

بوی باران، بوی سبزه، بوی خاک  
عطر نرگس، رقص باد  
آمده اینک بهار  
خوش به حال روزگار

## هفت سین ایرانی





# Panel subject: Retroperitoneal Sarcoma



**Dr Farzin Dehsara.MD**  
**Radiation Oncologist**  
**Guilan univ. of medical sciences**

- **Case 1**



- A 54 year old woman who is a professional makeup artist has come to you with the **complaint of an abd. (RUQ) discomfort, pain and fullness.**



- She tells that **has had this pain since 6 months ago,** firstly was less, but she did not care, with passing the time it became more, no other complaint.

- PMH: migraine since 6 years ago
- FH: her brother died of colon cancer 6 years ago
- HH: smokes sometimes since 6 years ago
- MS: married, She has 2 children

- **What further Qs do you ask?**



- Other symptoms such as: Abd pain, WL, cough, bone pain, headache ...

- What do you do now?

- Ph/E?

Alert and conscious, not pale  
no LAPs, Lung and spines: NI

AP: RUQ tenderness, no guarding

Exts: NI

Wt: 63 Kg, Ht: 167 cm





- **Lab data includes:**

CBC, BUN/Cr, LFT, FBS & Lip: NI

ESR, LDH, Ca/P: NI

CEA, CA125: NI

PT, PTT, BT: NI



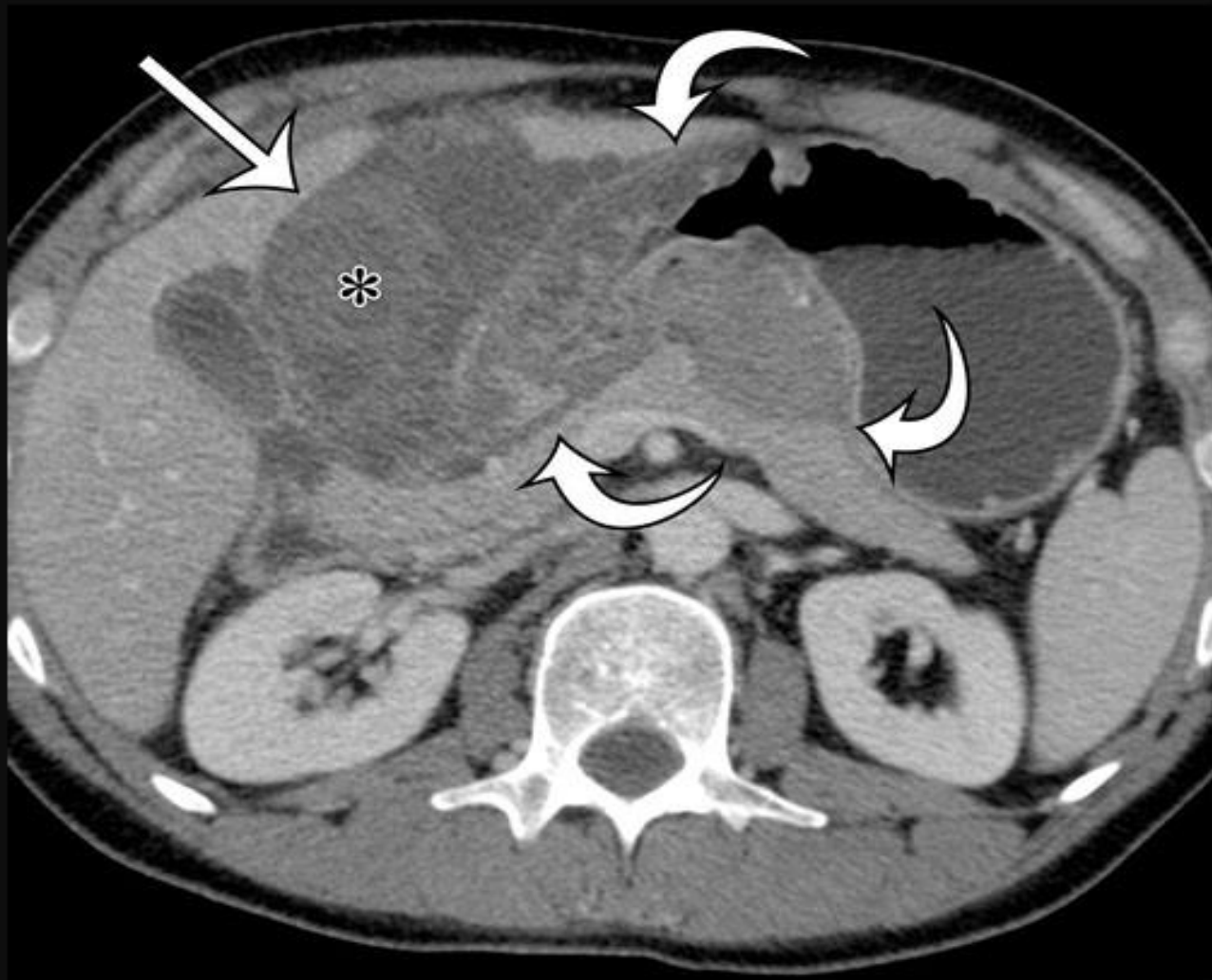
- **What do you do now?**





- AP Sono: A heterogenous 144\*132 mm mass in RUQ between liver and kidney, crossed midline close to abd. Aorta
- Spiral AP CT-scan with cont. : almost same data mentioned above.





# What do you do now?



- Can we do surgery now?
- Or further W/U needed, then make correct decision?

