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### ABSTRACTS – POSTERS

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#### **Local Recurrence after Excision of Chondrosarcoma**

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#### **Introduction**

Chondrosarcoma is treated with respect by oncology surgeons, given that it is relatively resistant to chemotherapy and radiotherapy. The aim was to study the outcomes of surgery for Chondrosarcoma and determine the role of initial surgical margins and local recurrence on outcome.

#### **Methods**

Electronic patient records were retrieved on all patients seen with Chondrosarcoma of bone with a minimum of 2 years follow up. A total of 532 patients were seen with Chondrosarcoma between 1970 and 2006. Patients were excluded if they had initial treatment in another unit (20 patients), a subdiagnosis of dedifferentiated Chondrosarcoma (due to very poor prognosis, 43 patients), metastases at presentation (30 patients), if they presented with disseminated metastases prior to local recurrence (12 patients) or were not offered surgery, leaving 402 patients in the study group.

#### **Results**

The mean age was 48 years old (range 6-89 years) with the most commonly sites of presentation being in the pelvis in 132 patients (29%), proximal femur in 81 patients (18%), distal femur in 40 patients (9%) and proximal humerus in 40 patients (9%). Grade at presentation was grade 1 in 44%, grade 2 in 44% and grade 3 in 12%. Surgical margins were radical in 3%, wide in 44%, marginal in 29%, planned incisional in 13% and unplanned incisional in 11%. Local recurrence occurred in 87 patients (22%). Local recurrence rates were significantly different for surgical margins on Fisher exact testing ( $p=0.003$ ), which held true even when stratified by presenting grade of tumour. Surgery for local control was successful in 62% of cases.

#### **Conclusions**

Complex relationships exist between surgical margins, local recurrence and survival. Long term survival is possible in 1/3 patients who have local recurrence in intermediate and high grade chondrosarcomas and therefore every effort should be made to regain local control following local recurrence.