Sarcomas de retroperitoneo

Tratamiento quirúrgico

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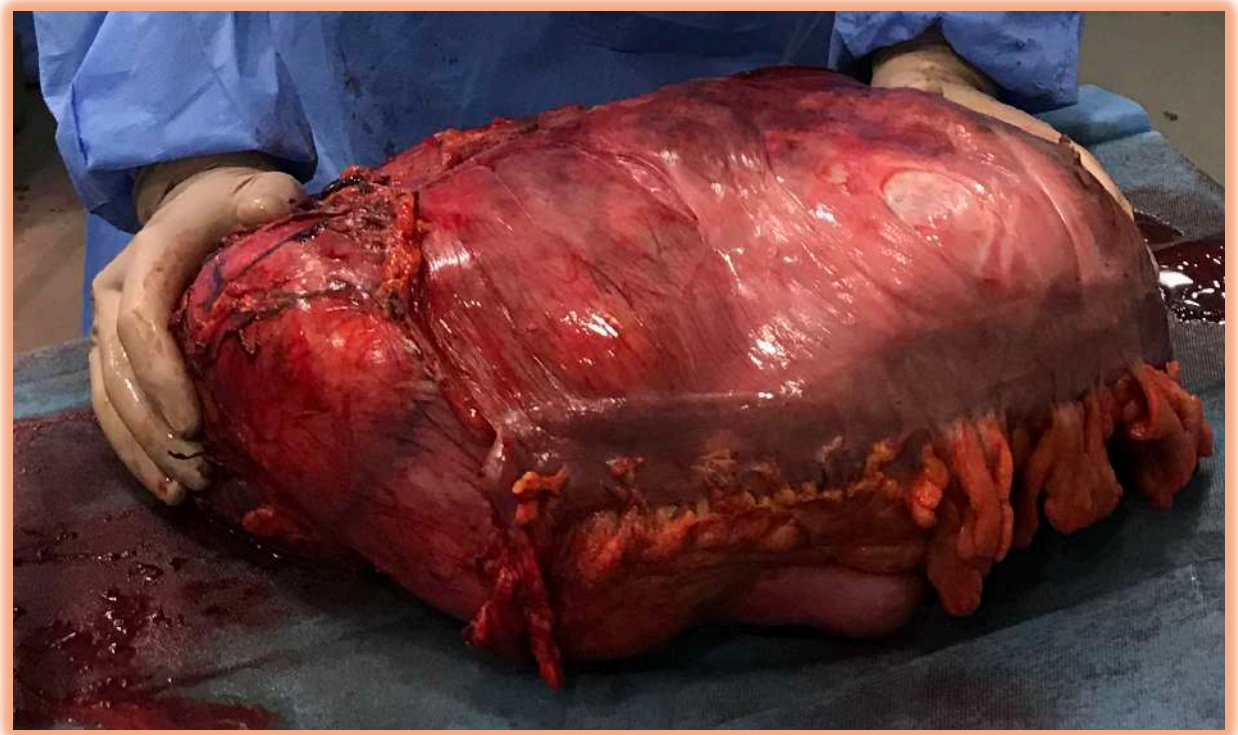
XV Curso Avanzado de Sarcomas GEIS 2023



Universidad Europea MADRID

GEIS
GRUPO ESPAÑOL DE INVESTIGACIÓN EN SARCOMAS

Máster en Tumores Musculoesqueléticos

TUMORES RETROPERITONEALES
Conceptos

- **La mayoría de los tumores retroperitoneales son malignos (90%) y de origen mesenquimal**

- **Histologicamente los tumores retroperitoneales más comunes dependen:**
  - **-Tejido graso:** lipomas y liposarcomas (50%)
  - **-Tejido muscular liso:** leiomioma y leiomiosarcomas (25%)
  - **-Tejido fibroso:** fibroma, fibrosarcoma, histiocitoma fibroso maligno (5%)
  - **-Otros: vascular, linfático, músculo estriado, nervioso, mesotelial,….**

TUMORES MALIGNOS RETROPERITONEALES (Sarcomas)

- **Sarcomas Retroperitoneales (SRP) son tumores raros** (0.15-0.20% de todos los cánceres)
- **Predominan Liposarcoma y Leiomiosarcoma (75-85%),** entre gran variedad de subtipos histológicos (>70, variable agresividad)
- **Su ubicación retroperitoneal (sin límites precisos) predispone a su gran tamaño** (Cirugía desafiante y de alta morbilidad)

SARCOMAS RETROPERITONEALES (RPS)
Tratamiento Quirúrgico: Generalidades

✔ Principal opción terapéutica

- Único tratamiento potencialmente curativo del RPS: Objetivo R0 (posible en 70% de casos)
- Cirugía es clave en el pronóstico del paciente: **¡¡FUNDAMENTAL CIRUGÍA INICIAL!!**
- Es un reto para el cirujano: Íntima relación con estructuras anatómicas vitales y gran tamaño
- Recurrencia local y/o peritoneal en >50% de casos, tras cirugía completa

RESECCIÓN QUIRÚRGICA	características de la disección
Resección Intralesional	La resección pasa por el tumor, dejando una parte macroscópica
Resección Marginal	El borde de resección se localiza en la seudocápsula, lo que implica dejar restos tumorales microscópicos
Resección Amplia	Se realiza fuera de esa seudocápsula, por lo que potencialmente solo se dejan las skips metastásicas
Resección Radical/ Compartimental	Implica la amputación o la resección de todo el compartimento donde se aloja el tumor

SARCOMAS RETROPERITONEALES (RPS)
Tratamiento Quirúrgico: Generalidades

✔ Resección R0 es la clave para control local de enfermedad y mejor supervivencia

- Mejoría evolutiva: Del 30-40% RC en primeras series publicadas, al 95% en mejores series recientes
- **IMPORTANTE** saber que:

  18-23% de los SRP tienen multifocalidad tumoral y elevadas tasas de infiltración microscópica de órganos vecinos sin afectación macroscópica:

  - 48% en WDLPS.
  - 75% en DDLPS.
  - 71% en LMS

✔ Cirugía de las recurrencias: Alta Morbilidad y escasas opciones curativas

- Pérdida planos originales
- Distorsión relaciones anatómicas
- Afectación vascular frecuente

RESECCIÓN QUIRÚRGICA	características de la resección
Resección R0	Resección completa con márgenes libres
Resección R1	Resección macroscópica completa con residuos microscópicos
Resección R2	Resección incompleta con residuos macroscópicos

SARCOMAS RETROPERITONEALES PRIMARIOS
Antecedentes Históricos del Tratamiento Quirúrgico

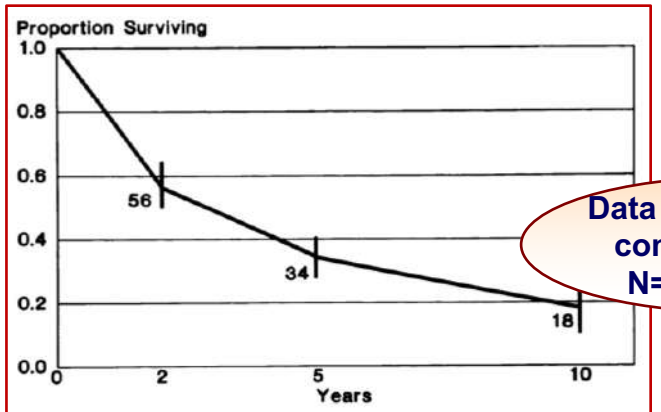


FIG. 9. Overall survival rates in patients presenting with retroperitoneal soft-tissue sarcoma (averages and ranges from cumulative series, n = 410).

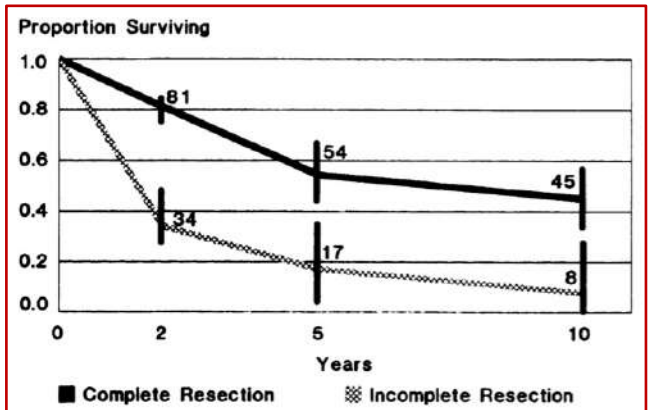


FIG. 10. Overall survival rates by extent of resection. (Averages and ranges from cumulative series. Complete resection, n = 240; incomplete resection, n = 228.)

Diagnosis and Management of Retroperitoneal Soft-tissue Sarcoma

F. KRISTIAN STORM, M.D., and DAVID M. MAHVI, M.D.

Data collected from combined series N=560 patients

TABLE 3. *Resectability Rates*

Author (reference)	Study Dates	No. Pts.	Resection: Complete	Resection: Partial	Biopsy Only
Braasch and Mon[5]	1937–1967	37	15	7	15
Cody et al.[6]	1961–1971	34	13	21*	
	1971–1977	68	45	23*	
Storm et al.[2]	1964–1979	54	33	5	16
Karakousis et al.[7]	1957–1980	68	27	7	34
Dalton et al.[8]	1963–1982	116	63	25	28
McGrath et al.[9]	1964–1982	47	18	18	11
Glenn et al.[10]	1975–1983	50	37	8	5
Jaques et al.[11]	1977–1987	86	43	34	9
Total		560	294 (53%)	104 (19%)	118 (21%)

* Includes both partially and nonresected tumors.