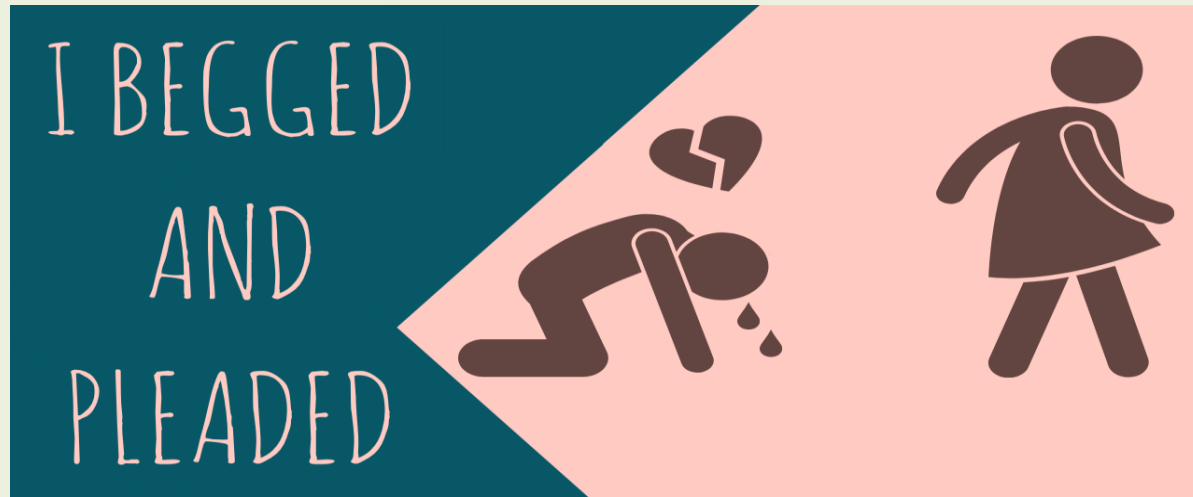


- Tru-cut biopsy under CT-scan guide done



- After pathology review and IHC:  
