El Sarcoma y su Manejo Multidisciplinar

Dra. Ana Sebio

Universidad Europea de Madrid (UEM)

Hospital Santa Creu i Sant Pau

Máster en Tumores Musculoesqueléticos

GEIS Clinical Guidelines on STS (hace casi 20 años…)

As a minimum, the **reference centres** should have a team specialized in STS surgery, made up of the **different specialities necessary** for the management of these patients – **surgery, radiotherapy, histopathology, radiology and medical oncology, at least** – which should diagnose and treat a number of patients, between 15 and 20 patients a year, sufficient to gain adequate experience.

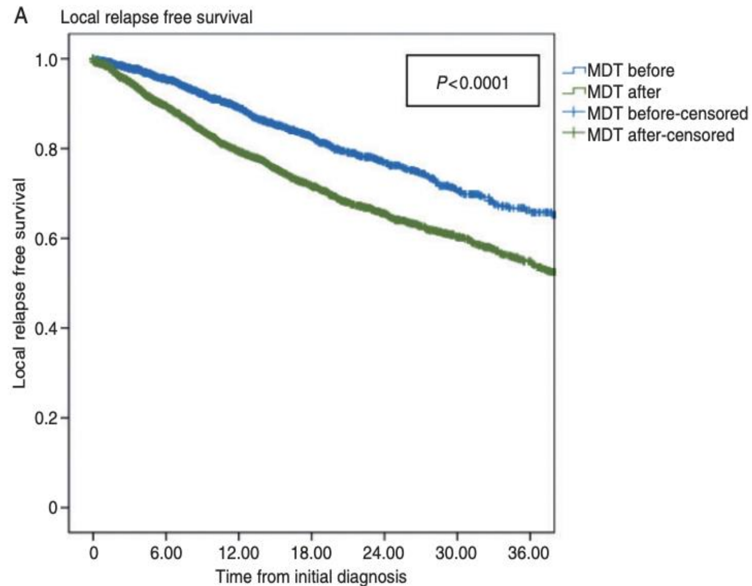
To improve this situation, only those patients with a superficial tumour with a size of less than 3 cms should be treated in a secondary centre, aiming to obtain negative margins of greater than 1 cm in the resection, and subsequently referring the patient to an RC for assessment of complimentary treatment. All other patients should be referred directly. Mechanisms need to be brought into effect which will ensure compliance with these criteria.

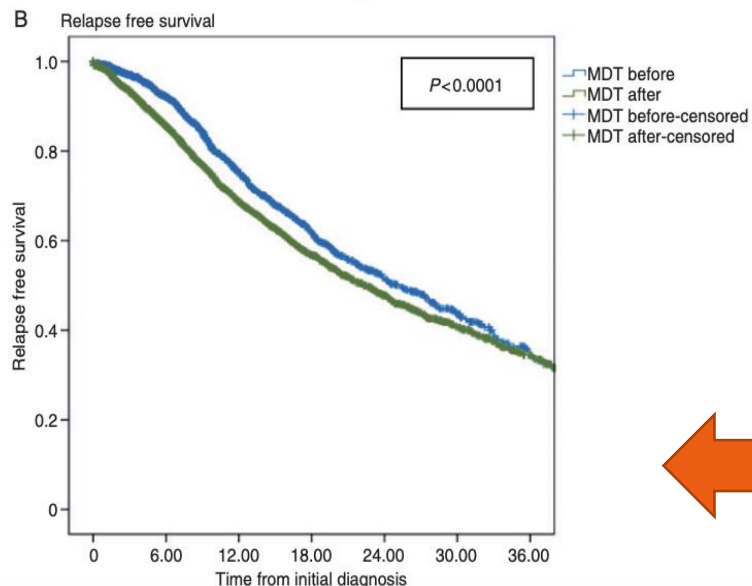
Bayona, 2004. 2nd GEIS international annual meeting.

