

Quoi de Neuf en onco-orthopédie ?

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Surveillance for lung metastasis from giant cell tumor of bone

by Ilkyu Han

- Suivi prospectif de 333 TCG opérées / 4-6mois / > 2 ans
- RX et 169 pts TDM
- 25 /333 (7.5%)
- Seul facteur de risque : LR (RR=6,54)
- Mediane de diagnostic après LR = 15 mois

Surveillance for lung metastasis from giant cell tumor of bone

by Ilkyu Han

- Incidence post-LR de métaP :
 - ✓ 1 ans : 15,4%
 - ✓ 3 ans : 21,5%
 - ✓ 5 ans : 21,5 %
- Performance de la TDM
 - ✓ Sensibilité : 100 %
 - ✓ VPP : 81 %

Survie et infection post-opératoire


[Annals of Surgical Oncology](#)

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Post Operative Infection and Increased Survival in Osteosarcoma Patients: Are They Associated?

Authors

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L. M. Jeys , R. J. Grimer, S. R. Carter, R. M Tillman, A. Abudu

➤ 547 OstéoSarc

✓ Exclus : > 60 ans / décès méta < 12mois (115 pts) / infections > 12 mois (15pts) = 441 pts inclus

➤ Analyse Kaplan-Meyer

➤ OS = 65 % à 10 ans

✓ OS infectés (n=41) = 84,5%

✓ OS non infectés = 62,3% (p=0,017)

✓ Pas de diff. Sur nécrose post-chimio

Survie et infection post-opératoire

Are postoperative infections associated with the survival of osteosarcoma patients? Results of a multicenter study

By Christine Schwering, Maya Niethard, Georg Gosheger, Maria Smolle, Frank Traub, Simon

Adam, Hans Roland Dürr, Jendrik Harges, Per-Ulf Tunn, Andreas Leithner, Dimosthenis Andreou

- Multicentrique Allemagne / Autriche
- OS haut-grade / extrémités / résection-prothèse / pas de tumeur détectable fin de tt
- N = 447 pts / 49 infections dans la 1 ère année
 - ✓ LR = 5% (fracture / MR)
 - ✓ EFS = 67 % (fracture / MR)
 - ✓ OS = 78 % (fracture / MR / méta initiale)

Survie et infection post-opératoire

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➤ Infection :

- ✓ Pas de LR

- ✓ Pas d'influence sur EFS and OS

➤ Infection et MR

- ✓ Amélioration S de l'OS (pas de lien si BR)

Survie et infection post-opératoire

- The relationship of the postoperative infection and survival of the musculoskeletal tumor patients
- *by Nevzat Dabak | Ferhat Say | Sina Coşkun | Hasan Göçer*

- Rétrospective / monocentrique
- 225 STS et sarcomes osseux
- OS à 8 ans
 - ✓ 94% dans groupe infecté
 - ✓ 75 % non infecté
- LR : pas de différence



■ ONCOLOGY

Risk analysis factors for local recurrence in Ewing's sarcoma

WHEN SHOULD ADJUVANT RADIOTHERAPY BE ADMINISTERED?

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Aims

The aim of this study was to analyse a group of patients with non-metastatic Ewing's sarcoma at presentation and identify prognostic factors affecting the development of local recurrence, in order to assess the role of radiotherapy.

Patients and Methods

A retrospective review of all patients with a Ewing's sarcoma treated between 1980 and 2012 was carried out. Only those treated with chemotherapy followed by surgery and/or radiotherapy were included. Patients were grouped according to site (central or limb) for further analysis of the prognostic factors.

Results

A total of 388 patients were included in the study. Of these, 60 (15%) developed local recurrence at a mean median of 27 months (SD 24, range 7 to 150) and the five-year local

- Rétrospectif 1980/2012
- Chimio / chir \pm radioth / central et périphérique
- Répondeurs : excellent (100%) / bon (90-99%)
- 60 LR (15%)

- Mauvaise réponse versus excellent S négatif pour LR
- Résection intralésionnel et RxTh négatif S risque de LR
- Radiothérapie positif S quand résection marginale (96 versus 81%)
- Marginal sans Rxth / intralésionnel (81/75%) NS