Ann Surg 1991; 214: 2-10

SARCOMAS RETROPERITONEALES PRIMARIOS
Antecedentes Históricos del Tratamiento Quirúrgico

✓ **No cambios significativos en resecabilidad durante últimas dos décadas**

✓ **Porcentajes de RC sobre el 50%**

✓ **A pesar de RC, 90% recurren y mueren a causa del RPS**

✓ **RT y QT adyuvantes no modificaron resultados**

Diagnosis and Management of Retroperitoneal Soft-tissue Sarcoma

F. KRISTIAN STORM, M.D., and DAVID M. MAHVI, M.D.

Conclusiones:

"Los expertos este campo deben establecer un estudio intergrupal nacional para desarrollar estrategias y ensayos innovadores para el tratamiento eficaz de estos tumores letales que surgen en el retroperitoneo"

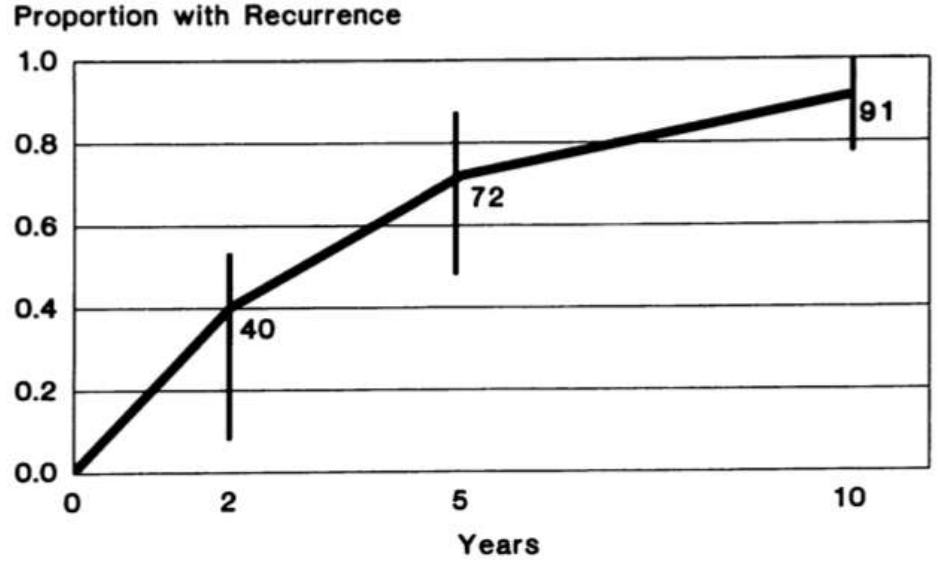


FIG. 13. Incidence of local recurrence after complete resection (averages and ranges from cumulative series, n = 204).

Ann Surg 1991; 214: 2-10

SARCOMAS RETROPERITONEALES PRIMARIOS
Antecedentes Preliminares Concepto "Compartimental"

Retrospective Analysis of Prospecty Database
(183 consecutive patientes with truncal and RPS)
(Brigham and Women´s Hospital and Dana Farber Cancer Institute)
1970-1994

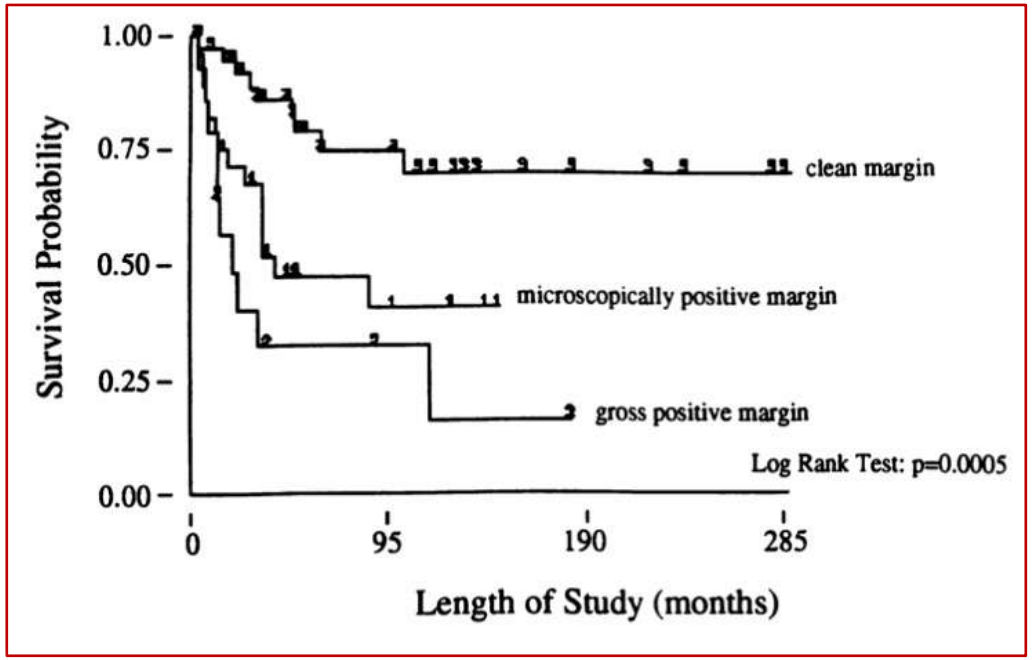
Table 2. PREDICTORS OF SURVIVAL FOR RETROPERITONEAL SARCOMA FROM MULTIVARIATE ANALYSIS (n = 83)

Variable	Parameter Estimate	Standard Error	p Value	Risk Ratio
High grade *vs.* low grade	1.69	0.64	0.008	5.43
Intermediate grade *vs.* low grade	1.83	0.70	0.009	6.23
Gross positive margins *vs.* clean margins	1.63	0.49	0.001	5.09
Microscopic positive *vs.* clean margins	1.30	0.45	0.004	3.67
Postoperative chemotherapy *vs.* no adjuvant chemotherapy	1.09	0.43	0.010	2.98
Preoperative chemotherapy *vs.* no adjuvant chemotherapy	1.52	0.48	0.002	4.56

Ann Surg 1995; 221: 185-95

Prognostic Factors Predictive of Survival for Truncal and Retroperitoneal Soft-Tissue Sarcoma

Samuel Singer, M.D.,* Joseph M. Corson, M.D.,† George D. Demetri, M.D.,‡
Elizabeth A. Healey, M.D., M.P.H.,§ Karen Marcus, M.D.,§ and Timothy J. Eberlein, M.D.*



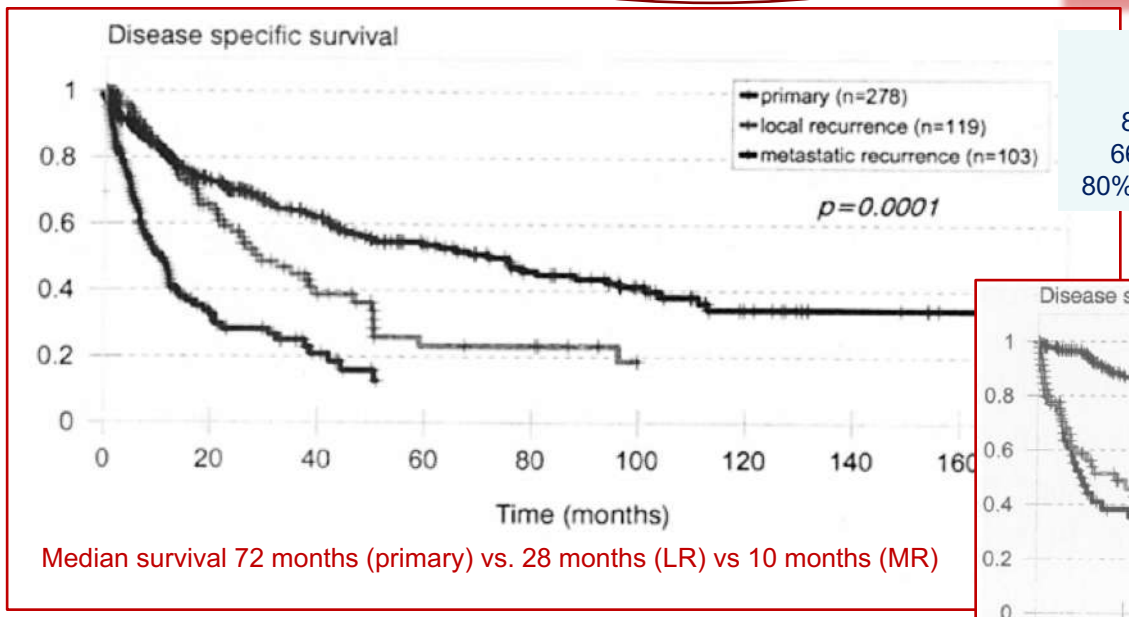
SARCOMAS RETROPERITONEALES PRIMARIOS
Antecedentes Preliminares Concepto "Compartimental"

Review of Prospecty Database
500 patients with RPS > 16 years were analyzed
(treated at Memorial Sloan-Kettering Cancer Center MSKCC, from July 1982-September 1997)
278 patients with primary RPS

Retroperitoneal Soft-Tissue Sarcoma
Analysis of 500 Patients Treated and Followed at a Single Institution

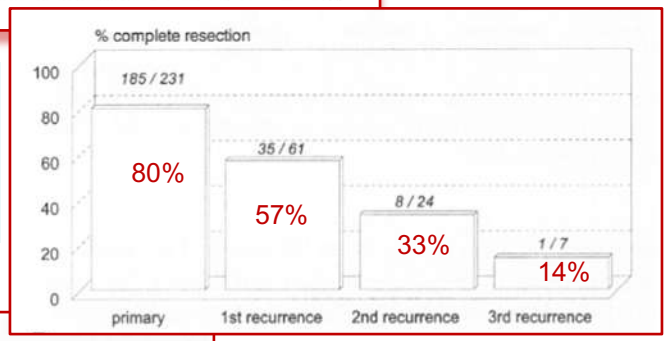
Jonathan J. Lewis, MD, PhD,* Denis Leung, PhD,† James M. Woodruff, MD,‡ and Murray F. Brennan, MD*