**Leiomyosarcoma, G3**

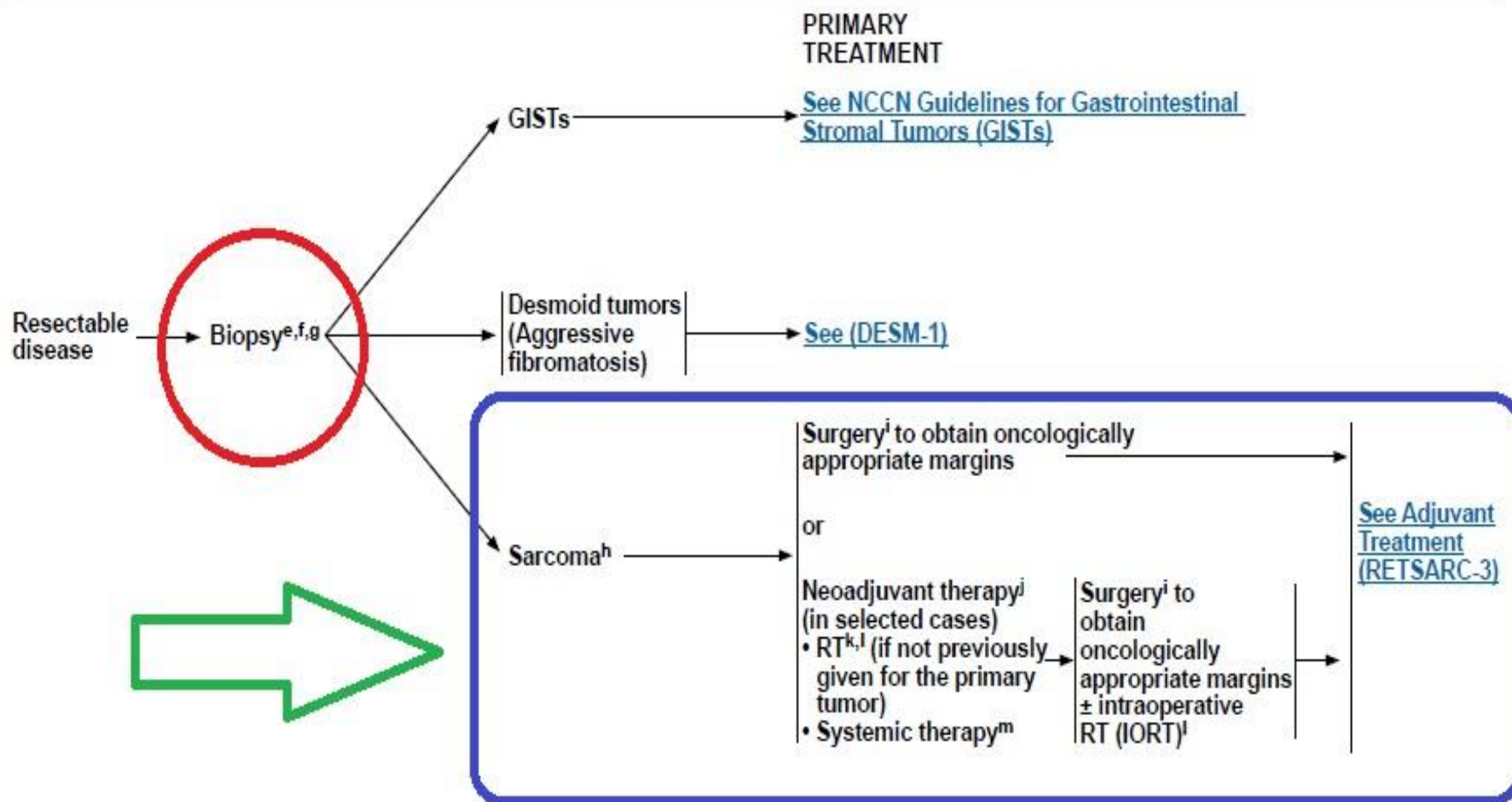
- I beg you please let's go to approach like a professional and skilled physician.