El manejo multidicisiplinar mejora el pronóstico de nuestros pacientes

Annals of Oncology

Original article





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ORIGINAL ARTICLE

Improved survival using specialized multidisciplinary board in sarcoma patients

J.-Y. Blay[1,2*], P. Soibinet[3], N. Penel[4], E. Bompas[5], F. Duffaud[6], E. Stoeckle[7], O. Mir[8], J. Adam[8], C. Chevreau[9], S. Bonvalot[8,10], M. Rios[11], P. Kerbrat[12], D. Cupissol[13], P. Anract[14], F. Gouin[15], J.-E. Kurtz[16], C. Lebbe[17], N. Isambert[18], F. Bertucci[19], M. Toumonde[7], A. Thyss[20], S. Piperno-Neumann[10], P. Dubray-Longeras[21], P. Meeus[1,2], F. Ducimetière[1,2], A. Giraud[7], J.-M. Coindre[7], I. Ray-Coquard[1,2], A. Italiano[7†] & A. Le Cesne[8†], on behalf of the NETSARC/RREPS and French Sarcoma Group–Groupe d'Etude des Tumeurs Osseuses (GSF-GETO) networks[‡]

N >12500 pacientes, 57% discutidos en comité

Mayor cumplimiento guias y protocolos
Equipo más especializado

Heterogeneidad

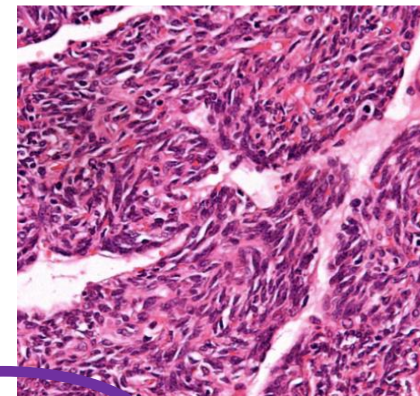
¿Porqué necesitamos una valoración multidisciplinar?