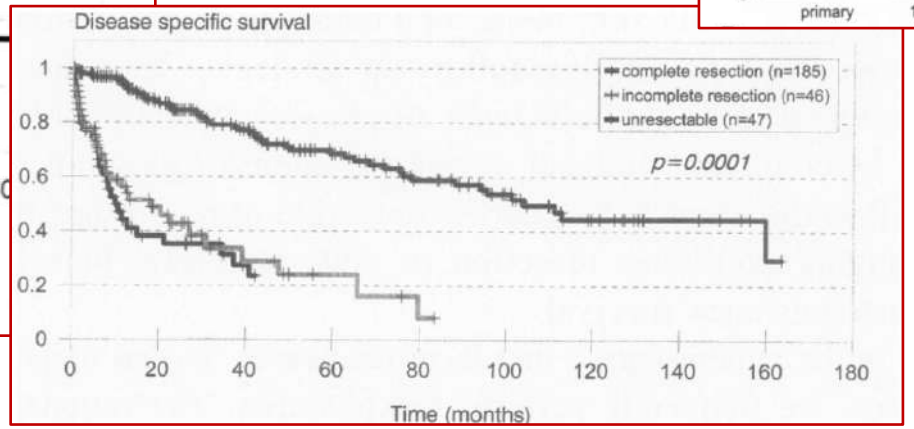
From the Departments of Surgery, Biostatistics,† and Pathology,‡ Memorial Sloan-Kettering Cancer Center, New York City, New York*



Median survival 72 months (primary) vs. 28 months (LR) vs 10 months (MR)

RPS Primary: 278 patients
RC= Macroscópicamente Negativo
83% considerados resecables: 231/278
66% RC de RPS Primary totales: 185/278
80% RC de RPS Primary resecables 185/231





Conclusiones:
"Una política de resección liberal en bloque debería ser incluida para obtener márgenes negativos"

Ann Surg 1998; 228: 355-65

SARCOMAS RETROPERITONEALES PRIMARIOS
Bases del Concepto "Compartimental"

Review of Prospecty Database
French Association of Surgery
382 patients with primary RPS were analyzed
(January 1985 and June 2005 in France)
multi-institutional study for 20 years

Primary Retroperitoneal Sarcomas: A Multivariate Analysis of Surgical Factors Associated With Local Control

Sylvie Bonvalot, Michel Rivoire, Marine Castaing, Eberhard Stoeckle, Axel Le Cesne, Jean Yves Blay, and Agnès Laplanche

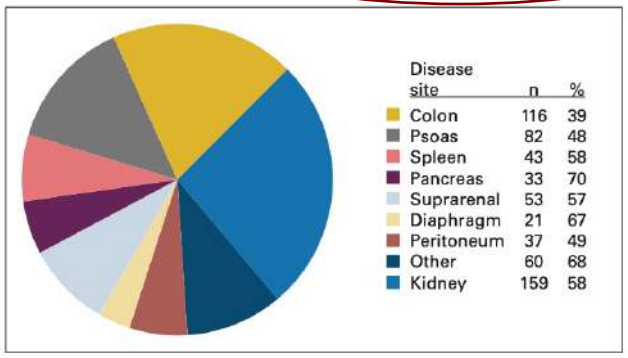
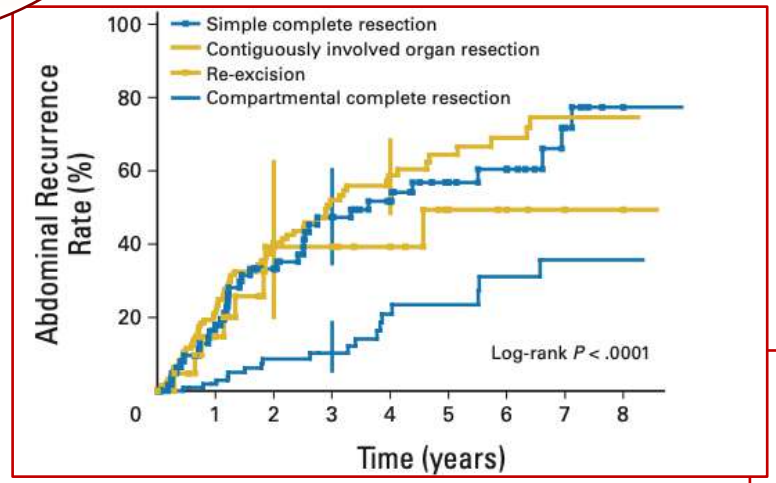
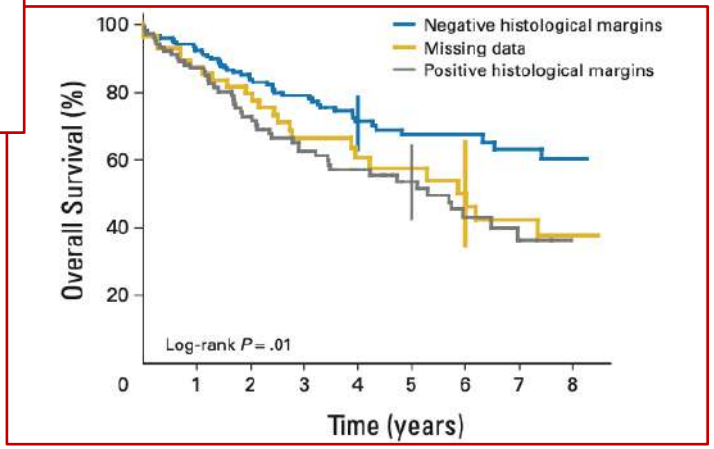


Fig 1. Resected organs in the patients who underwent resection (organs or vasculo-nervous structures) and percentage of contiguously involved organs resection.



Decrease abdominal recurrences
(multivariate analysis):

-Low grade
-No tumor rupture
-Negative histologic margins
-High number patientes /center
-Compartmental resection



Conclusiones:
"La resección compartimental predice una tasa 3.29 veces menor de recurrencia abdominal comparada con la resección completa simple"

Decrease OS
(multivariate analysis):

-High grade
-Tumor rupture
-Gross residual disease
-Positive histologic margins

J Clin Oncol 2009; 27: 31-7

SARCOMAS RETROPERITONEALES PRIMARIOS
Bases del Concepto "Compartimental"

Review of Prospecty Database
288 patients operated with primary RPS and first recurrence were analyzed (January 1985 and september 2007 in INT Milan)
Two groups: 135 patients(1985-2001) and 152 patients (2002-2007)

Aggressive Surgical Policies in a Retrospectively Reviewed Single-Institution Case Series of Retroperitoneal Soft Tissue Sarcoma Patients

Alessandro Gronchi, Salvatore Lo Vullo, Marco Fiore, Chiara Mussi, Silvia Stacchiotti, Paola Collini, Laura Lozza, Elisabetta Pennacchioli, Luigi Mariani, and Paolo Giovanni Casali

Early Period (1985-2001):
Overall median follow-up: 120 months
Simple complete resections (with adjacent organs only if directly involved)

Recent Period (2002-2007):
Overall median follow-up: 32 months
(Liberal en bloc resection)

5-year OS: 51% (early-period) vs 60% (recent-period): NS

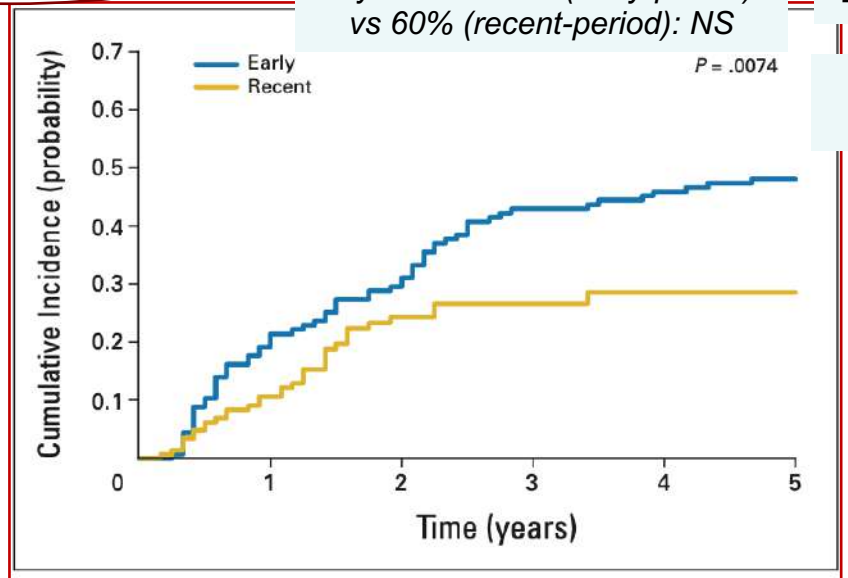


Fig 1. Crude cumulative incidence of local recurrence by period of surgical resection at our institution.

Determining factors of RL *(multivariate analysis):*
-Surgery Period -Histologic grade. -Histologic subtype -RT administration

Determining factors of OS *(multivariate analysis):*
-Histologic grade -Histologic subtype -RT administration

Analysis of subgroups of RL, better local outcome:
-Grades 1 to 2, in recent-period group
-Liposarcoma (p=0.0070), much better outcome for recent-period group

Conclusiones:
"La adopción de una política de resección visceral liberal en bloque en nuestra institución en los últimos 5 años fue paralela a un mayor control local en RPS. Los pacientes con grados 1 y 2 podrían beneficiarse con un seguimiento mayor"

J Clin Oncol 2009; 27: 24-30

SARCOMAS RETROPERITONEALES PRIMARIOS
Consenso "Compartimental" guiado por histología

Personalizing the Approach to Retroperitoneal Soft Tissue Sarcoma: Histology-specific Patterns of Failure and Postrelapse Outcome after Primary Extended Resection

Alessandro Gronchi, MD[1], Rosalba Miceli, PhD[2], Marc Antoine Allard, MD[3], Dario Callegaro, MD[1], Cecile L Péchoux, MD[4], Marco Fiore, MD[1], Charles Honoré, MD[3], Roberta Sanfilippo, MD[5], Sara Coppola, MD[3], Silvia Stacchiotti, MD[5], Philippe Terrier, MD[6], Paolo G. Casali, MD[5], Axel Le Cesne, MD[7], Luigi Mariani, M Chiara Colombo, MD[1], and Sylvie Bonvalot, MD, PhD[3]