- Please do chest CT-scan before making decision to treat these patients.

Now do surgery or nTx?





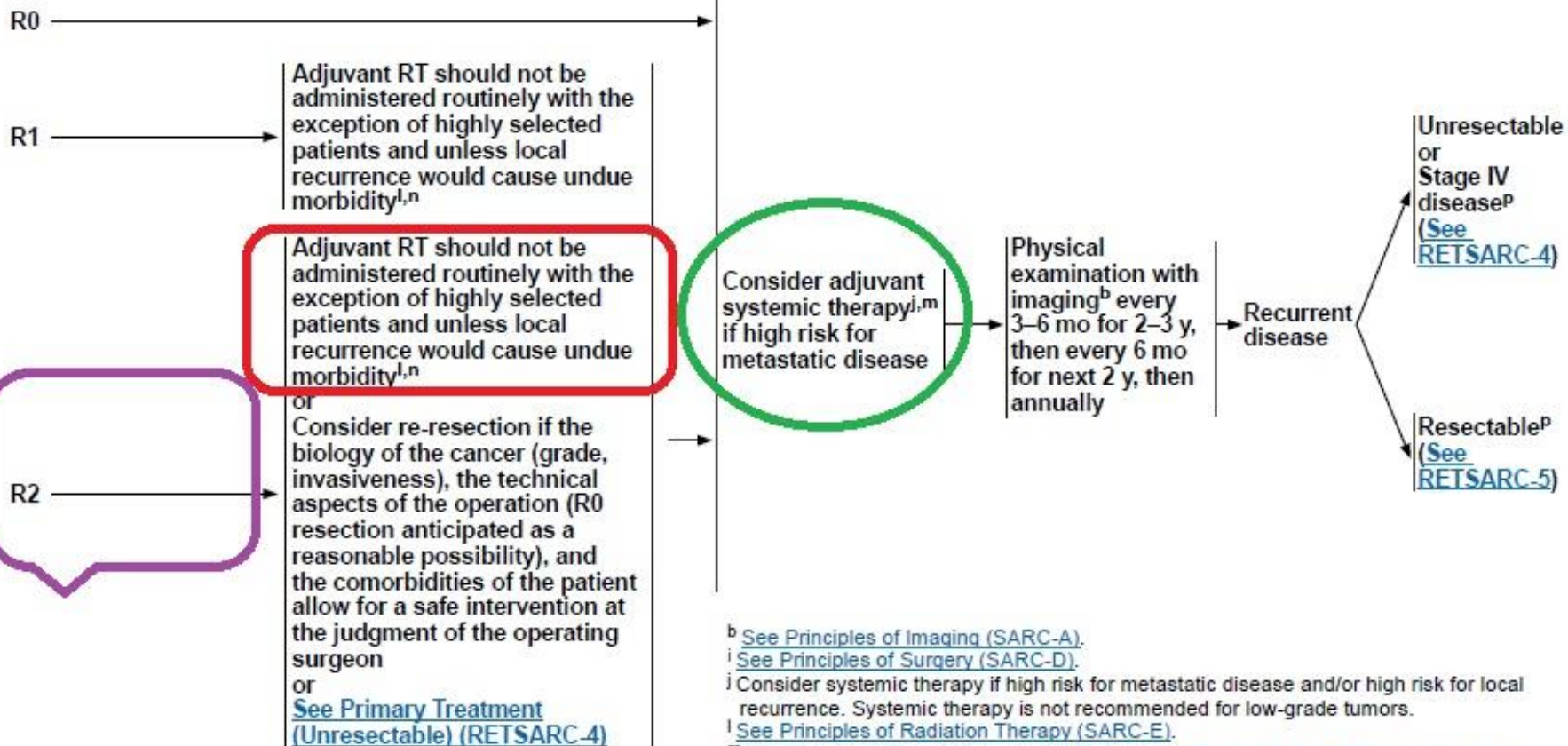


### SURGICAL OUTCOMES/CLINICAL PATHOLOGIC FINDINGS<sup>i</sup>

### ADJUVANT TREATMENT

### FOLLOW-UP

### TREATMENT FOR RECURRENT DISEASE



<sup>b</sup> See Principles of Imaging (SARC-A).

