Sarcomes retro-péritonéaux « take home messages »

Dr P.Meeus
Dpt de Chirurgie
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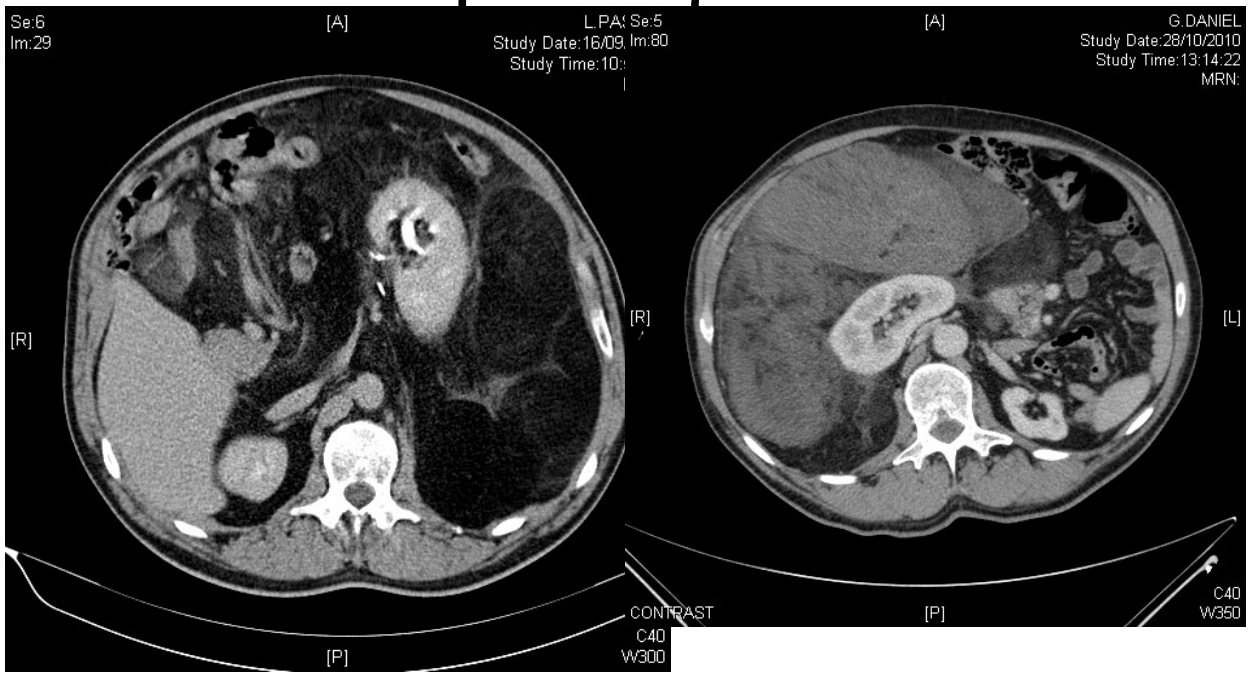
Lyon France

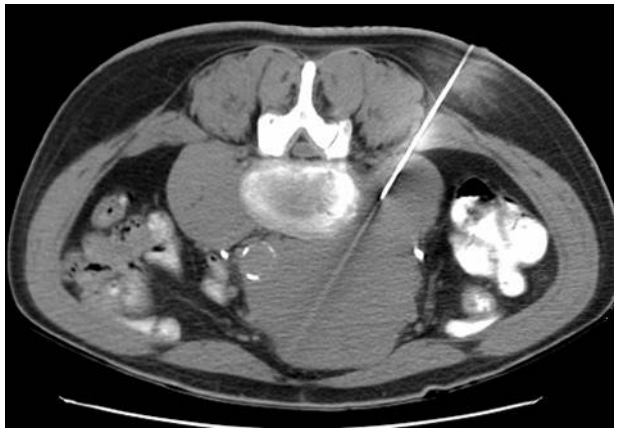
Affirmer le diagnostic

- Masse: évolution lente, symptômes aspécifiques……contexte!!

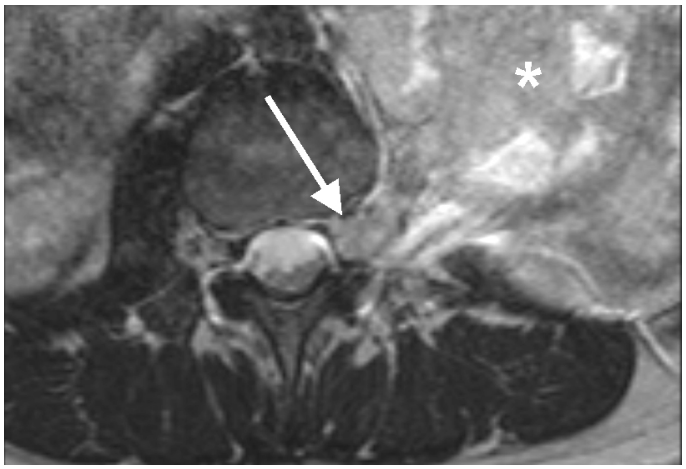


Expertise radiologique

- **Diagnostic certain avant la chirurgie:micro biopsie par voie postérieure.**



- Diagnostic différentiel (lymphome,t germinale)