HISTOLOGY	OS %	LR %	DM %
WD-LPS	**87**	18	0
DD-LPS GII	54	**44**	9
DD-LPS GIII	41	**33**	**44**
LMS	58	5	**55**
SFT	**85**	4	17

Ann Surg Oncol 2015; 22(5): 1447-54

REVIEW ARTICLE

WILEY

Current principles of surgery for retroperitoneal sarcomas

Mark Fairweather[1,2] | Ricardo J. Gonzalez[3] | Dirk Strauss[4] | Chandrajit P. Raut[1]

TABLE 1 Summary of the two largest studies reporting outcomes following surgery for primary retroperitoneal sarcoma

	Gronchi et al[11]	Tan et al[12]
Number of patients	1007	675
Median follow-up	4.8 yrs	3.3 yrs
Median tumor size	20	17
≥1 organ resected	876 (87%)	391 (58%)
R0/R1 resection rate	960 (95%)	574 (85%)
Preoperative radiation	143 (14%)	28 (4%)
Postoperative radiation	31 (3%)	26 (4%)
Survival	5-yr OS: 67%	5-yr DSS: 69%
5-yr local recurrence rate	26%	39%
5-yr distant metastasis rate	21%	24%

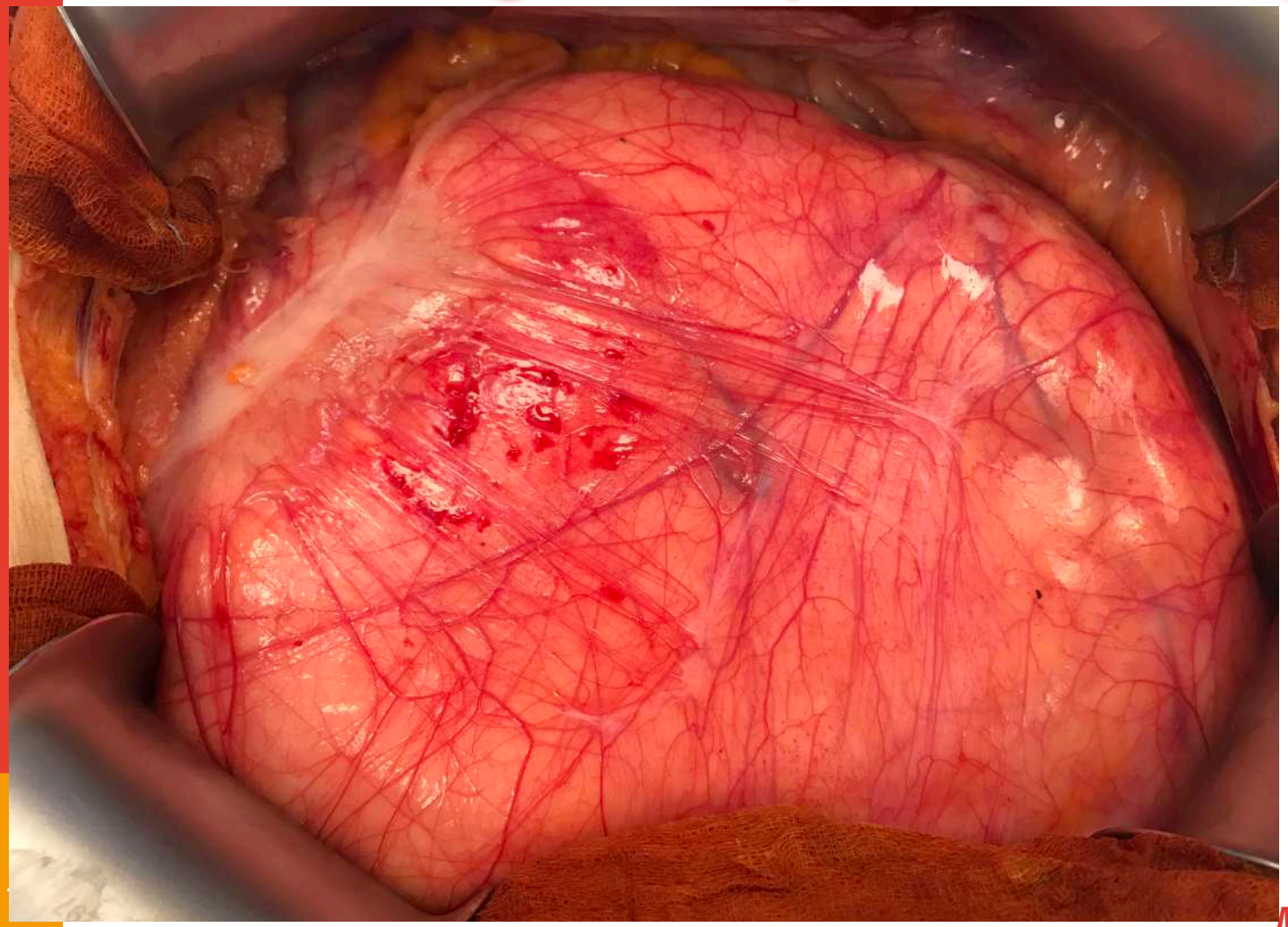
J Surg Oncol 2018; 177: 33-41

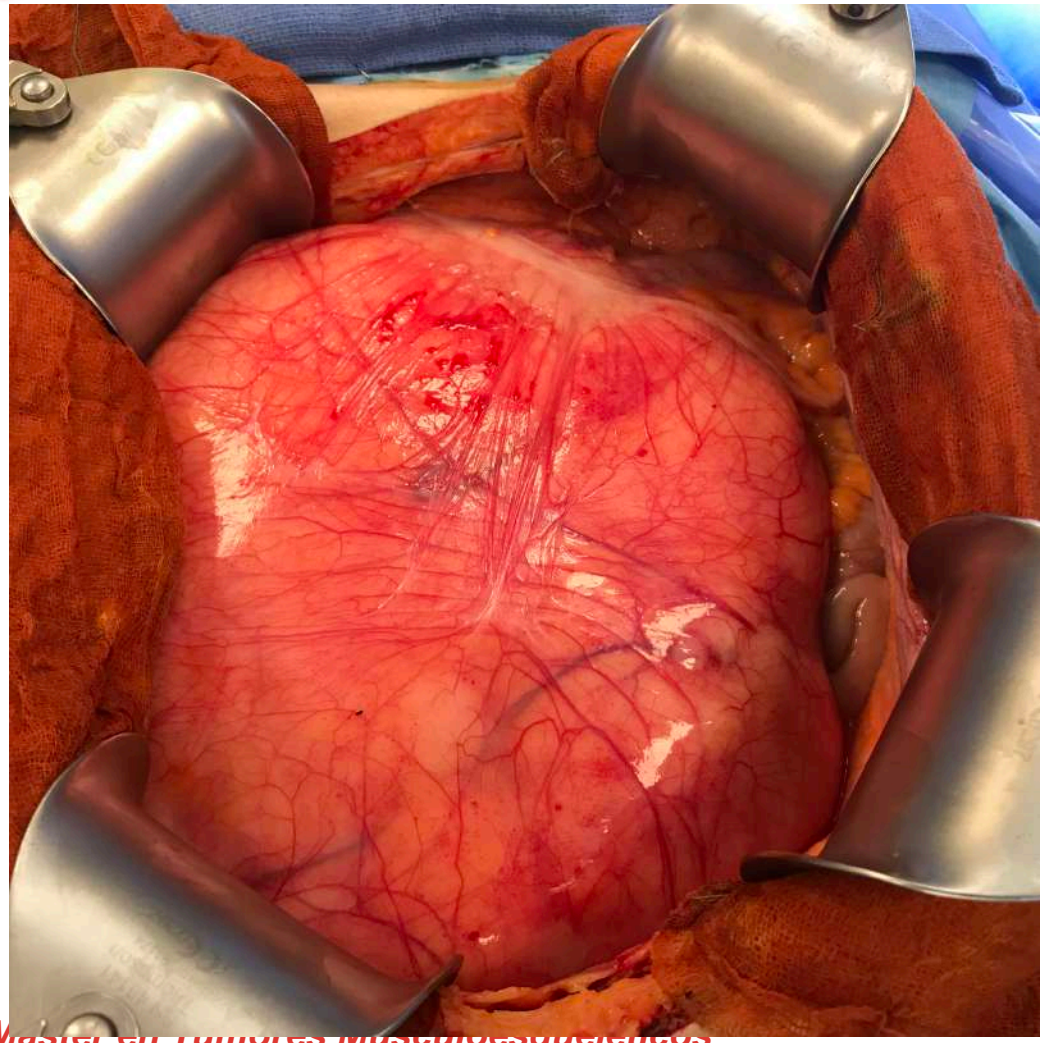
Surgery for primary retroperitoneal sarcomas (RPS) often requires a technically challenging, en bloc multivisceral resection to optimize outcomes. Surgery may also be appropriate for patients with localized recurrent RPS. Anatomic considerations and tumor biology driven by histologic subtype may guide the extent of resection in patients with RPS. This review provides an overview of the current surgical principles for primary and recurrent RPS.

