

## Ten Best Readings Relating to Sarcomas

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**Peterson JJ, Kransdorf MJ, Bancroft LW, et al. Malignant fatty tumors: classification, clinical course, imaging appearance and treatment. *Skeletal Radiol.* 2003;32:493-503.**

The authors present an excellent review of malignant fatty tumors.

**Mankin HJ, Casas-Ganem J, Kim JL, et al. Leiomyosarcoma of somatic soft tissues. *Clin Orthop.* 2004;421:225-231.**

The Massachusetts General Hospital Orthopaedic Oncology Service has treated 66 patients with these lesions. Factors that increase the death rate include tumor size, stage, and anatomic site. Patients treated with surgery and adjunctive agents may live longer than cohorts treated with surgery alone.

**Ferguson WS. Advances in the adjuvant treatment of infantile fibrosarcoma. *Expert Rev Anticancer Ther.* 2003;3:185-191.**

This rapidly growing tumor is locally infiltrative but rarely metastatic. Neoadjuvant chemotherapy allows surgical resections to be performed with reduced morbidity.

**Bastinaannet E, Groen H, Jager PL, et al. The value of FDG-PET in the detection, grading and response to therapy of soft tissue and bone sarcomas: a systematic review and meta-analysis. *Cancer Treat Rev.* 2004;30:83-101.**

Based on this meta-analysis, there is no indication to use FDG-PET in the standard treatment of sarcomas. In the future, PET imaging in bone and soft tissue sarcomas should be directed to the clinical implication for the detection and grading of sarcomas and the treatment evaluation of locally advanced sarcomas.

**Grobmyer SR, Brennan MF. Predictive variables detailing the recurrence rate of soft tissue sarcomas. *Curr Opin Oncol.* 2003;15:319-326.**

A recently created nomogram that accounts for tumor size, grade, histology, depth, and patient age can be used to predict 12-year sarcoma-specific survival at diagnosis.

**Scaife CL, Pisters PW. Combined-modality treatment of localized soft tissue sarcomas of the extremities. *Surg Oncol Clin N Amer.* 2003;12:355-368.**

The recent data evaluating treatment by surgery alone

and treatment-sequencing variables do not lead to a situation in which clear, uniform recommendations for treatment can be made for many patients with extremity soft tissue sarcomas. Treatment planning is more complex.

**Patel SR. Recent advances in the systemic therapy of soft tissue sarcomas. *Expert Rev Anticancer Ther.* 2003;3:179-184.**

Identification of specific targets responsible for tumorigenesis and effective inhibition of these targets holds the most promise for future improvement in cure rates.

**DeLaney TF, Spiro IJ, Suit HD, et al. Neoadjuvant chemotherapy and radiotherapy for large extremity soft tissue sarcomas. *Int J Radiat Oncol Biol Phys.* 2003;56:1117-1127.**

After aggressive chemoradiation and surgery, patients treated with mesna, doxorubicin, ifosfamide, and dacarbazine had fewer distant metastases, with a gain in disease-free and overall survival compared with a historical control group. On the basis of this experience, the Radiation Therapy Oncology Group is conducting a multi-institutional trial.

**Asano N, Yamakazi T, Seto M, et al. The expression and prognostic significance of bone morphogenetic protein-2 in patients with malignant fibrous histiocytoma. *J Bone Joint Surg Br.* 2004;86:607-612.**

The survival at five years of the groups expressing high ( $\geq 30\%$ ) and low ( $< 30\%$ ) levels of BMP-2 was 85.7% and 36.3%, respectively. Multivariable analysis showed that only BMP-2 had prognostic significance for continuous disease-free survival and for overall survival ( $P < .05$ ).

**Verweij J, Casali PG, Zalcberg J, et al. Progression-free survival in gastrointestinal stromal tumors with high-dose imatinib: randomized trial. *Lancet.* 2004;364:1127-1134.**

The authors report on the salutary effects of imatinib mesylate on gastrointestinal stromal tumors from a large international study.