25 had ablative surgery. Median follow-up in the salvage group was 97 months and in the ablative group 112 months.

Results: Functional results in the limb-saving group were significantly better than in the ablative group (p = 0.0001). Functional results in patients with tumors about the knee joint were significantly better (p = 0.0064) after limb-saving (endoprosthesis, knee arthrodesis, or rotationplasty) compared to after ablative surgery (hip or knee disarticulation, or above-knee amputation). No significant differences in functional outcome were found between the above mentioned three limb-saving procedures in tumors about the knee joint.

Complications were three-times more common after limb-saving procedures and four-times more common after endoprosthetic reconstructions compared to after ablative procedures. Complications after limb-saving therapy were fewest in tumors about the knee joint. In 3/28 patients the endoprosthetic reconstruction had to be converted to an amputation.

Conclusion: Functional results were significantly better after limb-saving compared to after ablative therapy. In tumors about the knee joint no significant differences in functional outcome were found between several limb-saving procedures, but functional results after limb-saving surgery were significantly better compared to after ablative surgery. Complications however were more common after limb-saving therapy.

1067 POSTER DISCUSSION

Desmoid tumours: A comparison between combined surgical resection and radiotherapy or surgery alone. An international analysis of 110 patients

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Purpose: An retrospective study of patients treated for desmoid tumours was performed to assess the value of combined surgical resection and radiotherapy.

Methods: After circulating a questionnaire concerning prognostic factors and treatment parameters, records of 140 patients could be analysed. Pathologic slides were reviewed. Adjuvant radiotherapy had 69 patients, 42 patients surgery only. Median radiation dose was 59 Gy.

Results: Histology was confirmed for 110 patients. Tumours were located in the head-neck region (7), extremities including hip and shoulder girdle (55), abdominal wall (23) and trunk including pelvis and breast (23). Relapse-free survival was best for tumours of head and neck region (100% for 5 and 10-years) and worse for tumours located in the trunk region (84% at 5 years: 61% at 10 years). Extremities could be preserved for all 41 patients treated with radiotherapy and for 80% (12/15) patients with surgery only. Recurrence-free survival was 95% at 5 year/90% at 10 years for patients treated with radiotherapy, 85% at 5 years/62% at 10 years without radiotherapy (p = 0.0135). No significant difference could be shown for radiation doses $\leq$50 or >50 Gy.

Conclusion: Patients with poor prognostic factors (localisation trunk) should receive radiotherapy after primary surgery. Postoperative radiotherapy should be added after first recurrence in any case and for preserving functional extremities.

1068 POSTER DISCUSSION

Epirubicin (EDX) 150 mg/m^2 – cisplatin (CDDP) versus epirubicin 180 mg/m^2 – cisplatin for advanced soft tissue sarcoma (STS); an interim report

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Purpose: In our previous study (Jelić S. Et al: EJC, 1997; 33 (2): 220–225) we have reported superiority of the EDX 180 mg/m^2 – CDDP combination over single drug EDX 180 mg/m^2 for advanced STS both in terms of response (54% vs. 29%, p = 0.025) and survival (p = 0.001). The aim of the present study was to establish whether decrease of EDX dosage to 150 mg/m^2 would result in the same activity with less marked hematological toxicity.

Methods: Pts. with advanced STS were randomized for either EDX 150 mg/m^2 – CDDP 120 mg/m^2 (arm A) or EDX 180 mg/m^2 – CDDP 120 mg/m^2 (arm B).

Results: *Arm A:* 80 patients evaluable, overall RR 23/80 (28%), 95% CI 19–38%, median survival 11 months, probability of survival at 1 year 0.42, gr. IV granulocytopenia present in 110/277 cycles, febrile neutropenia in 22/277; *Arm B:* 71 patients evaluable, overall RR 36/71 (51%), 95% CI 39–61%, median survival 14 months, probability of survival at 1 year 0.61, gr. IV granulocytopenia present in 124/284 cycles, febrile neutropenia in 26/284. *Differences:* for overall RR p = 0.004, power 83%; for survival p = 0.06; for gr. IV granulocytopenia p = 0.3; for febrile neutropenia p = 0.61.

