The Management of Soft Tissue Sarcoma
With Dr. Baldini

Learning Objectives:
1. Understand patterns of spread for soft tissue sarcoma of the extremities and retroperitoneum
2. Understand prognostic factors for soft tissue sarcoma of the extremities and retroperitoneum
3. Understand optimal treatment approaches for soft tissue sarcoma of the extremities and retroperitoneum
4. Understand risk factors for complications following RT for soft tissue sarcoma of the extremities

Question 1:
A 58 year old gentleman has an 8 cm high grade leiomyosarcoma of the right medial thigh. He is at greatest risk for disease spread to:

a) Right inguinal lymph nodes
b) Pelvis
c) Liver
d) Lung

Answer: D

Feedback:
Extremity soft tissue sarcoma tends to spread locally along muscle fibers and fascial planes. The most common distant site of spread is to the lung. Lymph node involvement is uncommon (5%) as is spread to pelvis or liver.

Reference:


--- End of Question 1 ---
**Question 2:**
A 73 year old woman presents with a 14 cm high grade unclassified pleomorphic sarcoma of the pectoralis major muscle. The most important adverse feature for her survival is:

a) Her older age  
b) Large tumor size  
c) High tumor grade  
d) Truncal tumor location

**Answer:** C

**Feedback:**
Grade is the single most important prognostic factor for survival. Large tumor size, older age, and trunk location (vs extremity) are also adverse factors, but grade is the dominant factor.

**Location:**
Slide 16.

**Reference:**


--- End of Question 2 ---
**Question 3:**
A 43 year old woman presents with a 7 cm malignant peripheral nerve sheath tumor of her lower leg. The advantage of treating her with pre-operative RT compared to post-operative RT is that pre-operative RT is associated with a:

a) Lower risk of wound complications  
b) Smaller irradiated volume  
c) Lower risk of peripheral neuropathy  
d) Lower risk of radiation associated second tumor

**Answer:** B

**Feedback:**
The irradiated volume for pre-operative RT is smaller than for post-operative RT since in the latter case, the entire operative bed must be covered. Pre-operative RT is associated with a higher risk of acute wound complications compared to post-operative RT (35% vs 17%). Risks of peripheral neuropathy and radiation associated tumors are very low in both scenarios.

**Location:**
Slide 50

**Reference:**


--- End of Question 3 ---
Question 4:
A 65 year old gentleman underwent radical resection and left nephrectomy for a left sided retroperitoneal mass. Pathology showed a 12.5 cm dedifferentiated liposarcoma. He is at greatest risk for recurrence in the:

a) Retroperitoneum  
b) Liver  
c) Lung  
d) Bone

Answer: A
Feedback:
The predominant pattern of failure for retroperitoneal sarcoma is local. Distant spread is most common to liver and lung; bone involvement is very uncommon.

Location:
Slide 71
Reference:


- - - End of Question 4 - - -
Question 5:
Which of the following is the most significant risk factor for development of a femur fracture following RT and surgery for a synovial sarcoma of the medial thigh:

a) Male gender  
b) Periosteal bone stripping  
c) Pre-operative RT  
d) Large tumor size

Answer: B

Feedback:
Risk factors for bone fracture include periosteal stripping, female gender, use of chemotherapy and high dose to bone.

Location:
Slide 68

Reference: