Methods: From 2005 to 2008, nine patients (7 women and 2 men), mean age 52.3±12.6 years, with RPS were treated with pre-operative IMRT. Toxicities, loco-regional control, and survival free disease were analyzed. Toxicity was assessed according to the RTOG acute toxicity scale.
Results: Four patients (44%) had de novo RPS, and five patients (56%) had recurrent RPS after prior surgical resection. The median follow up was 26 (range: 3−39) months after radiotherapy. Median radiation dose was 50 at 2 Gy/fraction. Surgical resection after radiotherapy was performed in eight patients. In one patient, tumor progressed during treatment and was unresectable. Only minor toxicities were reported with grade 1 nausea in seven patients (77%) and vomiting in two patients (22%), during radiotherapy. No other toxicities or treatment related deaths were reported. Early and delayed postoperative complications included 1 abscess and 1 duodenal stenosis in two patients. At median follow up of 26 months, four patients (44%) were disease free. Five patients (56%) had disease progression, including tumor progression during radiotherapy (2 pts, 22%), local recurrence after surgery (2 pts, 22%), and/or distant metastasis resulting in death (2 pts, 22%). Four (80%) of the five patients with recurrent RPS after prior surgical resection, had disease progression.
Conclusion: Local control of de novo RPS is achievable with pre-operative IMRT with minimal toxicities. Henceforward, low toxicities with IMRT could allow dose escalation to improve outcomes in RPS patients.

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Radiotherapy results of 131 patients with soft tissue sarcoma

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Background: In this retrospective study, our records of the patients with soft tissue sarcoma who underwent postoperative or definitive radiotherapy at Hacettepe University Faculty of Medicine Department of Radiation Oncology between January 1994 and December 2006 were reviewed. Cases were divided into two groups according to their location whether in the retroperitoneal region or not.
Material and Methods: Patients with soft tissue sarcoma excluding retroperitoneum, total of 101, median age 47; and patients with retroperitoneal sarcoma, total of 30, median age 53, were evaluated. In excluding retroperitoneum group, 37 of our patients were stage I, 24 were stage II, 37 were stage III, and 3 were stage IV (no distant metastasis, lymph node positive). According to histological degree, 5% cases were 1st, 36% cases were 2nd and 59% cases were 3rd or 4th degree. In retroperitoneal sarcoma group, 17 of our patients were stage I, 1 were stage II, 12 were stage III. According to histological degree, 7% cases were 1st, 50% cases were 2nd and 43% cases were 3rd or 4th degree. In all patients with 1.8−2.5 Gy per fraction total of 40−70 Gy radiotherapy doses were delivered (the median 60 Gy in excluding retroperitoneum group while 50 Gy in retroperitoneum group.
Results: In excluding retroperitoneum group, median follow-up after radiotherapy was 36 months while 26 months in retroperitoneum group. In excluding retroperitoneum group, 3 and 5 year general survival rates (G.S) were determined respectively 75% and 69%, disease-free survival rates (D.F.S) were 56% and 51%, local control rates (L.C) were 70% and 65%. On multivarian analysis: Surgical margins remained statistically significant for G.S ($p = 0.004$), DFS ($p < 0.0001$) and L.C ($p = 0.01$). Also histological grade was statistically significant in D.F.S ($p = 0.03$). In L.C., presenting symptome ($p = 0.04$; pain worse than swelling) was the other factor changing the prognosis. In retroperitoneal region group, 3 and 5 year G.S. rates were determined respectively 69% and 69%, D.F.S. rates were 52% and 52%, L.C. rates were 61% and 61%. On multivariate analysis: In G.S., operation status remained statistically significant ($p = 0.02$). In D.F.S gender ($p = 0.003$; better in women) and operation status ($p = 0.01$) were statistically significant factors. In L.C. only gender ($p = 0.02$) was the factor changing the prognosis.
Conclusion: Our results are supporting the literature which was not much hopeful for this rare kind of disease. It is also interesting that, gender was the most important prognostic factor for both D.F.S. and L.C. in retroperitoneal region group.