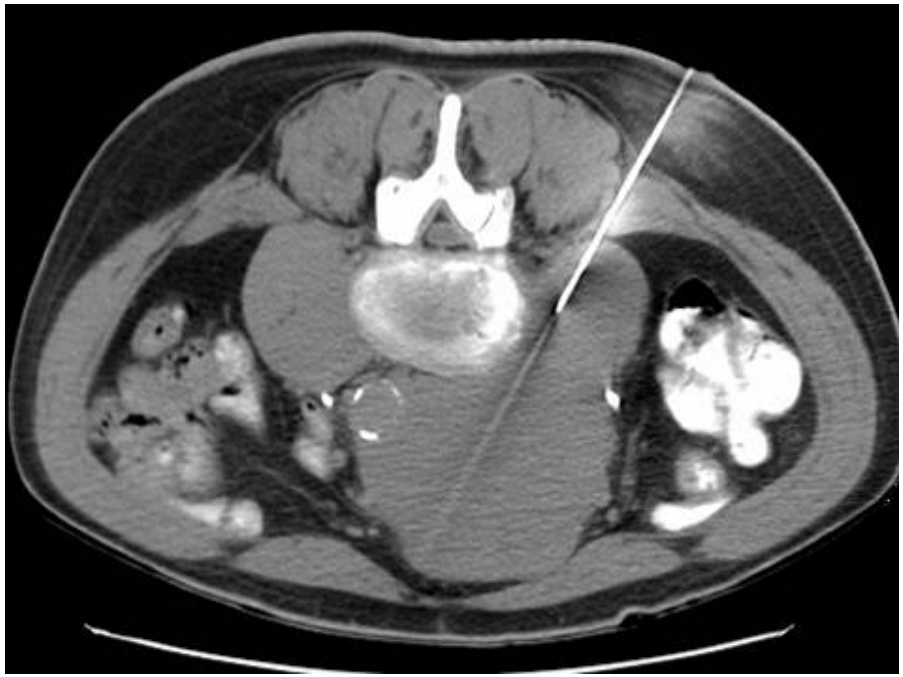
- Bilan d'extension locorégional

La micro biopsie

- Si les caractéristiques d'imagerie revues par un expert affirment le liposarcome , la biopsie peut être discutée
- Mais le sarcome rétro péritonéal ne représente que le tiers des tumeurs rétro-péritonéales
- La micro biopsie reste indispensable dans notre pratique +++

Qui , quand , comment ?

Par voie postérieure
Radiologue expert



Diagnostics différentiels

- Métastases tumeurs germinales (homme jeune, marqueurs+++)
- Le lymphome
- Tumeurs bénignes (schwanome…)
- Tumeurs rénales primitives

Radiotherapy and Surgery—An Indispensable Duo in the Treatment of Retroperitoneal Sarcoma

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Cancer Month 00, 2011

EORTC
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AISBL International Non-Profit Association under Belgian law IVZW

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EORTC Soft Tissue and Bone Sarcoma Group

EORTC Radiation Oncology Group

A phase III randomized study of preoperative radiotherapy plus surgery versus surgery alone for patients with Retroperitoneal sarcoma (RPS)

EORTC protocol 62092-22092

STRASS

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1. Adding external RT with or without IORT to surgery improves local control and may be associated with improved OS.[10,18,24,26]
2. The administration of EBRT in the preoperative setting may be the preferred sequence, because it reduces the amount of normal tissue irradiated and, consequently, diminishes gastrointestinal toxicity.[44,47]
3. Adding intraoperative RT improves local control even for minimal microscopic residual disease. The combination of preoperative therapy with an intraoperative boost may favorably effect local recurrence and 5-year OS.[45,49-51]
4. The use of postoperative RT is bounded by bowel toxicity because of small bowel migration into the tumor bed. Consequently, there are more complications in postoperative treatment.[13] If postoperative RT is applied, then modern technology like IMRT and tomotherapy are used preferentially to safely achieve the threshold dose of 55 Gy.[7] However, the implementation of this strategy needs further investigation.[59,60]
5. The use of postoperative brachytherapy should be restricted to the lower abdomen.[44]
6. Although surgeons still are the gatekeepers of treatment, RSTS should be discussed and treated in a multidisciplinary setting. The presence of a radiation oncologist is vital.
7. Multicenter, randomized, controlled trials are urgently needed.

Chirurgie planifiée

recours au chirurgien vasculaire!!!

JOURNAL OF VASCULAR SURGERY
Volume 44, Number 1

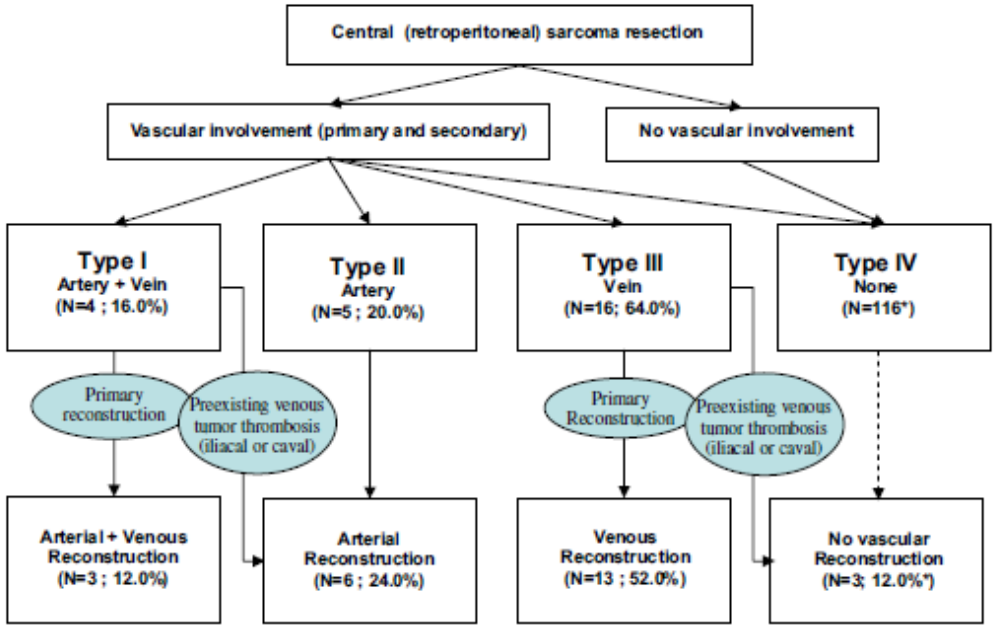


Fig 1. Type of vascular involvement and algorithm for vascular reconstruction in patients with retroperitoneal soft tissue sarcoma. *Number of patients with type IV soft tissue sarcomas treated during the respective study period who were excluded from further analysis for the purpose of this report.

Quelle chirurgie ?

- Résection monobloc sans effraction de la loge rénale!!!!!

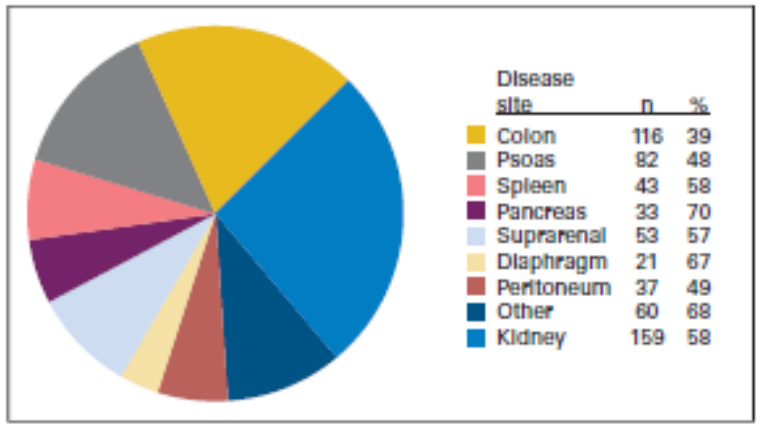


Fig 1. Resected organs in the patients who underwent resection (organs or vasculo-nervous structures) and percentage of contiguously involved organs resection.

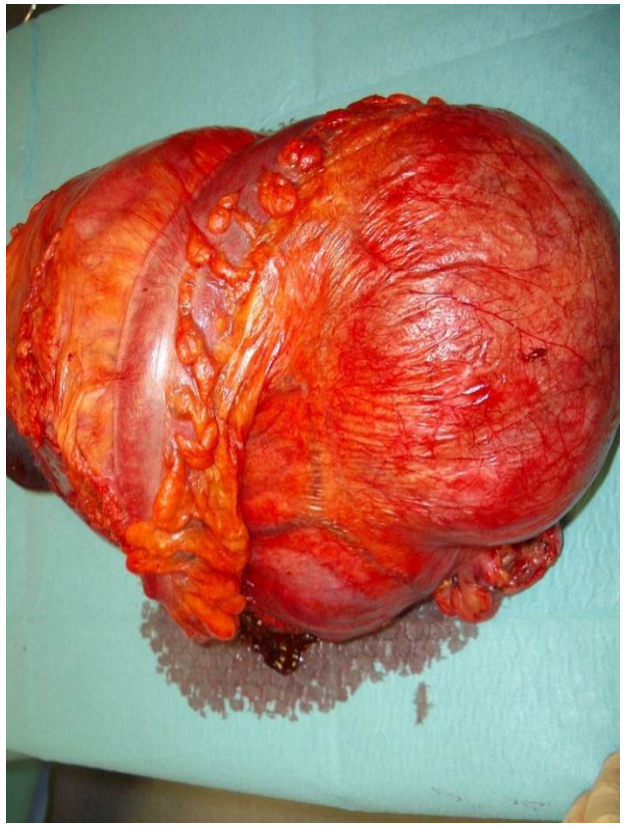
Primary Retroperitoneal Sarcomas: A Multivariate Analysis of Surgical Factors Associated With Local Control

