid 3, head & neck 2, lung 1, breast 1, heart 1. Mean age was 46.5 years (median 56), range 19 - 80. Performance status was 0 - 2 ECOG, (1: 8 pts, 2: 12 pts, 3: 3 pts). Treatment plan included Adriamycin 30 mg/sqm day 1 and 2, Ifosfamide 1200 mg/sqm (and Mesna rescue) day 1 through 5. A total number of 119 chemotherapy courses was performed, range 1 - 10 (mean 3.6). All pts are evaluable for toxicity: G 4 neutropenia was observed after 12 cycles, G 3 after 11 cycles; thrombocytopenia G 4 after 4 cycles and G 3 after 6 cycles. Ten episodes of G 3 mucositis were reported. Only 1 pt complained of G=1 self-limited cystitis. No clinical and electrocardiographic evidence of cardiac toxicity was observed. Dose reductions were performed while starting on chemotherapy in 1 pt (aged 80) and after 1 cycle in 4 pts, because of toxicity.
Twenty-nine pts are evaluable for response: we observed 4 Complete Responses (lasting 56+, 12+, 27, 6+ weeks), 8 Partial Responses, 10 Stable Diseases; Progressive Disease occurred in 7 pts. Fourteen pts are alive at 6 - 56 weeks since starting on treatment.
In our observation, Adriamycin and Ifosfamide combination regimen is moderately active in advanced soft tissue sarcomas, with manageable toxicity.