Paciente de 52 años con tumoración pie → traumatólogo

Ecografía, Resonáncia magnética

Radiólogo: sugestivo de malignidad

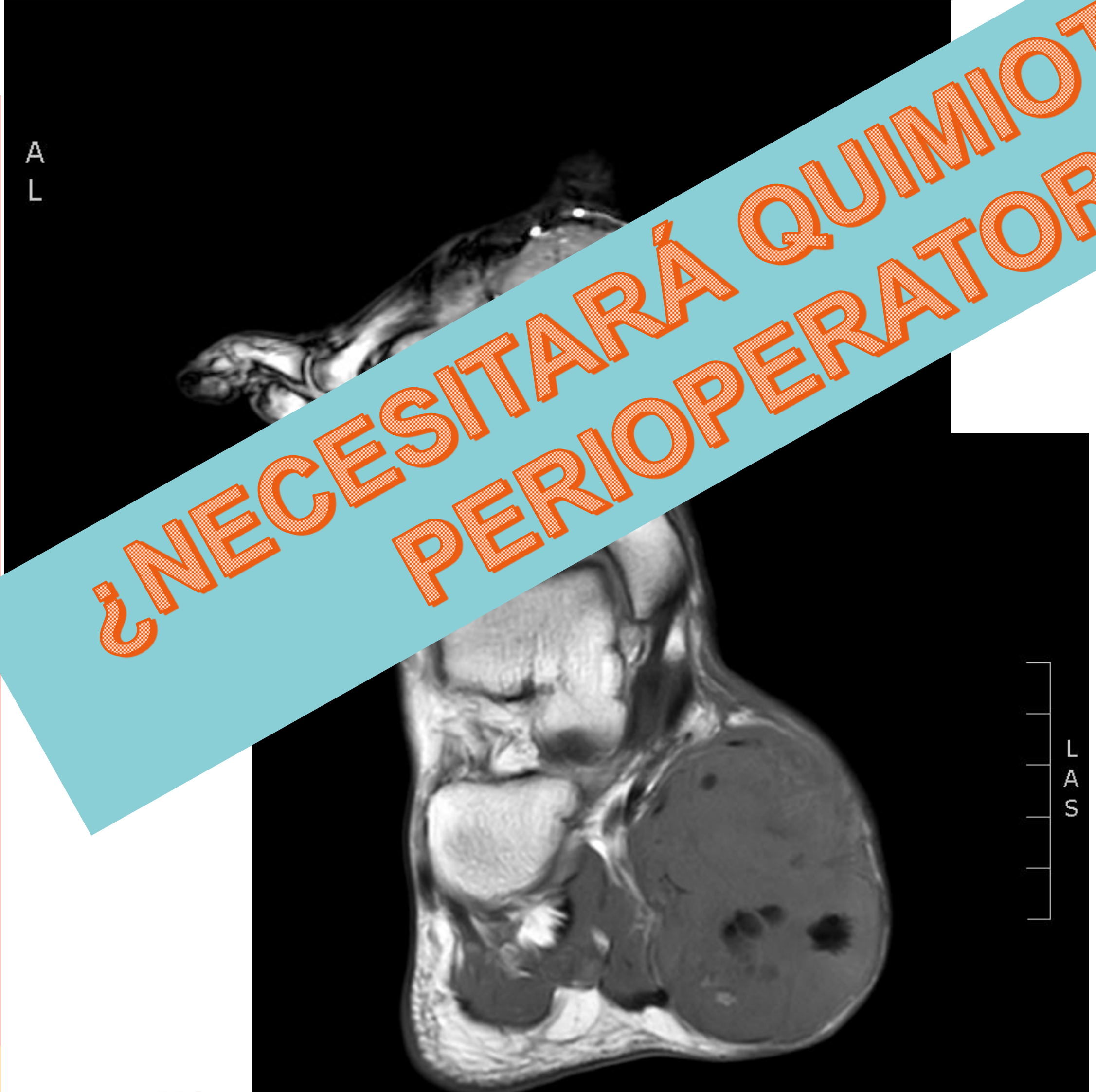
BIOPSIA



Patólogo: SARCOMA SINOVIAL

62 mm

Paciente de 52 años con sarcoma sinovial pie



¿NECESITARÁ QUIMIOTERAPIA PERIOPERATORIA?

...y for Adult Soft Tissue Sarcomas of ... and Girdles: Results of the Italian ...andomized Cooperative Trial

...aci, Franco Gherlinzoni, Antonino De Paoli, Marco Bonetti, Alberto Azzarelli, Alessandro Comandone, ...atrizia Olmi, Angela Buonadonna, Giovanni Pignatti, Enza Barbieri, Gaetano Apice, Hassan Zmerly, Diego Serraino, and Piero Picci

- N= 104
- All extremities and girdle
- High grade
- Epirubicine 60 mg/m2 d1-2+ Ifosfamide 1.8 gr/m2 d1-5
- All patients pre or post RT

