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### ABSTRACTS – POSTERS

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#### Chordoma of the sacrum – long term results

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#### Aim

To review outcomes in patients newly diagnosed with sacral chordoma treated at a single institution over the past 20 years.

#### Methods

A retrospective review of prospectively collected data was performed. Previously treated patients were excluded. The surgical objective was complete tumour excision with clear margins.

#### Results

44 patients (33 males, 11 females) were seen with newly diagnosed chordoma of the sacrum. The median age was 61.5 (25 to 81). Median duration of symptoms before presentation was 104 weeks, mean tumour size 10 cm. The most common symptom was pain followed by neurological deficit. 8 patients had inoperable tumours (usually due to age or co-morbidity) and their median survival was 4 years. 36 patients underwent surgical resection. Colostomy was routinely performed in patients with sacral resection above S2. Operation time averaged 4.5 hours (1.5 to 20). Margins were wide in 7, marginal in 25, and intralesional in 4 patients. There was a high rate of post-operative complications, mostly wound problems (61% of patients) but only one perioperative death due to septicaemia. Local recurrence (LR) occurred in 42% of operated patients and was not related to margins of excision or size of the tumour. Local recurrences were still being seen for the first time at 12 years. Most were managed by further surgery or radiofrequency ablation. Radiotherapy was only used palliatively. There were 6 tumour related deaths, 2 from metastases and 4 from extensive local recurrence giving 68% tumour related survival at 10 years and median survival in those surgically treated of 15 years.

#### Discussion

Chordomas are frequently diagnosed late. The tumour is very infiltrative and although surgical excision offers the best chance of cure, rates of local recurrence are high. Local control can usually be maintained by further surgery providing areas of local recurrence are detected early. Radiotherapy was not used routinely in any of our patients apart for palliation and our results should be compared to those from units routinely using postoperative radiotherapy to try and ascertain the value of this.