RISK STRATIFICATION FOR PATIENTS WITH FIRST LOCAL RECURRENCE OF RETROPERITONEAL LIPOSARCOMA (FLORRAL)

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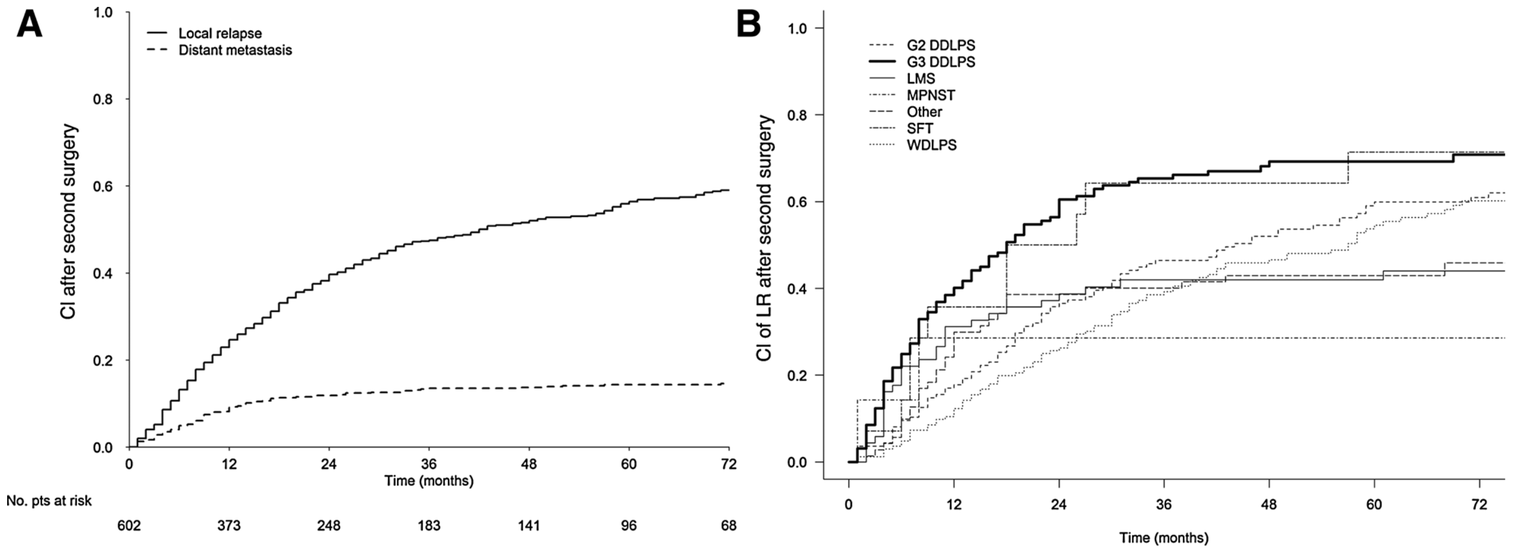
Background

- Previous TARPSWG study (Chan wt al Clin Cancer Res 2019)
- 684 patients from 22 TARPSWG centres, 2002-2011
- Included all histologies
- Most recurrences after resection of first LR are local and outcome is determined by histologic subtype



Raut C et al Clin Cancer Res; 25(8) April 15, 2019

Background

- Predictors of LR after second resection for RPS

Table 3. Multivariable analysis

	DFS After second surgery		OS After second surgery	
Factor	**HR (95% CI)**	***P***	**HR (95% CI)**	***P***
Resected number of organs at first surgery	1.31 (1.04–1.63)	0.001	1.57 (1.17–2.11)	0.002
Age at second surgery	—	—	1.33 (1.10–1.59)	0.005
Multifocality at second surgery, yes vs. no	1.87 (1.54–2.27)	<0.001	1.78 (1.39–2.28)	<0.001
Grade – 3 vs. 1–2	1.51 (1.21–1.87)	<0.001	1.82 (1.37–2.40)	<0.001
Completeness of surgery at second surgery, incomplete vs. complete	1.65 (1.27–2.15)	<0.001	2.14 (1.55–2.96)	<0.001
Histology		0.013		0.001
LMS vs. DDLPS	1.14 (0.85–1.54)		0.79 (0.54–1.15)	
WDLPS vs. DDLPS	0.66 (0.51–0.85)		0.46 (0.32–0.66)	
MPNST vs. DDLPS	1.53 (0.62–3.77)		1.21 (0.37–3.98)	
Other vs. DDLPS	1.11 (0.82–1.50)		1.02 (0.70–1.49)	
SFT vs. DDLPS	0.94 (0.54–1.66)		0.51 (0.24–1.11)	
Chemotherapy administered at first surgery, yes vs. no	1.22 (0.93–1.61)	0.145	—	—
Radiotherapy administered at first surgery, yes vs. no	1.06 (0.80–1.41)	0.679	1.15 (0.82–1.62)	0.407

Raut C et al Clin Cancer Res; 25(8) April 15, 2019

Background

Ann Surg Oncol (2016) 23:3531–3540
DOI 10.1245/s10434-016-5336-7

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – BONE AND SOFT TISSUE SARCOMAS

Management of Recurrent Retroperitoneal Sarcoma (RPS) in the Adult: A Consensus Approach from the Trans-Atlantic RPS Working Group

Trans-Atlantic RPS Working Group

8. Abdominal (nonhepatic parenchymal) recurrence should be categorized as

(a) locoregional (at the site of the primary RPS or within the ipsilateral RP);

(b) multifocal/contralateral RP;

(c) both (VB).

FLORRAL

Study design

- Retrospective multicentre study

Hypothesis

- Outcome following resection of first local recurrence of retroperitoneal liposarcoma differs based on the location of the recurrence and
- the location of recurrence impacts decision making regarding management of recurrence

Primary objective

- To identify novel risk factors to predict recurrence risk following curative intent treatment of first local recurrence of retroperitoneal liposarcoma

Secondary objective

- To describe the pattern of 2nd recurrence of retroperitoneal liposarcomas
- To identify predictors of early local relapse after surgical resection of first local recurrence

Eligibility criteria

- Patients who have undergone curative intent surgical resection of first local recurrence of retroperitoneal liposarcoma – surgery for recurrence must be at TARPWSG site (primary resection can be at outside centre)

Data points of interest

- Primary resection – size, grade, site, extent of resection, high vs low vol centre, neoadj chemo/RT
- Recurrence – Site*, size, rate of growth, solitary vs multifocal, neoadj chemo/RT

Secondary objective

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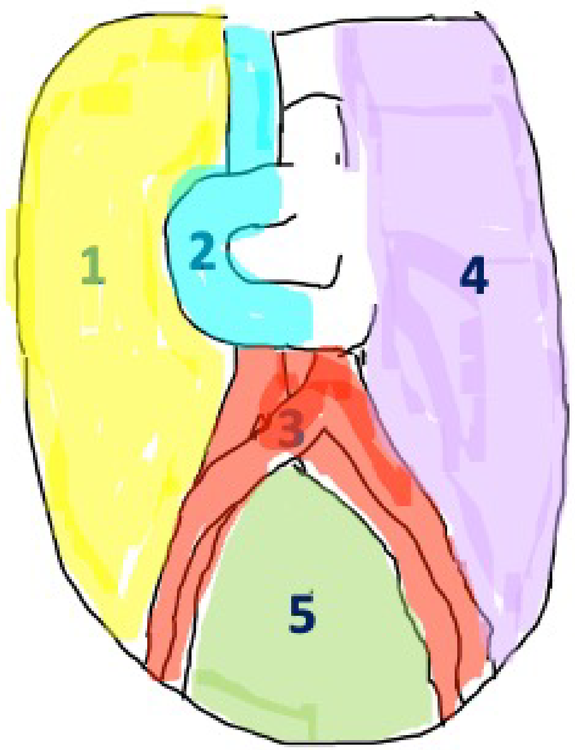
Site of recurrence



1 – right lateral
2 – retroduodenal
3 – perivascular
4 – left lateral
5 – pelvic
6 – intraperitoneal

V – vascular abutment/invasion
N – femoral n abutment/invasion

Data points of interest

- Patients demographics – Age, sex, ECOG.
- Data from the primary surgery: Date of diagnosis, Date of surgery, Referral centre vs community centre.
- Operative strategy for primary tumour - Limited resection vs planned multivisceral resection
- Organs resected en-bloc with primary sarcoma.
- Preop RT Y/N (dose/fractions)
- Preop chemo Y/N (regimen)
- Size of primary
- Grade of primary
- Subtype of primary.
- Side of primary – Right/left/pelvic
- Post-operative management -
- Post-operative complications – Total number of complications, Major complication (classified as Clavien Dindo of 3 and more), re-operation rate and reasons.
- Adjuvant treatment (type, reason)
- Pattern of first recurrence based on imaging:
- Site of recurrence (based of illustration on figure 1)
- Multifocal recurrence (Y/N)

- Date recurrence first detected (date of CT)
- Date of most recent CT
- Size of recurrence.

- Management of first local recurrence
  - Neoadjuvant RT
  - Neoadjuvant chemo
  - Extent of surgery
  - Postoperative complications

- Pathology of first local recurrence
  - Size, grade etc

- Recurrent presentation and management:
- Futher recurrence Y/N
- Treatment for 2nd recurrence – yes/no/unknown
- Surgery for 2nd recurrence yes/no/unknown
- Reason for no surgery
- Date of surgery for recurrence
- Type of surgery for recurrence
- Chemo/radiation for recurrence.
- Date of last follow up
- Status at last follow up

Logistics

- Opt in
- Data sharing with Petermac through RESAR data sharing platform although participating sites not currently recruiting to RESAR welcome to contribute (will need separate DTA with Petermac)

- This study will hopefully inform the interpretation of results from ReLAPSe study (PI Angela Hong)

- Questions

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