Vascular Resection in Patients Undergoing Surgery for Retroperitoneal Sarcoma: a TARPSWG Study

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Vascular Resection in RPS Surgery

Background

- Vascular resections (VR) affect 15% of patients undergoing surgery for RPS
- Postoperative complications up to 30%
- Lack of evidence about best type of reconstruction and anticoagulation regimen
- AIM: To describe surgical outcomes in patients undergoing a VR for RPS and to compare different type of reconstruction/anticoagulation regimen to surgical outcomes

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Methods

- RPS patients who have undergone a vascular resection from 2010 and 2021
- Patient-, tumour-, and treatment factors will be collected. Surgical and oncological outcomes will be analysed for each type of VR
- **Primary outcomes** : surgical outcomes → 1- and 2-year patency rate, 90-day morbidity and mortality
- Secondary outcomes: oncological outcomes → 1- and 5-year OS, RFS

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Statistics

- Patient-, tumour-, treatment-related factors will be compared between subgroups defined by the type of reconstruction and the anticoagulation regimen (Fisher’s exact tests for nominal variables and Mann-Whitney U for continues variables; Kruskal Wallis for comparison for of more than two groups)
- Postoperative morbidity and mortality will be assessed using Fisher’s exact test and univariable binary logistic regression model
- Patency and OS/RFS will be quantified using the KM methods and association with reconstruction and anticoagulation regimen will be assessed using univariable cox regression models
- Multivariable to adjust for potential confounders

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Deadline to participate

- 31/12/2022

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