Conclusiones:

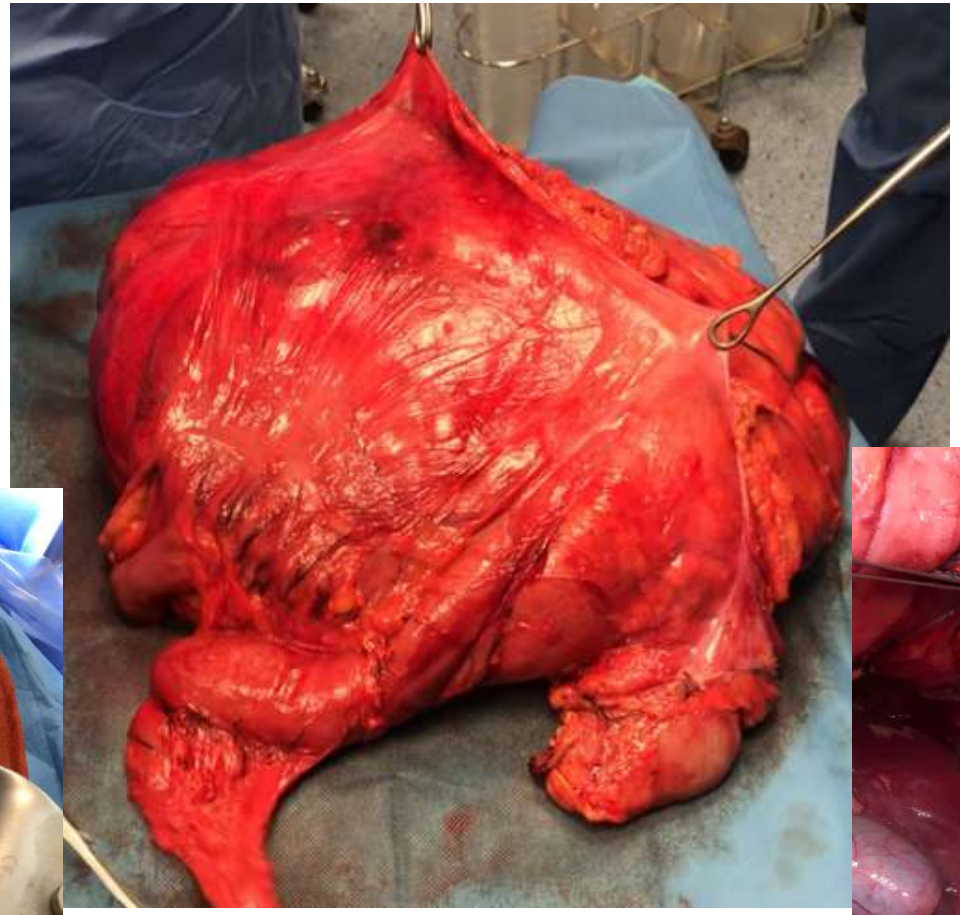
"Una alternativa al enfoque de cirugía compartimental de "talla única" es la que se guía por la biología tumoral y las consideraciones anatómicas"

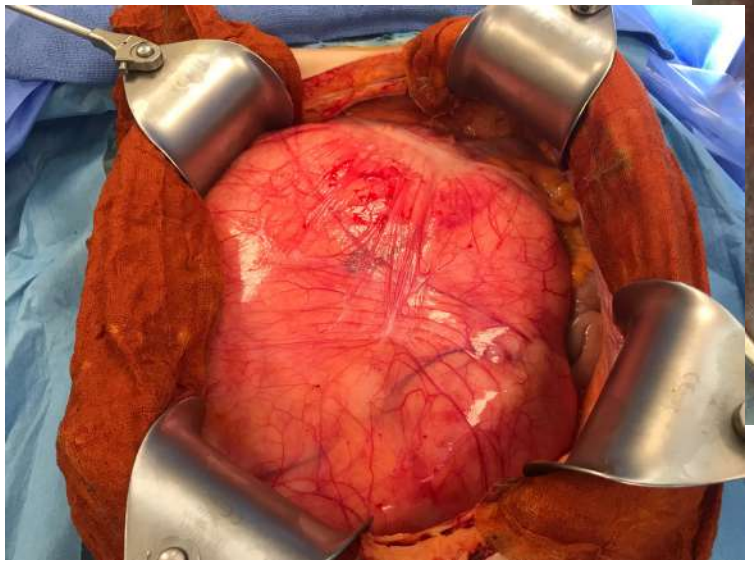
SARCOMAS RETROPERITONEALES PRIMARIOS
Cirugía "Compartimental" mejor opción R0

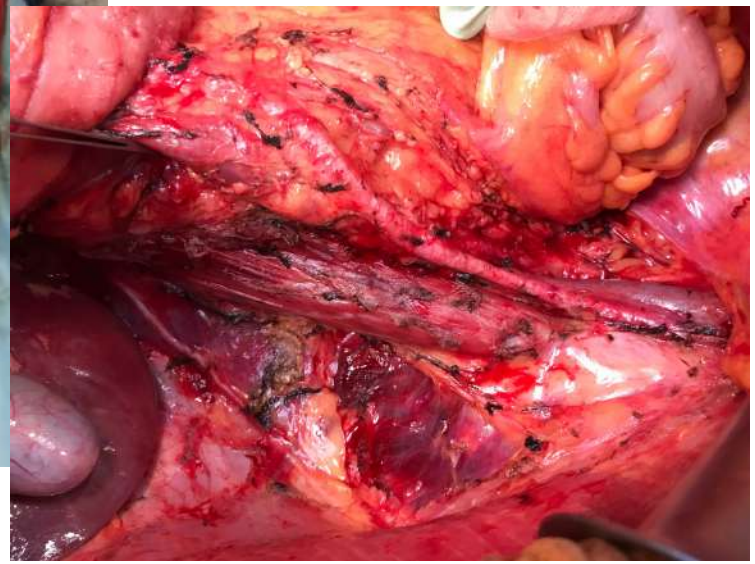




SARCOMAS RETROPERITONEALES PRIMARIOS
Cirugía "Compartimental" mejor opción R0







SARCOMAS RETROPERITONEALES RECURRENTES
Resultados: Cirugía vs No Cirugía

LR: 219 pat.
resection 105 (48%)

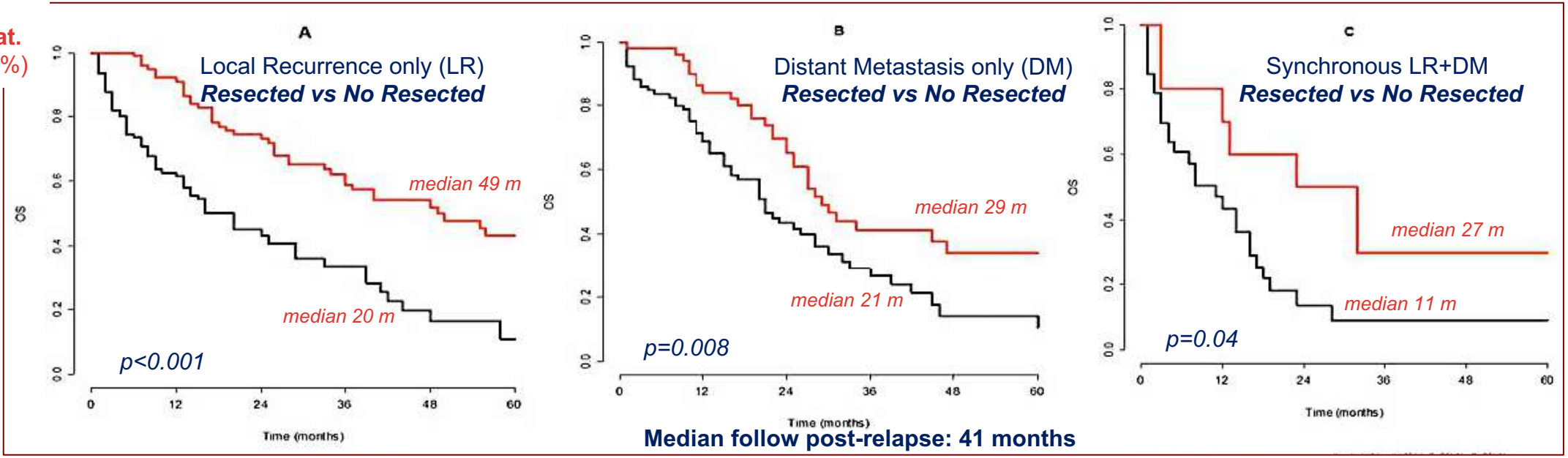
DM: 146 pat.
resection 53 (36%)

LR + DM: 43 pat.
resection 10 (23%)

Review of Prospecty Sarcoma Database
From 1007 pat. (complete resection of primary RPS)
This study focuses on management and outcomes
of patientes with recurrence N=408
(2002-2011) 8 high volume centers

Post-Relapse Outcomes After Primary Extended Resection of Retroperitoneal Sarcoma: A Report From the Trans-Atlantic RPS Working Group

ndrea J. MacNeill, MD[1,2]; Rosalba Miceli, PhD[3]; Dirk C. Strauss, MD[4]; Sylvie Bonvalot, MD, PhD[5]; Peter Hohenberger, MD[6]; Frits Van Coevorden, MD[7]; Piotr Rutkowski, MD[8]; Dario Callegaro, MD[2]; Andrew J. Hayes, MD, PhD[4]; Charles Honoré, MD[9]; Mark Fairweather, MD[10]; Amanda Cannell, BSc[11]; Jens Jakob, MD[6]; Rick L. Haas, MD[12]; Milena Szacht, MD[8]; Marco Fiore, MD[2]; Paolo G. Casali, MD[13]; Raphael E. Pollock, MD, PhD[14]; Chandrajit P. Raut, MD, MSc[10]; Alessandro Gronchi, MD[2]; and Carol J. Swallow, MD, PhD[1]



Median follow post-relapse: 41 months

Cancer 2017; 123: 1971-8

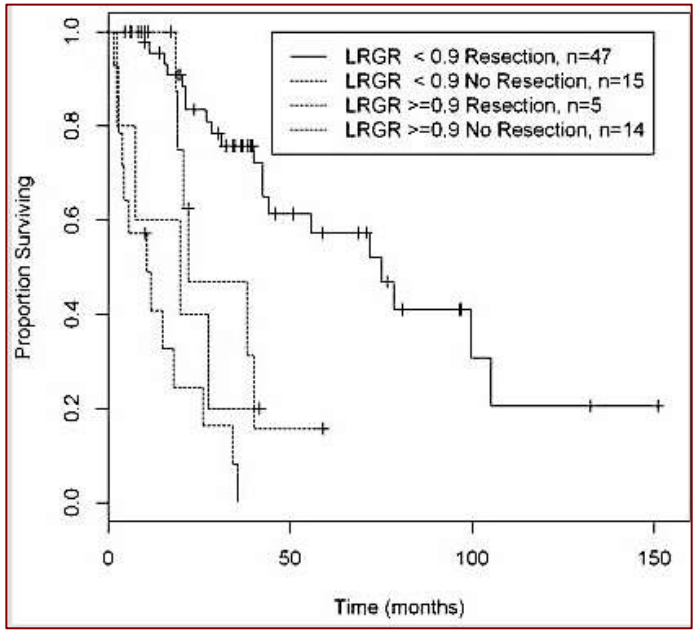
SARCOMAS RETROPERITONEALES RECURRENTES
Resultados Cirugía según Tasa de Crecimiento