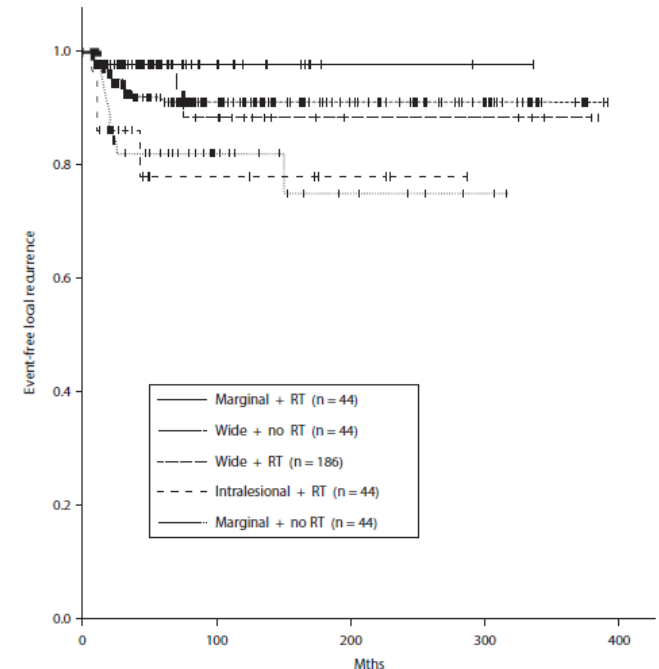


Fig. 2

Kaplan-Meier curve showing survival stratified for margin of resection and the use of radiotherapy (RT).



■ ONCOLOGY

Risk analysis factors for local recurrence in Ewing's sarcoma

WHEN SHOULD ADJUVANT RADIOTHERAPY BE ADMINISTERED?

➤ Marges /réponses /radiothérapie

✓ Marginal = facteur négatif

✓ qq soit la réponse

✓ Radiothérapie facteur positif qq la réponse

✓ Large =

✓ Pas de différence avec ou sans radiothérapie

✓ Qq soit la réponse à la chimio

➤ Comportement différent entre centrale / périphérique

✓ Réponse chimio affecte LR en central et pas en périphérique (100 % versus les autres)

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SYMPOSIUM: 2015 MEETINGS OF THE MUSCULOSKELETAL TUMOR SOCIETY AND THE
INTERNATIONAL SOCIETY OF LIMB SALVAGE

A Novel System for the Surgical Staging of Primary High-grade Osteosarcoma: The Birmingham Classification

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A Novel System for the Surgical Staging of Primary High-grade Osteosarcoma: The Birmingham Classification

- Rétrospective, 1977-2012, monocentrique
- OS haut-grade / chimio néo-adj / chirurgie résection
- Q1 : quel(s) facteurs prédictifs de LR
- Q2 : est-ce que ces facteurs influent sur OS

A Novel System for the Surgical Staging of Primary High-grade Osteosarcoma: The Birmingham Classification

- 389 pts / < 50 ans
- Bon répondeurs $\geq 90\%$ nécrose
- Marges : < 2mm versus ≥ 2 mm.

- 47 récurrences locales (12 %)
- OS à 5 ans = 67 % [61-71]

A Novel System for the Surgical Staging of Primary High-grade Osteosarcoma: The Birmingham Classification