Conclusion: Both regimens share the same toxicity but the EDX 180 mg/m^2 – CDDP seems more active in STS, indicating possibly a breakthrough for activity between EDX dosage of 150 mg/m^2 and 180 mg/m^2 in combination with CDDP.

1069 POSTER DISCUSSION

Myxoid liposarcoma – The frequency and the natural history of non-pulmonary soft tissue metastases

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Purpose: Myxoid liposarcomas (ML) comprise the major subset of liposarcomas and have a tendency to metastasise to other soft tissues (STM) in preference to lung. This has previously been described, however the natural history and the significance of STM in terms of survival are both poorly documented.

Methods: Review of the Royal Marsden Hospital,s experience over 10 years.

Results: There were 50 patients with a median age of 44 years (range 21–77 years) and a median follow-up of 43 months. Primary site was buttock or limbs in 41 cases, retroperitoneum in 5, trunk in 3 and soft palate in 1 case. The actuarial 5 year STM rate was 31%. The commonest sites of STM were to the retroperitoneum, abdominal wall and abdominal cavity with 9 of 12 cases having multiple sites of STM. In the 12 patients with STM there was a median interval of 23 months after original diagnosis to the time the first metastasis presented (range 0–142 months). Median survival following first metastasis was 35 months with 6 patients having died between 6 and 50 months. Four patients who had STM remained disease free at 15–59 months after the first STM. Any round cell component of ML was associated with significantly greater chance of metastatic disease (p = 0.02). Multimodality therapy was used for control of STM with 4 of 7 patients responding to chemotherapy and non cross-resistance between doxorubicin and ifosfamide noted in 2 cases. In this series the overall 7 year survival rate was 68%. Cases of ML with STM had 11 times greater mortality than those with no STM.

Conclusions: ML is usually an indolent disease but a subset of patients develop STM and have a significantly worse prognosis. STM can occur years after initial diagnosis and can be associated with medium-long term survival after they occur. They should be managed aggressively because of this.

1070 POSTER DISCUSSION

Importance of histological categorization in the therapeutic management of malignant pleuric mesothelioma (MPM)

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Purpose: To identify the subset of patients (pts) with MPM who could obtain a major clinical benefit from more aggressive treatment.

Pts and Methods: A retrospective series of 103 pts (78 M, 25 F) with MPM was reviewed. Median age was 60 yrs (range 33–86). Eighty-six pts had ECOG-PS <2. Stage according to IMIG was I in 39, II in 21, III in 24 and IV in 19 pts. Histotype was epithelial (Ep) in 77 cases, sarcomatoid (Sa) in 19, and mixed (Mx) in 7. Twenty-five pts had supportive care (SC) alone, 36 pleurectomy (P), 11 P and chemotherapy (Cht), and 31 pts Cht alone.

Results: One- and 2-yr FFP for the entire series are 22% and 3%; 1-yr and 2-yr OS are 41 and 15%. Pts receiving any treatment survived longer than pts treated with SC (1-yr OS 50% vs 18%, p = 0.003). One-yr OS with SC, Cht, P or P + Cht was 18%, 44%, 54% and 66% (p = 0.0001). Multivariate analysis adjusted for the main prognostic factors confirmed the independent prognostic value of treatment modality (p = 0.0026), PS (<2 vs. "2; p = 0.00016) and IMIG stage (I vs >I; p = 0.02). Histotype was nearly significant (Ep and Mx vs Sa; p = 0.15). The advantage for P + Cht was confirmed in the subset of pts with Ep or Mx MPM (p = 0.001), while therapy had no impact on OS in pts with Sa MPM (p = 0.29).

Conclusions: P + Cht seems justified in pts with Ep or Mx MPM with PS 0– 1. Experimental approaches should be encouraged in Sa MPM.