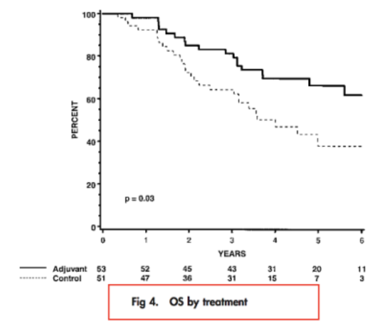


Fig 4. OS by treatment

Median follow up 59 months

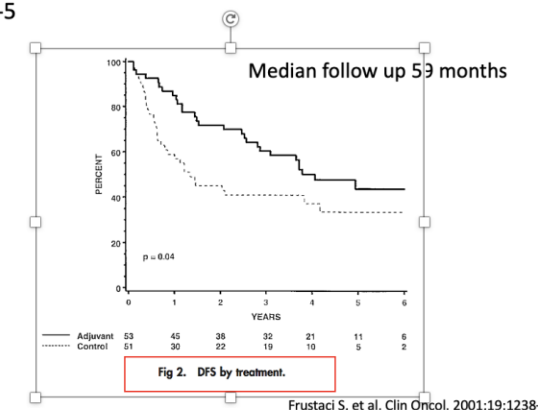


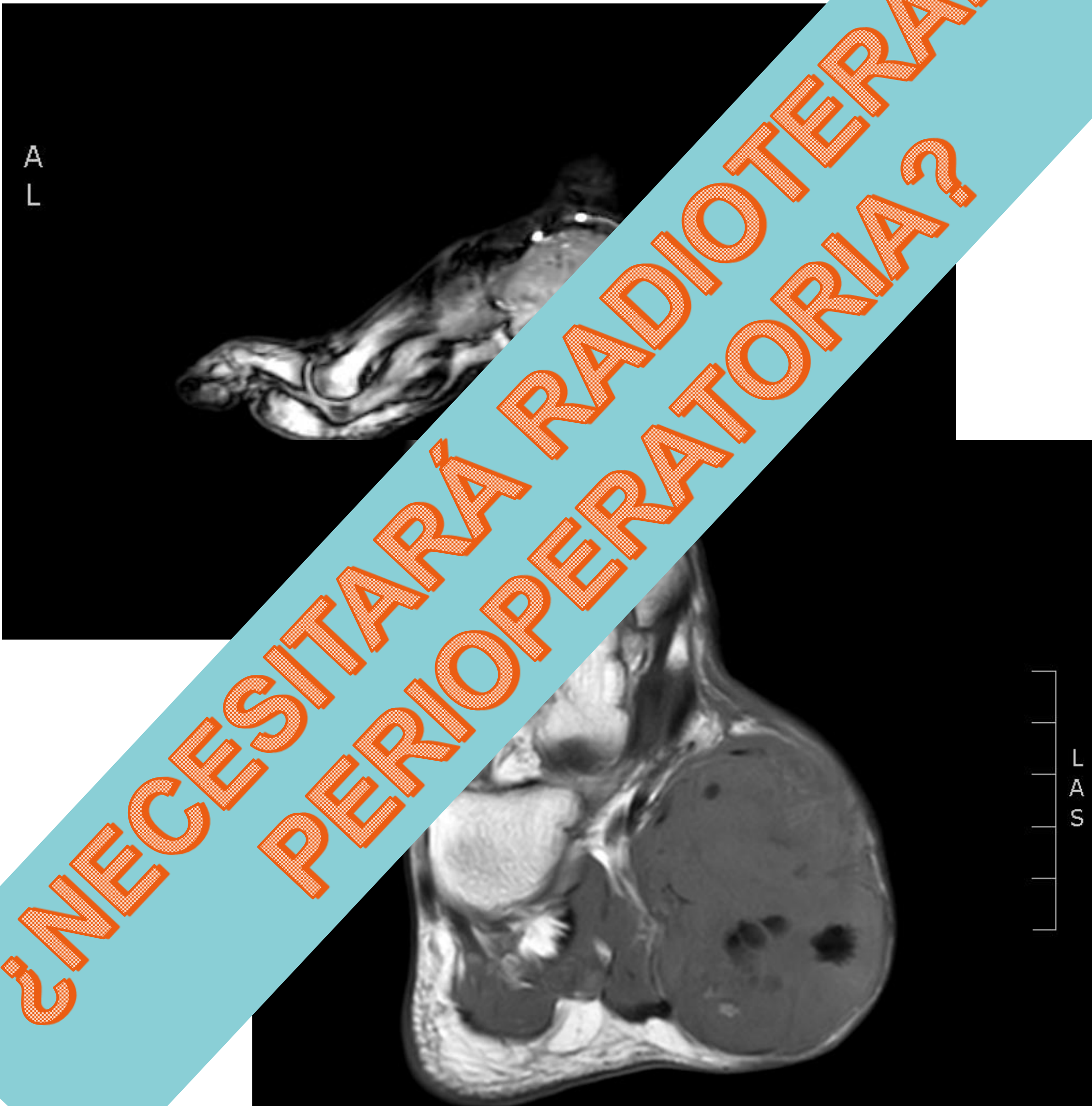
Fig 2. DFS by treatment.

Frustaci S, et al. Clin Oncol. 2001;19:1238–4

PACIENTE DE ALTO RIESGO:
- ALTO GRADO
- > 5 CM
- LOCALIZACIÓN PROFUNDA

MEJOR QUIMIOTERAPIA PREOP O POSTOP?

Paciente de 52 años con sarcoma sinovial pie



NEO/ADJUVANT RADIOTHERAPY

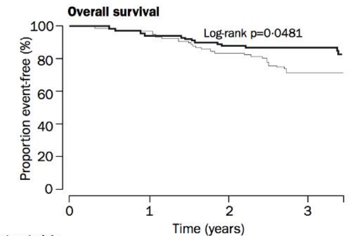
Preoperative versus postoperative radiotherapy in soft-tissue sarcoma of the limbs: a randomised trial

Brian O'Sullivan, Aileen M Davis, Robert Turcotte, Robert Bell, Charles Catton, Pierre Chabot, Jay Wunder, Rita Kandel, Karen Goddard, Anna Sadura, Joseph Pater, Benny Zee