<sup>i</sup> See Principles of Surgery (SARC-D).

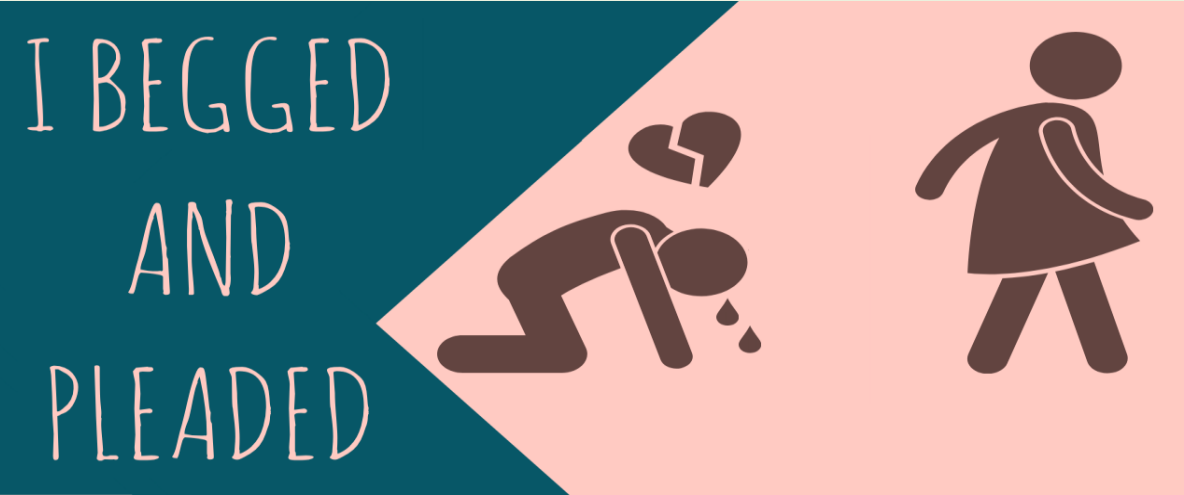
<sup>j</sup> Consider systemic therapy if high risk for metastatic disease and/or high risk for local recurrence. Systemic therapy is not recommended for low-grade tumors.

<sup>l</sup> See Principles of Radiation Therapy (SARC-E).

<sup>m</sup> See Systemic Therapy Agents and Regimens with Activity in Soft Tissue Sarcoma Subtypes (SARC-F).

<sup>n</sup> For example, critical anatomic surface where recurrence would cause morbidity.

<sup>p</sup> If not previously administered, consider neoadjuvant RT and/or systemic therapy.



- **XRT?**



### SYSTEMIC THERAPY AGENTS AND REGIMENS WITH ACTIVITY IN SOFT TISSUE SARCOMA SUBTYPES<sup>a,b,c,d</sup>

#### Soft Tissue Sarcoma Subtypes with Non-Specific Histologies

(Regimens Appropriate for General Soft Tissue Sarcoma<sup>e,f</sup>; see other sections for histology-specific recommendations)

