



## Conference 2008

### Abstracts

#### **Angiosarcoma: Single centre experience and call for collaborative audit**

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##### Background:

Angiosarcoma is rare, representing >5% of soft tissue sarcoma. Case series to date have been limited by this. Recent co-operative (French) data support differing biological behaviour based upon tumour site of origin.

##### Aims:

To review our single cancer centre experience of angiosarcoma and analyse outcome based upon tumour sub-site.

##### Methods:

Single centre retrospective review based upon cases identified following central histopathology review. Data extracted from clinical records.

##### Results:

49 cases identified 1996-2007, annual incidence approx. 0.2/100000 pa. Complete data available for 80%. M:F 14:24, median age 62.1 years. Median follow-up 43 months. Potential iatrogenic cause in 12(31%). 10(26%) metastatic at presentation, 5(17%) becoming metastatic. Primary site skin(36%), breast(31%), visceral(21%). Overall median survival (months) 54.3, 11.8, 5.4 respectively ( $p=0.03$ ). Overall crude proportion deaths from locally uncontrolled disease 50%. Impact of interventions (surgery (75% cases), chemotherapy (33%) and radiotherapy (44%)) impossible to assess given sample size.

##### Conclusions:

Angiosarcoma is a rare tumour with apparently diverse clinical behaviour depending upon sub-site. Local control rates are poor vs. other histological sarcoma sub-types. Approaching 1/3 of cases may be iatrogenic. The optimal management of this condition(s) is not clear. Formal randomised trials will be impossible to run. If inappropriate intervention is to be prevented, progress must rely upon collaborative multi-centre audit. A 'BSG-badged' retrospective UK angiosarcoma audit is proposed, to report within 2 years, to facilitate prospective study of this disease.