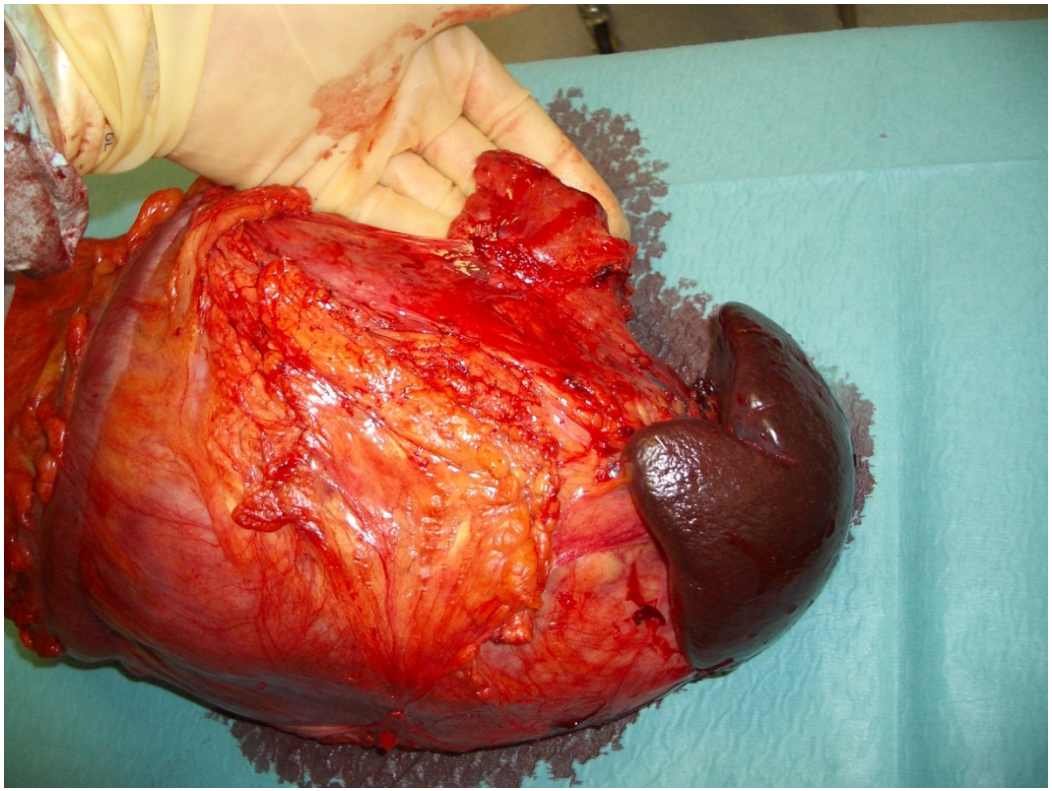
Sylvie Bonvalot, Michel Rivoire, Marine Castaing, Eberhard Stoeckle, Axel Le Cesne, Jean Yves Blay, and Agnès Laplanche

VOLUME 27 · NUMBER 1 · JANUARY 1 2009

JOURNAL OF CLINICAL ONCOLOGY

Monobloc,marges respectées!!





Centre de recours

Aggressive Surgery in Retroperitoneal Soft Tissue Sarcoma Carried Out at High-Volume Centers is Safe and is Associated With Improved Local Control

Sylvie Bonvalot, MD, PhD[1], Rosalba Miceli, PhD[2], Mattia Berselli, MD[3], Sylvain Causeret, MD[1], Chiara Colombo, MD[3], Luigi Mariani, MD[2], Hatem Bouzaiene, MD[1], Cécile Le Péchoux, MD[4], Paolo Giovanni Casali, MD[5], Axel Le Cesne, MD[6], Marco Fiore, MD[3], and Alessandro Gronchi, MD[3]

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Ann Surg Oncol (2010) 17:1507–1514
DOI 10.1245/s10434-010-1057-5