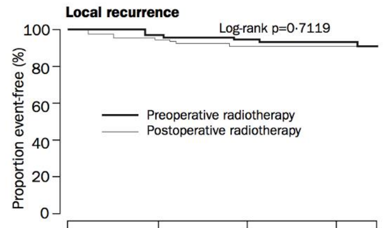
N= 190 STS of the extremities
83% intermediate or high grade

	Preoperative (n=88)	Postoperative (n=94)
Wound complications*		
Yes	31 (35%)	16 (17%)
Secondary operation for wound repair	14 (45%)	5 (31%)
Invasive procedure for wound management†	5 (16%)	4 (25%)
Deep wound packing deep to dermis in area of wound at least 2 cm with or without prolonged dressings >6 weeks from wound breakdown‡	11 (35%)	7 (44%)
Readmission for wound care§	1 (3%)	0
No complications	57 (65%)	78 (83%)

*p=0·01 for yes vs no. †Without secondary operation. ‡Without secondary operation or invasive procedure. §Without secondary operation, invasive procedure, deep wound packing, or prolonged dressing.



Patients at risk				
Preoperative radiotherapy	92	87	81	51
Postoperative radiotherapy	94	90	74	48

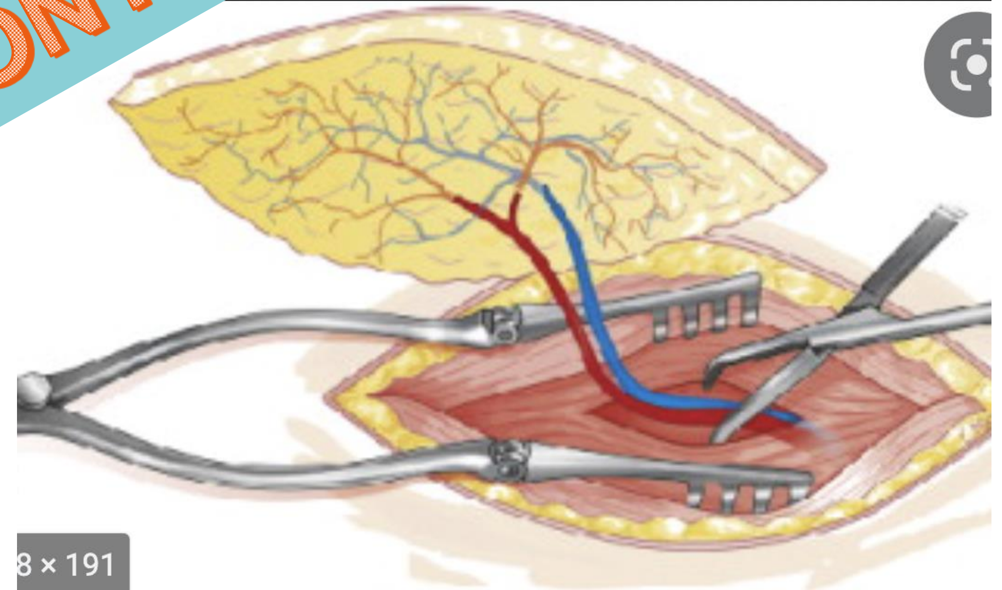


Patients at risk				
Preoperative radiotherapy	92	86	78	49
Postoperative radiotherapy	94	86	70	45

