1084 POSTER

Primary retroperitoneal liposarcoma

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Between 1986 and 1997, 20 patients had their first operation performed in our department. A radical tumor resection was performed in all leaving no macroscopic tumor behind. Postoperative mortality was none. The patients were stratified according to the histotype of the tumor in two groups and relevant factors were compared.

	Well-differentiated (n = 12)	Dedifferentiated Pleomorphic (n = 8)	P
Age	20–79 yr	38–85 yr	0.42
Sex	male 3; female 9	male 5; female 3	0.17
Radiol. diagn. lipom. tumor	10	2	0.02
Difficult dissection	0	6	<0.001
Tumor weight	276–7400 gr	80–8000 gr	0.94
Postoperative radiation	0	4	0.01
Dead of disease	0	4	0.001
Local recurrence	4	4	
Time to first recurrence	2 yr–9 yr	2 m–24 m	0.01
Uncontrolled local recurrence	1	4	0.11
Follow-up	2–12 yr	6 m–48 m	

Conclusions: Even in the era of ultrasound and CT these tumors still attain large size. The smallest area of fat density in a retroperitoneal tumor should suggest the diagnosis and make biopsy superfluous. Histologic subtypes cause a significant difference in radiological diagnosis, difficulty of dissection, time to local recurrence and survival.

1085 POSTER

Analysis of ten patients with Kaposi's sarcoma after renal transplantation: One center experience

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Purpose: It is well known that immunusupressed allograft recipients are at increased risk for developing certain types of malignant tumours. Kaposi's sarcoma is one of these tumours. In this retrospective analysis, we documented the incidence, clinical characteristics and treatment outcome of all patients who developed Kaposi's sarcoma after renal transplantation.

Methods: From October 1985 to January 1999, 895 patients who had been transplanted in Baskent University Hospital were evaluated. Malignant tumours diagnosed histopathologically were included in this retrospective analysis.

Results: Malignant tumours were seen in 36 patients (4%) of these recipients. Ten patients (28% of all posttransplant malignancies and 1.1% of all transplanted patients) had Kaposi's sarcoma. Male to female ratio was 5/5 with a median age of 37 years (range 12–59 years). The immunosuppression treatment protocol consisted of prednisolone + azathioprine + cyclosporine-A in eight patients and prednisolone + azathioprine in two patients. The median duration between the date of transplantation and diagnosis of Kaposi's sarcoma was 27 months (range 7–130 months). Eight patients had visceral involvement (generalized disease) while only two patients had limited disease to the skin. In all cases, immunosuppressive drugs were dramatically reduced. Of the patients who had limited disease, one was treated with surgery and the other was with radiotherapy. In patients with generalized disease, combination chemotherapy including doxorubicin + bleomycin + vincristine was administered. Of eight patients, complete remission was observed in one patient and partial remission was in four patients while 3 patients had progressive disease. Three patients died in forth, seventh and twelfth months because of progressive disease. Currently, five patients are still alive (range 4–35 months) with normal renal function and two patients lost their grafts due to chronic rejection.

Conclusion: As a result, Kaposi's sarcoma was the most common malignant tumours in our transplanted patients. Most of our patients had generalized disease. Treatment of the patients who had limited disease was very favorable, while it is disappointing for the patients with generalized disease.

1086 PUBLICATION

Complete objective response of thoracic advanced desmoïd tumor with tamoxifene

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Introduction: Wide excision is the treatment of choice for most desmoïd tumors. When this can not be accomplished, adjuvant therapy are indicated. Among them, tamoxifen can be useful as shown in our report.

Material: *82/5:* A 10 y. old boy complained for stiffness and pain of left shoulder. *83/6* an open biopsy confirmed the desmoïd tumor. As the tumor seemed unresectable, radiotherapy (RT) was delivered (45 gys in 5 wk) followed by a 2 y. stabilization of tumor. *85/10* new progression of tumor. Computed tomographies showed a 10 × 12 cms tumor located between ribs and scapula. *85/11:* first incomplete resection through posterior approach. Completion of chemotherapy (CT) with stabilization of residual tumor. *88/2:* New progression of tumor failure of CT and interferon therapy. *90/7:* NMR showing an huge intrathoracic tumor with lung and cardiac compression. Beginning of tamoxifen therapy (40 μg/j 3/wks). Stabilization of disease. *91/10:* after 15 months of tamoxifen therapy, NMR showed objective regression of tumor. *92/10:* after 27 months of treatment total response. *98/10:* complete remission for now 6 y. The only clinical sequaelles are related to RT (shoulder stiffness and infantile hemithorax).

Conclusion: 1) Tamoxifen can cause objective response of desmoïd tumor. 2) Less toxic than RT, tamoxifen should be prefered for male patients and postmenaupose females. 3) Objective response can be delayed more than 1 y.

