



## Conference 2008

### Abstracts

#### **Outcome from surgical management in our first seventy-five patients with retroperitoneal soft-tissue sarcoma**

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##### Introduction:

Retroperitoneal soft-tissue sarcomas demand a multidisciplinary approach to their management with surgical resection playing a major role. We sought to evaluate the outcome of surgical management of our first 75 patients in our regional centre.

##### Methods:

Data was retrospectively collected into an Access database, on patients undergoing surgery for intra-abdominal soft tissue sarcoma between 1996 and 2005 at a single centre. Particulars recorded included patient demographics, staging investigative modalities, peri-operative details, treatment, outcome, pathological diagnosis and subsequent complications. Statistical analysis was performed on SPSS 13.0.

##### Results:

75 patients (M:F=44:31) underwent surgery as part of the management of retroperitoneal soft-tissue sarcoma. A total of 115 resectional procedures were carried out, this included 72 primary resections and 43 (3 were for primaries resected elsewhere) resections for recurrence. We have had 12 major complications in 10 patients, giving a procedure related morbidity of 10% and patient specific morbidity of 13%. There were no early post resection deaths (30-day mortality). Follow-up ranged from 16-131 months. Mean (95% CI) disease free survival was 69 (59-78) months. On univariate regression analysis significant factors influencing recurrence were high grade of tumour ( $p=0.001$ , 30/46), non-liposarcoma histology ( $p=0.01$ , 31/46), large (>10 cms) size of primary tumour ( $p=0.04$ , 30/46) and R1 resection ( $p=0.05$ , 31/46). Logistic regression revealed that the most important factor influencing survival was the presence of recurrent disease ( $p=0.03$ ).

##### Conclusion:

Extensive resectional surgery with minimal morbidity, devoid of mortality is feasible in the treatment of retroperitoneal sarcoma. Development of recurrent disease is a significant factor influencing survival.