PACIENTE DE ALTO RIESGO:
- ALTO GRADO
- > 5 CM
- LOCALIZACIÓN PROFUNDA

Paciente de 52 años con sarcoma sinovial pie

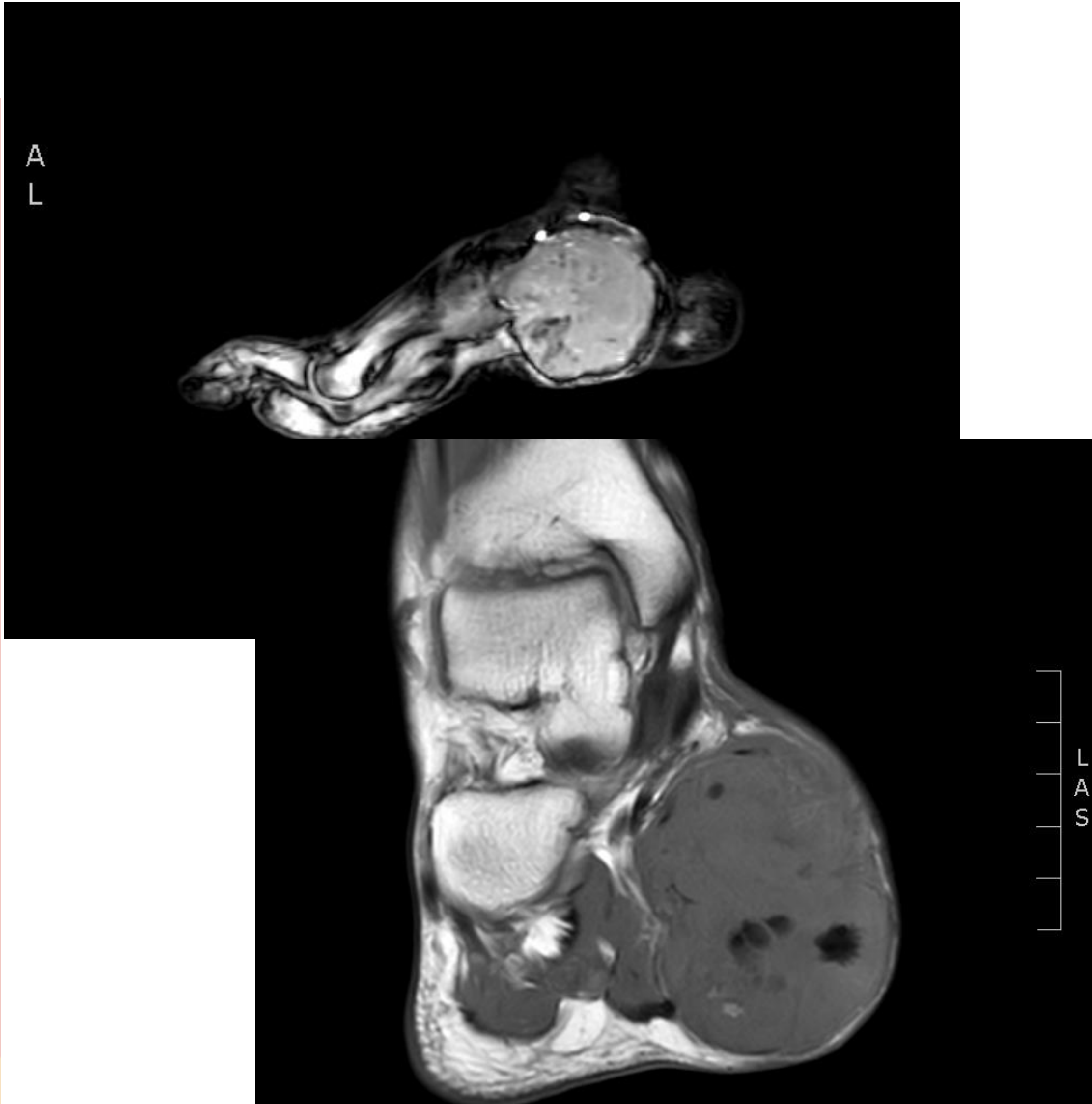
TRAS LA RESECCIÓN, ¿COMO SERÁ LA RECONSTRUCCIÓN?



Resección tumoral y cobertura con colgajo libre microquirurgico de perforantes tipo ALTF con anastomosis arterial en bypass entre tibial posterior y a. plantar medial y doble anastomosis venosa a con comitantes de tronco tibial posterior.

¿TENDREMOS COMPLICACIONES CON LA RT PRE, POST?

Paciente de 52 años con sarcoma sinovial pie



- Rehabilitadora
- Psicóloga
- Asistente social
- Curas paliativas
- Farmacia

VALORACION PRESENCIAL MULTIDISCIPLINAR: LA UNIDAD FUNCIONAL

Enf. Gestora

Onco RT

COT (the boss)

Onco Med

Onco Med

C. Plástica

COT

COT

C. Gral

Pie de foto: Unidad Funcional de Sarcomas, Sant Pau, 18 Feb 2022

Universidad
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GEIS
GRUPO ESPAÑOL DE INVESTIGACIÓN EN SARCOMAS