INTRODUCTION

Soft tissue sarcomas (STS) are a rare heterogeneous tumor group.

While metastases to lungs is more common, nodal metastases are rare.

Recent studies have classified rates of nodal metastases by subtype, though few have characterized nodal metastasis by anatomical location.¹-⁵

This study queried a national database to describe the survival and prognostic factors of historically high-risk STS.

METHODS

Using the Surveillance, Epidemiology and End Results (SEER) database, 547 cases of extremity STS with nodal metastasis were identified from 2004 to 2015.

Rates were stratified by high or low-risk subtype and disease-free survival in high-risk STS was assessed.

RESULTS

• Nodal metastasis for all extremity STS was 3.7%
• Nodal metastasis in high-risk subtypes was 10.9%.
• Nodal metastasis in low-risk STS was 2.9% (p<0.001)
• Median survival of isolated nodal metastasis is 70.3 months.

CONCLUSIONS

After controlling for confounding variables in disease-free survival of high-risk extremity STS, only age, Grade III or IV tumors, distant metastases, and positive regional nodes were significant negative predictors.

For isolated nodal metastasis, only age was a significant negative predictor.

Additionally, certain low-risk subtypes such as leiomyosarcoma and UPS have higher rates of nodal metastases contrary to previous understanding.

Patients with isolated nodal metastasis only had a poorer prognosis, but positive survival trend with nodal evaluation.

As previously studied, synovial sarcoma, historically considered high-risk, has a relatively low risk of nodal metastasis.

REFERENCES