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**Comments on: Should Patients
 with Advanced Soft Tissue
 Sarcomas be Treated with
 Chemotherapy? Arbiter: Van
 Hoesel, Q.G.C.M. *Eur J Cancer*
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DR VAN HOESEL, arbiter of the controversy, wrote: '...The response rate for treatment of soft tissue sarcoma is approximately 25%... the results of treatment of locally advanced and/or metastatic soft tissue sarcoma are very disappointing indeed!' [1]. Medical oncologists do not typically have the luxury of being disappointed. On the basis of preliminary data showing a dose-response relationship for ifosfamide, many authors in the last 4 years have tested a regimen containing single-agent high-dose ifosfamide ($\geq 12 \text{ g/m}^2$) in the treatment of soft tissue sarcomas, usually as second-line chemotherapy, obtaining overall response rates of 33% [2], 39% [3], 33% [4] and 100% [5]. As a consequence of these results, various polychemotherapy regimens with high-dose ifosfamide ($\geq 9 \text{ g/m}^2$) plus full-dose doxorubicin or epirubicin have been tested in non-randomised studies in the treatment of soft tissue sarcomas; again, promising results have been obtained, with overall response rates of 67% [6], 56% [7], 50% [8], 50% [9] and 57% [10].

Since soft tissue sarcomas are rare tumours, it is mandatory to take into account the results of these studies. In fact, even with a small number of patients, they show similar, reproducible results. In addition, they were based upon results of previous studies, as a logical step of using knowledge gained from previous experiences. Assuming that chemotherapy is ineffective in treating soft tissue sarcomas simply on the basis of results from randomised or large studies could be misleading. Physicians might not immediately grasp the importance of the latest developments. Even if this conservative attitude avoids premature enthusiasm, one must always take care not to be unjustifiably negative and pessimistic.

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