Review of Prospecty Sarcoma Database
105 patients with ≥ 1 local recurrence following Complete resection of primary RPLPS
(Memorial Sloam-Kettering Cancer Center)
(1982-2005)

Predicting Outcome by Growth Rate of Locally Recurrent Retroperitoneal Liposarcoma: "The One Centimeter per Month Rule"

James O. Park, MD*, Li-Xuan Qin, PhD†, Francesco P. Prete, MD*, Cristina Antonescu, MD#, Murray F. Brennan, MD*, and Samuel Singer, MD*

LR (105)
with Agressive Resection (52)



Analysis of Second Local Recurrence-Free Survival in 61 Patients with a Locally Recurrent Retroperitoneal Liposarcoma Completely Resected

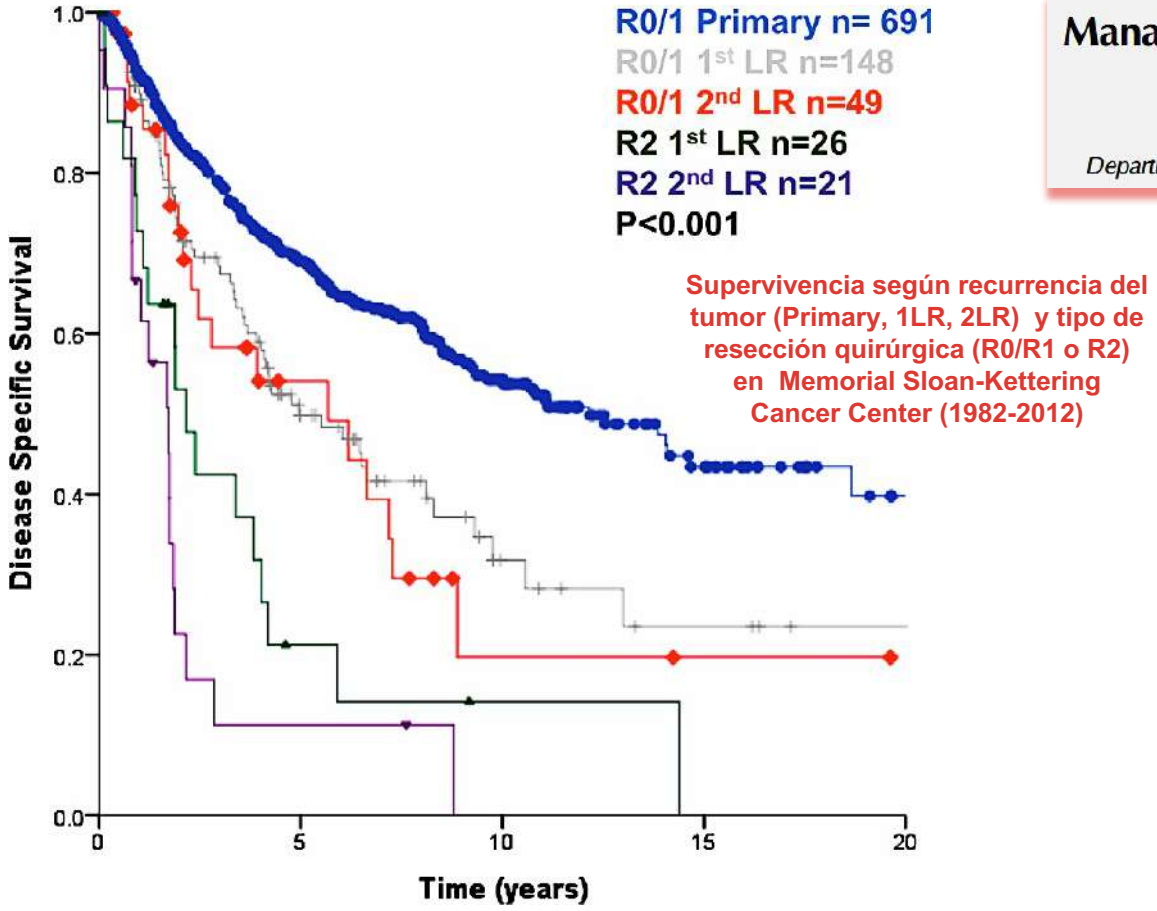
Variable	P Value (Univariate)	P Value (Multivariate)	Hazard Ratio [95% CI] (Multivariate)
Sex	0.180		
Age (year)	0.095		
Primary Grade	0.848		
Primary Subtype	0.710		
Primary Size (cm)	0.836		
Primary Micro Margin	0.198		
LR Grade High vs. Low	0.063	0.390	1.36 [0.67, 2.74]
LR Subtype	0.066		
LR Size (cm) ^	0.002		
Time to LR (month)	0.117		
LR Growth Rate (cm/month) ^	<0.001	<0.001	2.70 [1.71, 4.27]

LR growth rate
and **LR size**
are highly correlated

Sólo pacientes con tasas de crecimiento menores de 0.9 cm/mes fueron asociados con mejora de la supervivencia, tras resección quirúrgica agresiva de la recurrencia local

Ann Surg 2009; 250: 977-82

SARCOMAS RETROPERITONEALES RECURRENTES
Resultados tras Cirugías Sucesivas

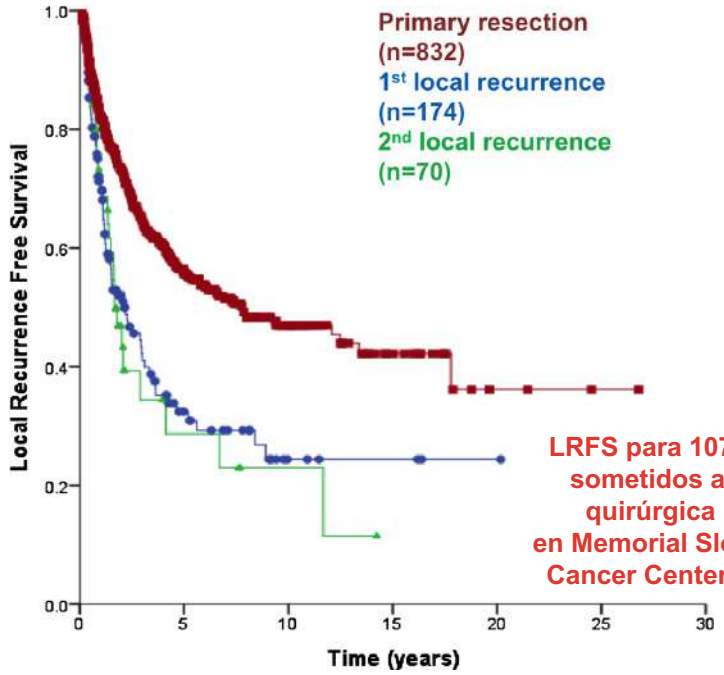


Supervivencia según recurrencia del tumor (Primary, 1LR, 2LR) y tipo de resección quirúrgica (R0/R1 o R2) en Memorial Sloan-Kettering Cancer Center (1982-2012)

J Surg Oncol 2014; 109: 53-59

Management of Recurrent Retroperitoneal Sarcoma

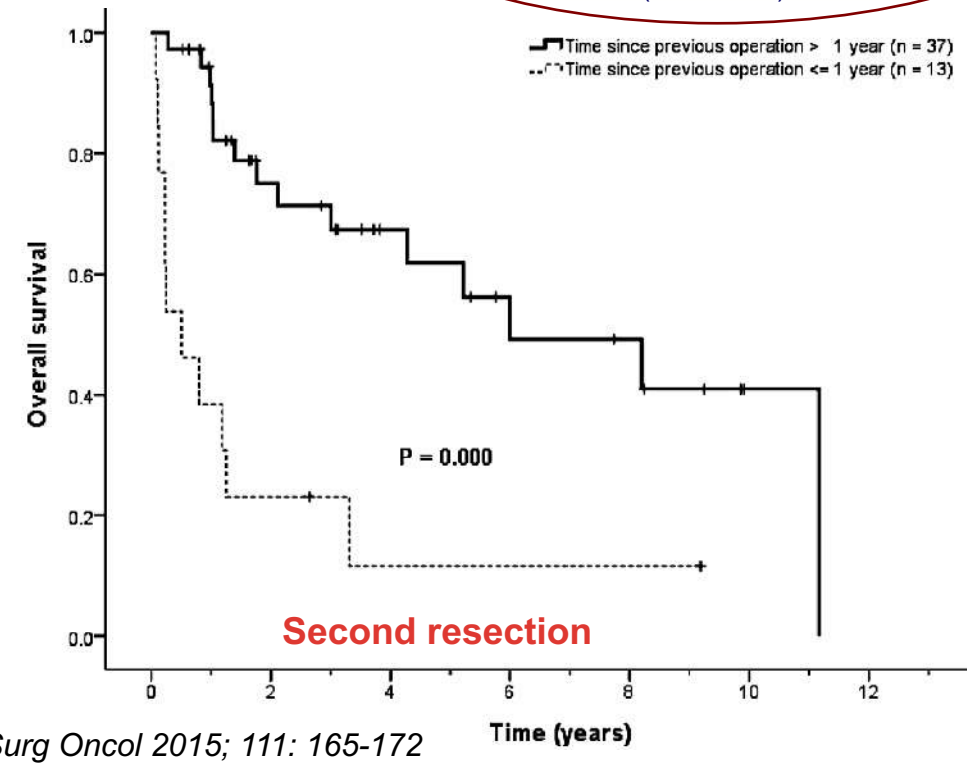
DAVID E. GYORKI, MD* AND MURRAY F. BRENNAN, MD
Department of Surgery, Memorial Sloan-Kettering Cancer Center, New York, New York



LRFS para 1076 pacientes sometidos a resección quirúrgica para RPS en Memorial Sloan-Kettering Cancer Center (1982-2012)

SARCOMAS RETROPERITONEALES RECURRENTES
Resultados tras Cirugías Sucesivas

Observational Retrospecty Study
95 patients resection primary RPS
(50 patients *2nd resection* for recurrence
and 26 patients *3rd resection* for recurrence)
Seoul National University Hospital
(1999-2011)



Second resection

Prognostic Factors for Reoperation of Recurrent Retroperitoneal Sarcoma: The Role of Clinicopathological Factors Other Than Histologic Grade

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TABLE III. Prognostic factors after the second resection (n = 50)

Variable	Univariate			Multivariate		
	3-YSR (%)	5-YSR (%)	*P*-value	HR	95% CI	*P*-value
Age (years)			0.378			
<60 (n = 29)	64.1	50.0				
≥60 (n = 21)	49.4	49.4				
Sex			0.043			
Male (n = 25)	47.9	29.9				
Female (n = 25)	69.6	69.6				
Histology			0.008			
Liposarcoma (n = 23)	78.1	70.3				
Other (n = 27)	41.3	31.0				
Grade (FNCLCC)			0.000			0.000
1 (n = 14)	75.7	55.2		1		
2 (n = 9)	58.3	58.3		0.51	0.12–2.22	0.371
3 (n = 17)	19.6	0.0		3.32	1.03–10.72	0.045
Unknown (n = 10)	100.0	100.0		0.16	0.02–1.32	0.089
Gross residual disease			0.006			
No (n = 34)	70.0	60.2				
Yes (n = 16)	34.7	23.1				
Contiguous organ resection			0.468			
No (n = 22)	61.2	46.6				
Yes (n = 28)	57.2	50.9				
Pathologic organ invasion			0.722			
No (n = 34)	60.3	51.3				
Yes (n = 16)	55.0	41.3				
Time since previous operation			0.000			0.023
>1 year (n = 37)	71.4	61.8		1		
≤1 year (n = 13)	23.1	11.5		3.04	1.17–7.92	

J Surg Oncol 2015; 111: 165-172

SARCOMAS RETROPERITONEALES RECURRENTES
Resultados tras Cirugías Sucesivas

Observational Retrospecty Study
95 patients resection primary RPS
(50 patients *2nd resection* for recurrence
and 26 patients *3rd resection* for recurrence)
Seoul National University Hospital
(1999-2011)

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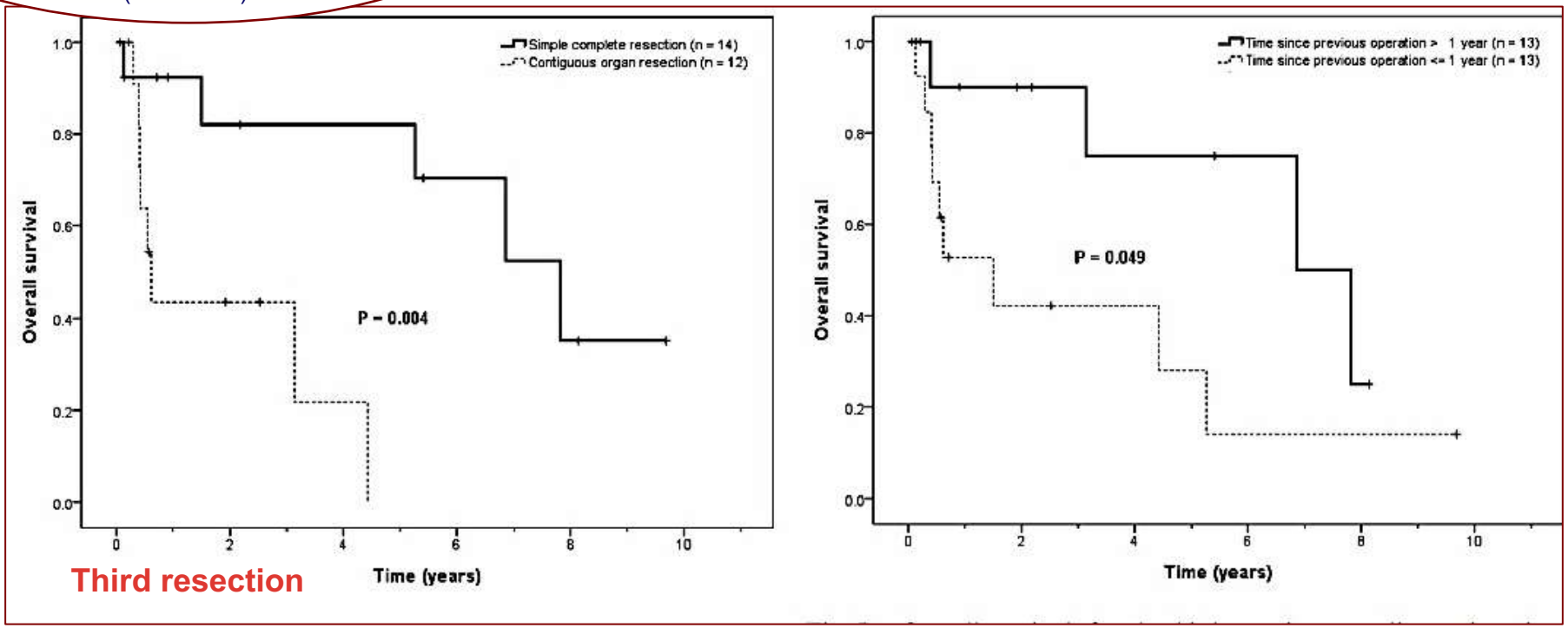
Multivariate Analysis
Prognostic factors
after third resection
(n=26)

Contigous organ resection
No (n=14): OS 3y: 82%; OS 5y: 82%
Yes (n=12): OS 3y: 44%; OS 5y: 0%
p=0.011



Third resection

J Surg Oncol 2015; 111: 165-172

SARCOMAS RETROPERITONEALES RECURRENTES
Cirugía en WDLPS

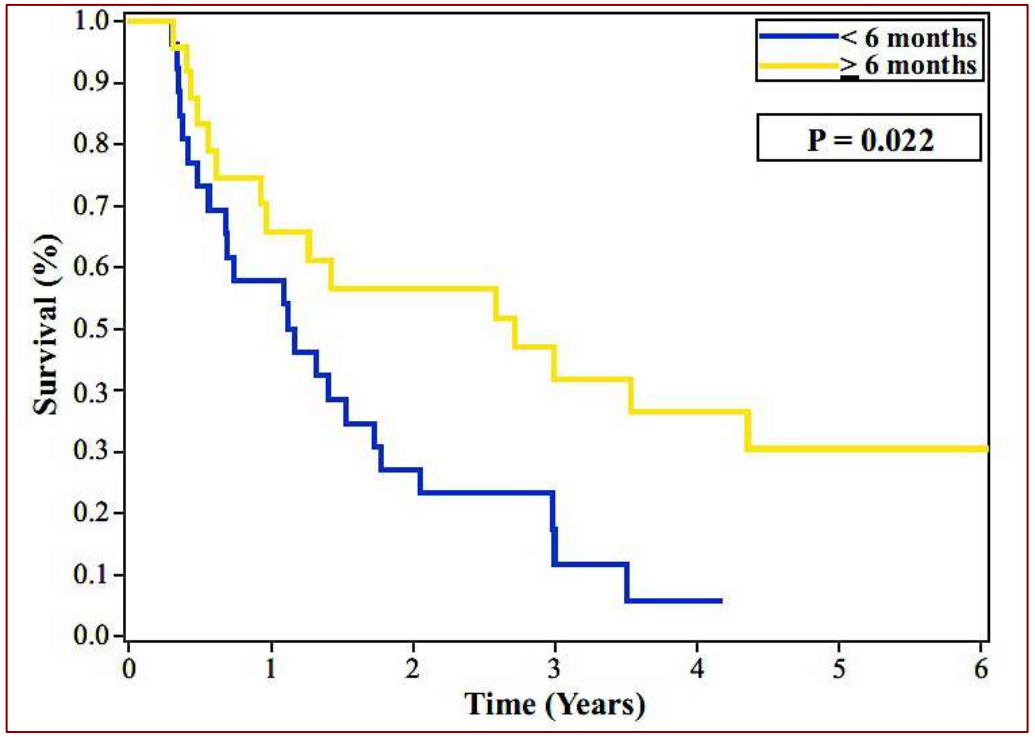
Observational Retrospecty Study
52 patients treated of **Recurrent RP WDLPS**
for 1st local recurrence
(< 6 months (n=28), ≥ 6 months (n=24)

Salvage Surgery for Recurrent Retroperitoneal Well-Differentiated Liposarcoma: Early Reoperation may not Provide Benefit

Naruhiko Ikoma, MD, MS[1], Christina L. Roland, MD[1], Keila E. Torres, MD, PhD[1], Yi-Ju Chiang, MSPH[1], Wei-Lien Wang, MD[2], Neeta Somaiah, MD[3], Gary N. Mann, MD[1], Kelly K. Hunt, MD[1], Janice N. Cormier, MD, MPH[1], and Barry W. Feig, MD[1]

Interval Salvage Surgery: **< 6 months (28 pat, 54%)** and **> 6 months (24 pat, 46%)**
Organ resection in 32 patientes (62%) with 4/32 organ invasion (13%)
R0/R1 in 45 patients (86%) **Second Relapse 38 patients (84%)**

Multivariate Analysis Risk factors for DFS after Salvage Surgery
Recurrence to salvage interval (< 6 moths vs > 6 months)
p=0.0025



CONCLUSIONES:
-La cirugía de rescate temprana puede no ser el mejor enfoque para pacientes recurrentes con WDLPS

-La invasión de órganos es rara en WDLPS recurrentes y prolonga Est. Hospitalaria por morbilidad: considerar su preservación si no afectados

Ann Surg Oncol 2018; 25(8): 2193-2200

SARCOMAS RETROPERITONEALES RECURRENTES
¿Cirugía completa tras Cirugía previa inadecuada?