	Preferred Regimens	Other Recommended Regimens	Useful in Certain Circumstances
Neoadjuvant/ Adjuvant Therapy	<ul style="list-style-type: none"> <li>• AIM (doxorubicin, ifosfamide, mesna)<sup>1-4</sup></li> <li>• Ifosfamide, epirubicin, mesna<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>• AD LMS only (doxorubicin, dacarbazine)<sup>1,2,6,7</sup> if ifosfamide is not considered appropriate</li> <li>• Doxorubicin<sup>1,2,8,9</sup></li> <li>• Gemcitabine and docetaxel<sup>10,11</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Ifosfamide<sup>5,9,10-14</sup></li> <li>• Trabectedin (for myxoid liposarcoma)<sup>15</sup></li> </ul>
First-Line Therapy Advanced/Metastatic	<ul style="list-style-type: none"> <li>• Anthracycline-based regimens: <ul style="list-style-type: none"> <li>▶ Doxorubicin<sup>1,2,8,9</sup></li> <li>▶ Epirubicin<sup>16</sup></li> <li>▶ Liposomal doxorubicin<sup>17</sup></li> <li>▶ AD (doxorubicin, dacarbazine)<sup>1,2,6,7,18</sup></li> <li>▶ AIM (doxorubicin, ifosfamide, mesna)<sup>1-4,8</sup></li> <li>▶ Ifosfamide, epirubicin, mesna<sup>5</sup></li> </ul> </li> <li>• NTRK gene fusion-positive sarcomas only <ul style="list-style-type: none"> <li>▶ Larotrectinib<sup>9,19</sup></li> <li>▶ Entrectinib<sup>h,20</sup></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Gemcitabine-based regimens: <ul style="list-style-type: none"> <li>▶ Gemcitabine</li> <li>▶ Gemcitabine and docetaxel<sup>10,11</sup></li> <li>▶ Gemcitabine and vinorelbine<sup>13</sup></li> <li>▶ Gemcitabine and dacarbazine<sup>14</sup></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Pazopanib<sup>j,21</sup> (patients ineligible for IV systemic therapy or patients who are not candidates for anthracycline-based regimens)</li> <li>• MAID (mesna, doxorubicin, ifosfamide, dacarbazine)<sup>1,2,22,23</sup></li> </ul>
Subsequent Lines of Therapy for Advanced/Metastatic Disease	<ul style="list-style-type: none"> <li>• Pazopanib<sup>i,j,21</sup></li> <li>• Eribulin<sup>i,24</sup> (category 1 recommendation for liposarcoma, category 2A for other subtypes)</li> <li>• Trabectedin<sup>i,25-27</sup> (category 1 recommendation for liposarcoma and leiomyosarcoma, category 2A for other subtypes)</li> </ul>	<ul style="list-style-type: none"> <li>• Dacarbazine<sup>14</sup></li> <li>• Ifosfamide<sup>5,9,10-13,28</sup></li> <li>• Temozolomide<sup>i,29</sup></li> <li>• Vinorelbine<sup>i,30</sup></li> <li>• Regorafenib<sup>j,31</sup></li> <li>• Gemcitabine-based regimens (if not given previously): <ul style="list-style-type: none"> <li>▶ Gemcitabine</li> <li>▶ Gemcitabine and docetaxel<sup>10,11</sup></li> <li>▶ Gemcitabine and vinorelbine<sup>13</sup></li> <li>▶ Gemcitabine and dacarbazine<sup>14</sup></li> <li>▶ Gemcitabine and pazopanib (category 2B)<sup>32</sup></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Pembrolizumab<sup>k,33,70</sup> (for myxofibrosarcoma, undifferentiated pleomorphic sarcoma [UPS], cutaneous angiosarcoma, and undifferentiated sarcomas)</li> </ul>

[Footnotes and references](#)  
see SARC-E, 7 of 11



- F/U



INITIAL THERAPY

Resectable recurrent  
disease<sup>s</sup>

Surgery<sup>i,t</sup> to obtain oncologically appropriate margins

or

Consider neoadjuvant therapy<sup>j</sup>  
(in selected cases)

- RT (if not previously given for the primary tumor)<sup>k,l</sup>
- Systemic therapy<sup>m</sup>

Surgery<sup>i</sup> to  
obtain  
oncologically  
appropriate  
margins ± IORT<sup>l</sup>

[See Adjuvant  
Treatment  
\(RET SARC-3\)](#)





**Thank you for your  
attention**