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Administration of 24-hour intravenous infusions of trabectedin (Yondelis®) every 3 weeks in ambulatory patients with mesenchymal tumors via the disposable elastomeric pump Baxter LV10: a feasible, convenient, effective and patient-friendly palliative treatment option

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Background: Patients (pts) with sarcoma whose disease progresses after standard chemotherapy have poor outcome. In this setting, the DNA-transcription-interacting cytotoxic agent trabectedin (TRA) is efficacious and marketed in Europe. It is administered as 24-h i.v. infusion q3w with steroid co-medication. To overcome the inconvenience of hospitalization for drug delivery TRA is now given in Leuven via disposable elastomeric pumps, which facilitate ambulatory treatment and are compatible with the drug.
Material and Methods: Heavily pre-treated pts with sarcoma were offered chemotherapy with TRA 1.5 mg/m^2 as 24-h i.v. infusion via port catheter, either during hospitalization using electronic pumps or as outpatients using the Baxter LV10 disposable pump (drug dissolved in 267 ml NaCl 0.9%). Co-medication consisted of antiemetics and dexamethasone 2x4 mg days −1, 1, 2, 3.
Results: Between 09/07−12/08 28 pts were treated, and 21 (75%) elected outpatient therapy (9 F, 12 M, med. age 49 yrs, range 19−68). Common diagnoses included leiomyo- (5), lipo- (4), synovial (2) and myxofibrosarcomas. Pts had previous primary surgery (17), adjuvant radiotherapy (4) and surgery for relapse/metastasis (7). They had local relapse (2), distant metastasis (12) or both (7) when starting TRA, 19 had received previous chemotherapy with a med. number of 2 prior lines (range, 0−5). We administered 130 cycles of TRA in 21 pts, with a med. number of 3 cycles/patient (range, 1−24). Dose reductions were done in 60 cycles, mainly due to laboratory events. Best response (RECIST) was 4 confirmed PR, 6 SD, 11 PD. Grade 3/4 (CTC) AEs were limited to one case each of haemorrhage and lung embolism, other AEs were in line with published TRA experience. One port catheter contamination required replacement, one catheter tip thrombosis occurred and one extravasation due to needle dislocation was observed.
Conclusions: Outpatient administration of TRA as 24-h infusion via port catheters using Baxter LV10 pumps is preferred by 3/4 pts, is feasible, safe, efficacious and cost-efficient and should be considered routine practice in this clinical setting.

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Trabectedin 3-hour infusion every 3 weeks in pre-treated advanced sarcoma patients: a compassionate-use administration experience

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Background: Limited data are available on the benefits of Trabectedin (Yondelis®; T) among compassionately-treated outpatients with sarcoma.
Material and Methods: A retrospective evaluation of safety and efficacy of T administered as 3-h infusion every 3 weeks (q3wk) to pre-treated sarcoma patients (pts) was done in a compassionate-use programme.
Results: A total of 104 pts were analysed. Baseline characteristics were: 77 (78%) had soft tissue sarcoma (STS) (leiomyosarcoma 23%, liposarcoma 22%, synovial sarcoma 10%, fibrosarcoma 9%, and malignant fibrous histiocytoma 8%), 25 (26%) had bone sarcoma (osteosarcoma 48%, Ewing sarcoma 32% and chondrosarcoma 20%) and 2 had gastrointestinal stromal tumours. Median (*m*) age was 40 yr, 83% had PS 0−1, 86% with metastatic disease, 40% had grade (G) 3 tumours, 34% had bulky disease; 81% received prior surgery and 53% prior radiotherapy. All received prior chemotherapy (anthracyclines 99% and ifosfamide 89%) with a *m* number of lines: 2 (1−9), and 32% of pts had received $\geqslant$ 3 lines. The *m* initial starting dose was 1.3 mg/m^2 (0.9−1.7); *m* number of cycles per pt: 2 (1−22); 16% received $\geqslant$6 cycles; 54% of pts had cycle delays and 32% underwent dose reduction (mainly due to non-haematological toxicity). Safety: G 3/4 haematological toxicities were neutropenia 42%, febrile neutropenia 7%, thrombocytopenia 27% and anaemia 17%. ALT and AST elevations occurred in 69% and 55% of pts, respectively. Most