Ten Best Readings

TEN BEST READINGS ON SARCOMAS

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The 10 best recent articles in the medical literature relating to sarcomas are reviewed here.

Enneking WF. An abbreviated history of orthopaedic oncology in North America. *Clin Orthop*. 2000;51:115-124.

The combination of multinodal techniques and improved staging and reconstructive techniques has led to the current preponderance of limb-salvaging surgery and has greatly improved survival rates of sarcomas.

Benassi MS, Gamberi G, Magagnoli G, et al. Metalloproteinase expression and prognosis in soft tissue sarcomas. *Ann Oncol*. 2001;12:75-80.

The prognostic markers MMP2, MMP9, and TIMP2, which influence the growth and spread of tumor cells, might be useful to define tumor aggressiveness and risk of the metastatic event.

Nag S, Shasha D, Janjan N, et al. The American Brachytherapy Society recommendations for brachytherapy of soft tissue sarcomas. *Int J Radiat Oncol Biol Phys*. 2001; 49:1033-1043.

This report presents the American Brachytherapy Society guidelines for the use of brachytherapy for patients with soft-tissue sarcoma.

Sarcoma Meta-analysis Collaboration (SMAC). Adjuvant chemotherapy for localized resectable soft tissue sarcoma in adults. *Cochrane Database Syst Rev*. 2000;52:CD001419.

Doxorubicin-based adjuvant chemotherapy appears to significantly improve time to local and distant recurrence and overall recurrence-free survival in adults with localized resectable soft-tissue sarcoma. There is some evidence of trend toward improved overall survival.

Frustaci S, Gherlinzoni F, De Paoli A, et al. Adjuvant chemotherapy for adult soft tissue sarcomas of the extremities and girdles: results of the Italian randomized cooperative trial. *J Clin Oncol*. 2001;19:1238-1247.

Intensified adjuvant chemotherapy had a positive impact on the disease-free survival and overall survival of patients with high-risk extremity soft-tissue sarcomas at a median follow-up of 59 months.

Lejeune FJ, Pujol N, Lienard D, et al. Limb salvage by neoadjuvant isolated perfusion with TNF-alpha and melphalan for nonresectable soft tissue sarcoma of the extremities. *Eur J Surg Oncol*. 2000; 26:669-678.

Twenty-four isolated limb perfusions were performed in 22 patients, and 18 (82%) experienced an objective response: complete in 4 (18%) and partial in 14 (64%).

Chang DW, Robb GL. Recent advances in reconstructive surgery for soft-tissue sarcomas. *Curr Oncol Rep*. 2000;2:495-501.

In this review, current methods of reconstruction following sarcoma resection are discussed, and advances are highlighted.

Bautista N, Su W, O'Connell TX. Retroperitoneal soft-tissue sarcomas: prognosis and treatment of primary and recurrent disease. *Am Surg*. 2000;66:832-836.

Soft-tissue sarcomas of the retroperitoneum constitute a heterogeneous group of tumors with varying histology, potential for complete resection, and propensity for recurrent disease, making the development of effective treatment difficult and challenging. A review of 23 patients from 1985 through 1998 assessed the biological behavior and clinical outcomes and also identified factors that may influence prognosis and optimize treatment strategy.

Trovik CS, Gustafson P, Bauer HC, et al. Consequences of local recurrence of soft tissue sarcoma: 205 patients from the Scandinavian Sarcoma Group Register. *Acta Orthop Scand*. 2000;71:488-495.

The consequences of local recurrence in terms of morbidity and costs justify referral of soft-tissue sarcoma patients for multidisciplinary evaluation and multimodality treatment.

Weiser MR, Downey RJ, Leung DH, et al. Repeat resection of pulmonary metastases in patients with soft-tissue sarcoma. *J Am Coll Surg*. 2000;191:184-191.

Even after an apparent complete resection of sarcomatous pulmonary metastases, 40%-80% of pulmonary metastases will re-recur in the lung. The benefit of subsequent re-resection is poorly defined. This study examines patient survival after repeat pulmonary exploration for re-recurrent metastatic sarcoma at a single institution.