

Prospective study evaluating the treatment outcomes for localised recurrent, resectable retroperitoneal liposarcoma

Background

- Local recurrence remains a management issue
- MacNeill et al: 21.5% local recurrence only
- Role of preoperative RT is unclear
 - More challenging to deliver
- STRASS post hoc analysis for liposarcoma:
 - 3 yr abdominal recurrence-free survival: Surgery 65.2% (95% CI 54.5–74.0) vs preopRT 75.7% (95% CI 65.6–83.2) (HR 0.62, 95% CI 0.38–1.02)

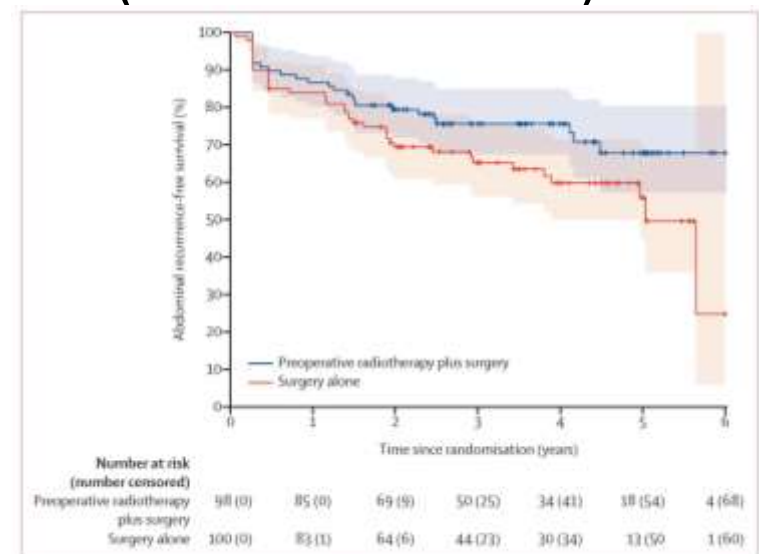


Figure 3: Second sensitivity analysis of abdominal recurrence-free survival in the liposarcoma subgroup. Shaded areas around the lines represent the 95% CI. HR=hazard ratio.

Aim

- Prospective study evaluating the treatment outcomes for localised recurrent, resectable retroperitoneal liposarcoma
- Non- randomised, two parallel arms
- Treatment options (surgery alone, preop RT + surgery) as per local MDT recommendation

Primary objective:

- Abdominopelvic recurrence-free survival (ARFS) from the date of localized recurrence to the date of radiological abdominopelvic relapse
- *Liver metastases as distant metastatic events, rather than abdominopelvic relapse

Secondary Objectives:

- Overall survival
- Cumulative incidence of 2nd local recurrence from surgery (in a competing risk framework)
- Cumulative incidence of distant metastases from localized recurrence (in a competing risk framework)
- Pathological response to preop RT using the EORTC-STBSG criteria Radiology response to
- Local disease progression during preoperative RT rendering disease no longer operable
- Distant disease progression during preoperative RT
- Toxicity of preoperative RT
- Surgeon survey before and after surgery to assess the effect of preoperative RT on operability
- Unplanned R2 resection
- Patient reported outcomes assessment at registration, last week of RT treatment, 1 week prior to surgery, 3 months post-op surgery (EORTC QLQ-C30 v3.0, QLQ-STO22 (validated gastric cancer-specific questionnaire)
- Stratified analysis of use of chemotherapy

Eligibility

- First localized, recurrent liposarcoma of retroperitoneal space or pelvis after previous macroscopically complete resection (R0/R1 resection)
- No previous RT (previous chemo is allowed)
- well-differentiated or dedifferentiated liposarcoma histology (exclude myxoid LPS)
- likely R0/R1 resection and all disease must be deemed to be treatable by RT
- No distant mets

Follow up

- Every 3-6 months for 5 years for disease status and survival status
- Target recruitment period: 3 years