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