1087 PUBLICATION

Epidemiological aspects of soft tissue sarcoma in the retroperitoneum in comparison to other anatomical sites

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Purpose: Retroperitoneal soft tissue sarcomas (RSTS) are rare and epidemiological data are obtained from large case series. Population based figures concerning incidence rates, male to female ratios and tumor morphology of RSTS are unreported.

Methods: Nation-wide epidemiological data, collected prospectively over a 5-years period, were supplied by the Netherlands Cancer Registry.

Results: Between 1-1-1989 and 31-12-1993 there were 192 patients with primary RSTS comprising 5.3% of all soft tissue sarcomas (STS; n = 3657). The incidence of RSTS was 0.25 per 100.000 person years. The extremities were the most common site for STS (incidence 1.51 per 100.000 person years). Contrary to STS on other anatomic sites, the incidence of RSTS was leveling after age 60 and females were affected more often than males. Liposarcomas and leiomyosarcomas prevailed in the retroperitoneum. Malignant fibrous histiocytoma was the most frequent tumor morphology on most other sites but uncommon in the retroperitoneum.

Conclusion: The incidence of RSTS in the Netherlands was 0.25/100.000 person years, six-times less frequent than soft tissue sarcoma in the extremities. In contrast to STS at other sites, the incidence of RSTS was leveling after age 60, females were more often affected and liposarcomas were the most frequent tumor morphology.

1088 PUBLICATION

Prognostic factors in advanced soft tissue sarcomas (STS) treated with high doses of epirubicin and cisplatin

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Purpose: to estimate influence of prognostic factors (age, sex, histological grade, histological type and predominant metastatic site of STS) on response rate and time to progression as a final endpoints.

Methods: 82 chemotherapy naive patients with advanced STS were treated between December 1987. and December 1996. with: epirubicin 180 mg/m^2 and cisplatin 120 mg/m^2. Patients age was below 67. y. and performance status below 3 (ECOG), with expected survival of minimum 3 months.

Results: the response rate (RR) was 33/82 (40.2%) and the complete response rate (CRR) 15/82 (18.3%). Median time to progression was 9 months. Age, sex and histological type of STS failed to show significance for response and time to progression, but high histological grade (G3) showed

significance for response (p = 0.013). Particular metastatic sites were not influential for response, but predominant retroperitoneal metastases in STS patients were associated with longer time to progression (p = 0.013).

Conclusion: response rate (RR) and median time to progression are in the limits reported for advanced soft tissue sarcomas (STS), as well as high histological grade (G3) as prognostic factor for response. Peculiar result is that retroperitoneum as predominant metastatic site displays significance for time to progression.

1089 PUBLICATION

Short-term evaluation of gait in patients after limbsaving surgery (LSS)

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Purpose: At the moment it is not clear how LSS, when applied to lower limbs, does lead to optimal functional results i.e. optimal walking capacity in everyday situations. For walking in an automated fashion a complete re-organisation of the control mechanism is needed.

Methods: We studied 11 patients who had a follow-up starting 5 months till 15 months after operation. We measured normal walking, and walking under constraints on a treadmill. The constraint was visual and cognitive. The influence of these constraints on their walking could be derived from basic gait parameters i.e stride duration.

Results: During the follow-up the patients showed an increase in walking speed, a decrease in step cycle duration, a decrease of the influence of walking constraints on stride parameters, a distinct improvement in left-right asymmetry overtime and an improvement of motor skills.

Conclusion: A clear functional improvement of gait over a period of 15 months. Which means that in a rather small period they are able to re-organize the massive loss of propriocepsis due to the surgery. However, during gait with different type of constraint, these patients showed some remaining deficits.

1090 PUBLICATION

Histologic types of post radiation sarcomas

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Post radiation sarcomas are a rare entity and large series are rarely reported. We retrospectively rewieved the cases treated in the French Cancer Centers. All cases were rewieved by a panel of pathologists.

From 1975 to 1995 125 cases were refered for treatement and in 80 cases the diagnosis of sarcomas was confirmed. 56 developed in soft tissues and 24 in bone. Histologically there were: 24 Malignant Fibrous Histocytomas, 5 osteosarcomas, 6 fibrosarcomas, 7 Angiosarcomas, 32 miscellaneous in Soft tissue; 14 Osteosarcomas, 5 Malignant Fibrous Histocytomas, 5 miscellaneous in bone. The tumors were graded with the FNCLCC grading. This was possible in 56 cases and we looked at the survival according to the grade. It was statistically significant.