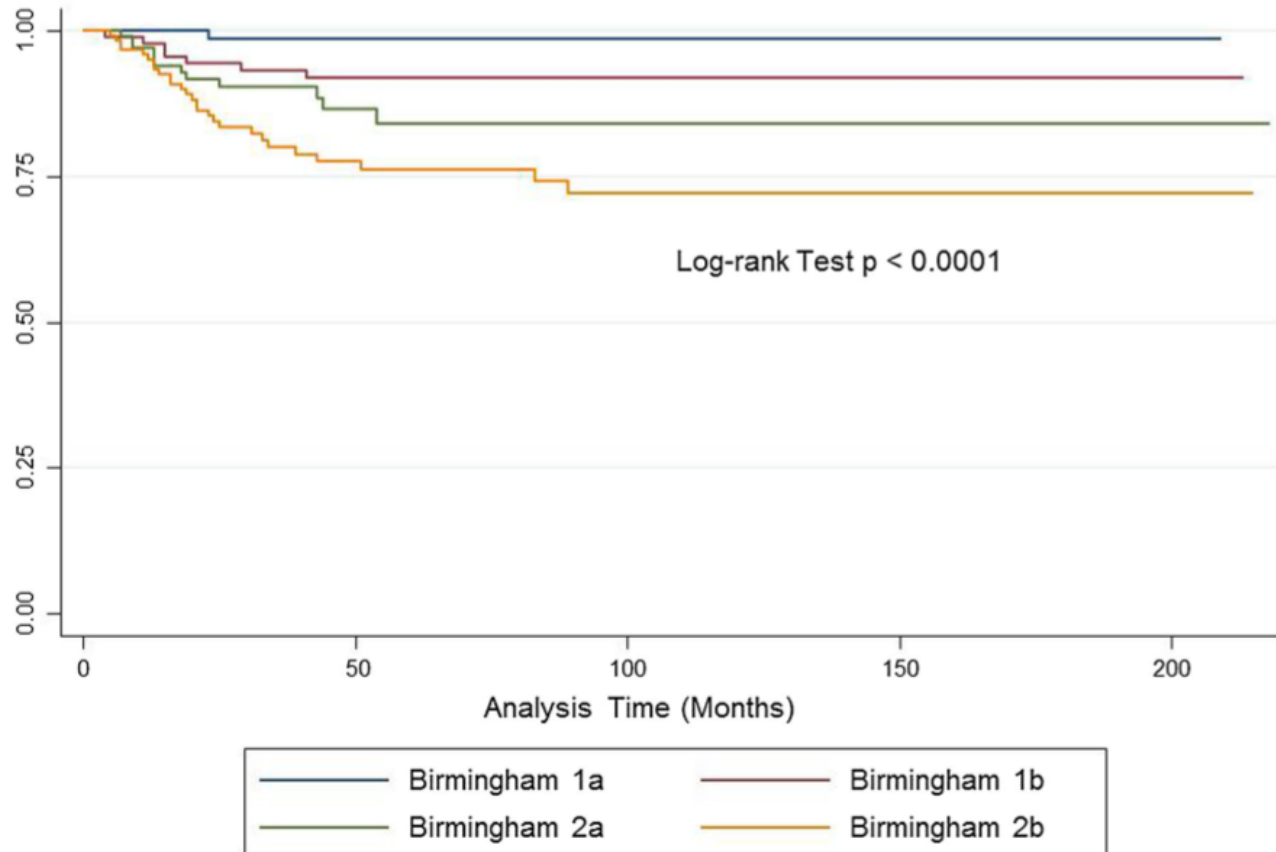


Fig. 2 Kaplan-Meier analysis shows local recurrence-free survival (LRFS) of patients with osteosarcoma using the Birmingham classification. Birmingham 1a ($\geq 90\%$ chemotherapy necrosis, > 2 -mm margins) 99% 5-year LRFS (95% CI, 91%–99.8%). Birmingham 1b ($\geq 90\%$ chemotherapy necrosis, ≤ 2 -mm margins) 92% 5-year

LRFS (95% CI, 83%–96%). Birmingham 2a ($< 90\%$ chemotherapy necrosis, > 2 -mm margins) 84% 5-year LRFS (95% CI, 73%–91%). Birmingham 2b ($< 90\%$ chemotherapy necrosis, ≤ 2 -mm margins) 76% 5-year LRFS (95% CI, 77%–83%).

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Table 3. The Birmingham classification system for margins and chemotherapy-induced necrosis and corresponding local recurrence-free survival rates

Birmingham classification	5-year LRFS	95% CI	HR	95% CI	p value
1a: Necrosis \geq 90% and margins $>$ 2 mm	98.6%	90.5%–99.8%	1		
1b: Necrosis \geq 90% and margins \leq 2 mm	91.7%	83.3%–95.9%	5.9	0.7–47	0.09
2a: Necrosis $<$ 90% and margins $>$ 2 mm	84.0%	72.5%–90.9%	11.0	1.4–84	0.02
2b: Necrosis $<$ 90% and margins \leq 2 mm	76.1%	72.5%–90.9%	19.6	2.6–144	0.003

LRFS = local recurrence-free survival; CI = confidence interval; HR = hazard ratio.

A Novel System for the Surgical Staging of Primary High-grade Osteosarcoma: The Birmingham Classification

➤ OS à 5 ans : facteurs indépendants

- ✓ Amputation / conservation
- ✓ Invasion vasculaire / non
- ✓ Mauvaise réponse / bon (Birmingham 2 versus 1)
- ✓ Pas d'influence des marges Birmingham