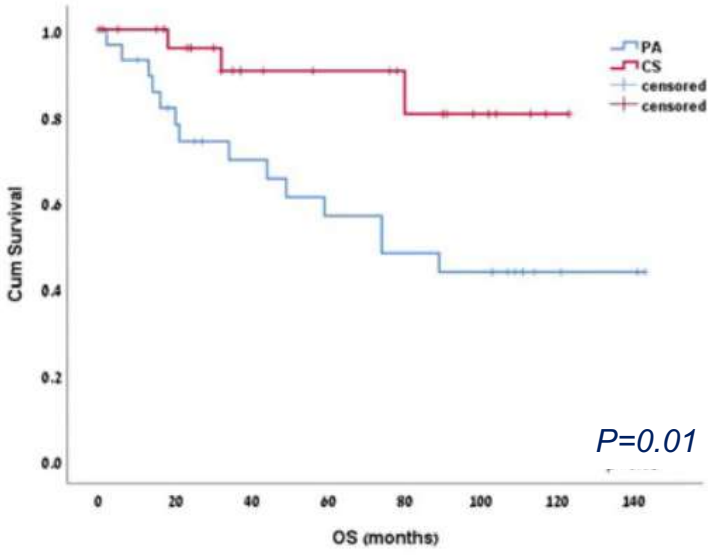
Observational Retrospecty Study
from Prospective Database
34 patients referred for CS (Complete Surgery) after previous Inadequate Surgery, were matched with 28 patients with PA (Primary Adequate Surgery) (2002-2017)
Istituto Nazionale Tumori, Milan

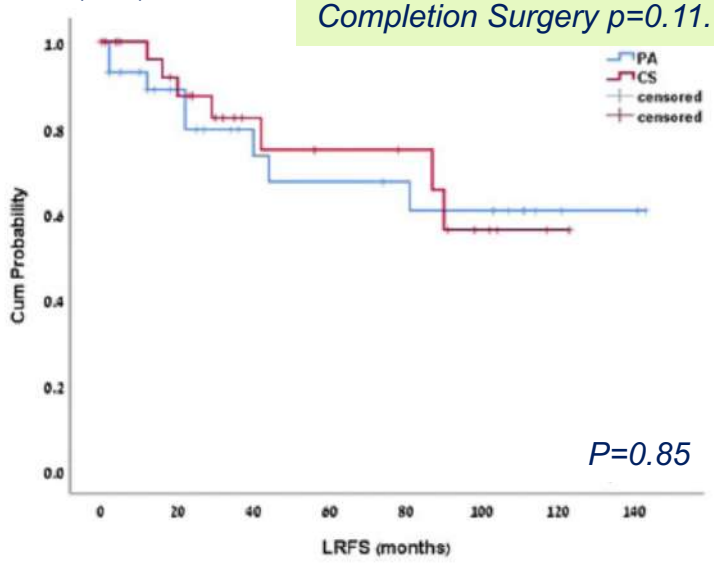
Completion surgery of residual disease after primary inadequate surgery of retroperitoneal sarcomas can salvage a selected subgroup of patients—A propensity score analysis

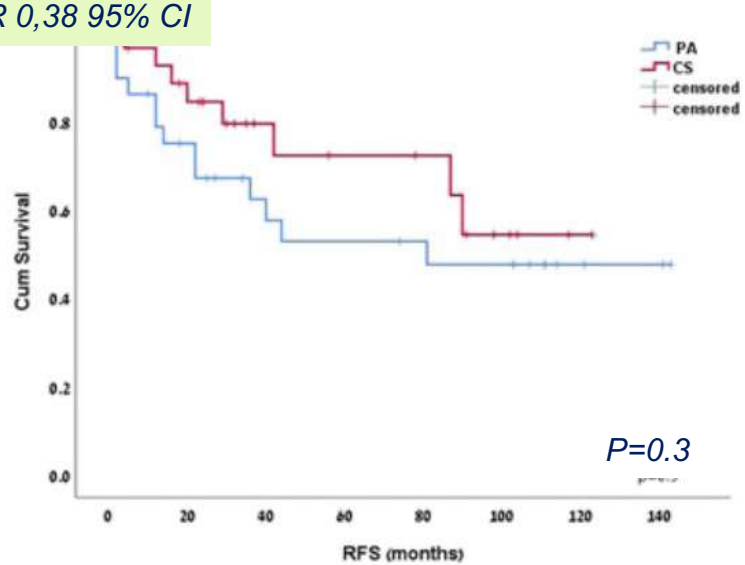
Eran Nizri MD, PhD[1,2] | Marco Fiore MD[1] | Chiara Colombo MD[1] | Stefano Radaelli MD[1] | Dario Callegaro MD[1] | Roberta Sanfilippo MD[3] | Claudia Sangalli MD[4] | Paola Collini MD[5] | Carlo Morosi MD[6] | Silvia Stacchiotti MD[3] | Paolo G. Casali MD[3,7] | Alessandro Gronchi MD[1]

Group CS (n=28): **9 WDLPS, 18 DDLPS, 1 LMS**
Group PA (n=34): **5 WDLPS, 20 DDLPS, 2 LMS, 1 Other**
Median time between the first and second operation in CS: 5 months (2-15)

Multivariate Analysis Risk Factors for OS
Tumor Grade p=0.001. HR 4,3 95% CI
Completion Surgery p=0.11. HR 0,38 95% CI







J Surg Oncol 2018; 1-6

SARCOMAS RETROPERITONEALES PRIMARIOS

Conclusiones

✔ **El primer abordaje quirúrgico del RPS será clave en el pronóstico del paciente**
(centros referentes / EMD / cirujanos expertos)

✔ **En la cirugía de los RPS:**
Evitar resecciones incompletas, rotura tumoral y grandes transfusiones

CIRUGÍA ESPAÑOLA

www.elsevier.es/cirugia

Artículo especial

Actualización en el manejo de sarcomas retroperitoneales y pélvicos; el papel de la cirugía compartimental

José Manuel Asencio Pascual [a], Juan Angel Fernandez Hernandez [a], Gerardo Blanco Fernandez [a], Cristobal Muñoz Casares [a], Rosa Álvarez Álvarez [b], Bárbara Fox Anzorena [b], Alicia Lozano Borbalas [c], Manuel Rodriguez Blanco [a], Sonia Cantin Blázquez [a] y Vicente Artigas Raventós [a,]*

✔ **La cirugía de los RPS primarios debe ser compartimental "en bloque"**, con resección de órganos adyacentes y **adaptada a la histología tumoral, valorando coste/beneficio oncológico y morbilidad**
(mayor porcentaje de márgenes negativos, mejor control de recurrencia local y mejor supervivencia para algunos pacientes)

✔ En general: **Resección quirúrgica compartimental en la 1ª intervención de todos los LPS**

Cir Esp 2019; 97 (9): 480-8

SARCOMAS RETROPERITONEALES RECURRENTES
Conclusiones

✔ **Resección extendida "en bloque"** estará indicada en RPS con recurrencia local aislada:

- cuando la resección previa fue incompleta

- fundamentalmente si tasa crecimiento tumoral < 1cm/mes

cancers

MDPI

Review

Updated Review and Clinical Recommendations for the Diagnosis and Treatment of Patients with Retroperitoneal Sarcoma by the Spanish Sarcoma Research Group (GEIS)

Rosa Álvarez Álvarez [1,*], Aránzazu Manzano [2], Carolina Agra Pujol [3], Vicente Artigas Raventós [4], Raquel Correa [5], Josefina Cruz Jurado [6], Juan Angel Fernandez [7], Xavier Garcia del Muro [8], Jose Antonio Gonzalez [4], Nadia Hindi [9,10,11], Pablo Lozano Lominchar [12], Javier Martínez-Trufero [13], Ramiro Méndez [14], Mercedes Muñoz [15], Cristobal Muñoz Casares [16], Francisco Orbis Castellanos [17], Ruth Orellana Fernandez [18], Miguel Paniagua González [19], Andres Redondo [20], Claudia Valverde Morales [21] and Jose Manuel Asencio [12]

✔ **La resección de sucesivas recidivas,** tras selección de pacientes (valorando histología, intervalo libre y morbilidad asociada) **deberían ser completas pero no extendidas a órganos no invadidos**

-En caso particular de WDLPS, valorar bajo control, evitar la intervención muy precoz

✔ **Ruptura tumoral, multifocalidad, alto grado e intervalo libre corto:** mal pronóstico.
Selección de pacientes y cirugía limitada a las lesiones

✔ **En resección de RPS recurrente,** considerar terapia neoadyuvante

Cancers 2023; 15 (12): 3194

SARCOMAS RETROPERITONEALES RECURRENTES
Tratamiento Quirúrgico: Algoritmo-Resumen

RPS Primario
RESECCIÓN QUIRÚRGICA

Centro no referente, No EMD-cirujano expertos		Centro referente, EMD y cirujano experto	
Resección Incompleta (R2)	Resección Completa (R0-R1)	Resección Completa (R0-R1)	Resección Incompleta (R2)
Persistencia Tumoral	Recurrencia Local	Recurrencia Local	Persistencia Tumoral
CIRUGÍA Posible "en bloque" Pacientes seleccionados	¿Cuándo OPERAR? ✷		NO CIRUGÍA

✷ ¿Cuándo Operar? :

-Histología favorable
(WDLPS mejor candidato)
-Intervalo libre enfermedad largo
(> 1 año)
-Posible resección macroscópica completa
-¿Respuesta a QT en local avanzado?

NO RECOMENDABLE
(Valorar estrategias EMD):

-Recurrencia contralateral
-Recurrencia multifocal
-Invasión mayor múltiples órganos
-Enfermedad extraabdominal

Universidad Europea MADRID

GEIS
GRUPO ESPAÑOL DE INVESTIGACIÓN EN SARCOMAS

Máster en Tumores Musculoesqueléticos