	Soft tissue	Bone	Total	survival 2 yrs	survival 5 yrs
Grade 1	6	0	6	33%	17%
Grade 2	15	2	17	76%*	62%*
Grade 3	26	5	31	41%*	19%*

*p < 0.01

Conclusion: The majority of postradiation sarcomas was of Malignant histofibroma type and osteosarcoma type. Most was of high grade. Survival is affected by the grade

1091 PUBLICATION

Can multimodal therapy improve the situation of retroperitoneal sarcoma? A prospective analysis

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Objektive: Retroperitoneal sarcoma are rare malignant soft tissue tumors occurring in only 0.1–0.2% of all malignancies: We reviewed the occasion, clinical course, therapeutic and pathologic characteristics of patients (pts) underwenting treatment in our hospital in the last years.

Patient characteristics: We evaluabled 30 pts in our prospektive analysis. The median age at diagnosis was 59.1 (8–74) yrs; sex 17/13-m/f. The most common histologic types were liposarcoma (14) and leiomyosarcoma (10). 28 pts received surgery as first line treatment, 20 an en bloc resection, 7 a wide resection and 1 a quadrantenresection, two pts were inoperabel. 14 pts underwent one or more adjacent organ resection to achieve a total excision (kidney 6×, adrenal gland 2×, uterus/adnexe 5×, spleen 1×, colon 3×, small intestine 2×). V. cava was involved in 3 cases.

Results: Postoperative 8 pts recieved adjuvant radiotherapy (aRT), in 6 cases adjuvant chemotherapy (aCT) was administered. 14 pts only underwent surgery. A local relapse appeared in 14 cases, other 3 had a distant failure The rezidivrate after aRT was 50% (n = 4), after aCT 66% (n = 4) and after surgery allone 42.8% (n = 6). Metastasis occurred in two pts. after aRT and in one without adjuvant treatment. The median time to rezidiv was 22 months, to metastasis 11.2 months. In 64% the rezidiv occurred in the first 24 months. According the Kaplan-Meier method the probality for 5-year survival is 82% with aRT, 27% with aCT and 46% receiving surgery alone. At this time 9 pts-died because of their disease.

Conclusions: The combined treatment surgery with adjuvant radiation or chemotherapie can't improve the rezidivrate or the disease-free-survival. But the application of aRT seems to be sufficient for a better survival in our pts.. Randomised studies are indicated to evaluate combined modalities improving the local treatment and the long-term-survival and preventing systemic relapse.

1092 PUBLICATION

Is there a place for taxoïds in patients with advanced sarcomas?

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Purpose: following data of Lyden about the high efficacy of taxol in mice with either alveolar or embryonal rhabdomyosarcoma (RMS) (Med. Ped. Onc. Vol. 29, 5, 1997, 067) we decided to test the efficacy of taxoïds in advanced sarcomas.

Methods: in 3 cases of advanced sarcomas, we tested a salvage chemotherapy (CT) with taxoïds. We treated a 21 y. old girl with metastatic RMS with a second peritoneal relapse with taxol, 4 cycles of 435 mg/m^2 per cycle (145 mg/m^2 D1, D5 and D9 docetaxel) every 3 wk. A second patient (p.), 27 y. old, with an huge pulmonary metastatic osteosarcoma (OS) was treated by taxol with the same scheme. A third p., 20 y. old, with bone metastatic OS was treated by Docetaxel 100 mg/m^2 every 3 wk as a fourth line therapy.

Results: the 3rd p. had an objective partial response (duration of response: 6 months in case 1 and 2, 4 in case 3). In the first case, side effects of taxol were mild: anorexia, headaches and gastric pain, erythema and cutaneous hyperestheia at the end of each course despite of the high dose of taxol. In the second case, asthenia, exfoliation grade II, cumbersome nails changes were deeply marked. Side effects of docetaxel were limited to diarrhea and grade III neutropenia.

Conclusion: Taxoïds had a definite effect on highly pretreated sarcomas. Further studies with its use as second line therapy, could help to determine better its role in sarcomas. 8

1093 PUBLICATION

Extremity osteosarcomas: Intraarterial chemotherapy

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Purpose: To evaluate the efficacy and toxicity of neoadjuvant chemotherapy (intra-arterial) in extremity osteosarcomas.

Methods: Since 12/90, 12 patients (pts) have received neoadjuvant chemotherapy: intra-arterial cisplatin (150 mg/m^2) and CIVP adriamycin (90 mg/m^2). The median age was 18.5 years (15–35 y); 7 females and 5 males; sites: femur-8 (distal-7, proximal-1), tibia- 4; tumour size >5 cm–10 (83.3%).

Results: Total of 42 cycles, only 36 cycles were delivered by intraarterial infusion (median-3.5 range 1–4) due to local complication in 2 pts.

Limb-sparing surgery was performed in all pts; 2 achieved ≥90% necrosis, 8 < 90%, 2 were not evaluated. One pt had radiotherapy after. Eleven pts received adjuvant chemotherapy, in 9 pts- cyclophosphamide, bleomycin, actinomycin D, etoposide, cisplatin, adriamycin and in 2 pts- adriamycin. Recurrent disease was found in 4 pts: local-2, distant-1, local + distant-1