ASO AUTHOR REFLECTIONS

ASO Author Reflections: Evolving Surgical Role in Metastatic Soft Tissue Sarcoma

James Janopaul-Naylor, MD , and Pretesh Patel, MD

Department of Radiation Oncology, Winship Cancer Institute of Emory University, Atlanta, GA

Soft tissue sarcomas (STS) are a heterogeneous group of uncommon malignancies known for their resistance to systemic therapies. For metastatic cancer, the role of local therapies such as surgery or radiation was historically reserved for palliation, but identification of a limited metastatic disease state, be it de novo or induced, has altered that paradigm. Thus the question: what is the role for aggressive local therapy for patients with metastatic STS? The National Comprehensive Cancer Network Guidelines note, “there are no data to support the optimal management of patients [with STS] presenting with metastatic disease.”¹ As such, we sought to clarify if there are a subset of patients that may benefit from more aggressive local treatments.

We used the National Cancer Database (NCDB) to see if there was a benefit to surgical resection of metastases in a large cohort ($n = 1124$) of patients with upfront metastatic STS.² Since the NCDB has limited details on metastases, we used definitive intent resection to primary tumor as a surrogate to exclude patients with widely disseminated disease. We found that addition of metastasectomy increased 5-year OS to 30.8% compared with resection of primary disease alone (5-year OS 18.2%, $p < 0.001$).

Further work is needed to verify these hypothesis-generating observations. Prior work has shown that ablative radiation³ or metastasectomy⁴ are safe and effective for other metastatic malignancies. Our work indicates that similar approaches may be beneficial for patients with

upfront metastatic STS. Further study of aggressive multimodal management of limited metastatic sarcoma is warranted.

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