First results of the German prospective Registry for Gynaecological Sarcoma (REGSA)

An intergroup concept of NOGGO, AGO Study Group, AGO Kommission Ovar, AGO Kommission Uterus, ARO

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Introduction

Gynaecological sarcoma are rare neoplasms that make up 1 % of all gynaecological malignancies. Success in treatment is disappointing so far due to, among other things, low prevalence and difficult differential diagnosis.

The aim of this register is to prospectively collect data of patients with gynaecological sarcomas to describe their course of disease, diagnostics and therapies. The goal is to pave the road for further, more extended studies and therefore to improve progressive free and overall survival for patients with gynaecological sarcoma.

Material and Methods

An electronic case report was designed to register clinical data from patients in Germany such as disease, surgery, therapy and success of therapy after informed consent. Patient recruitment started in September 2015 and is ongoing to this day. Collected data up to May 2017 was evaluated for this poster.

Results

For the evaluated time period 197 patients from 91 sites have been included into the study. 159 of the patients are evaluable. Patients were between 24 and 87 years old (mean 56 years), 114 of them with primary diagnosis and 45 with recurrent disease.

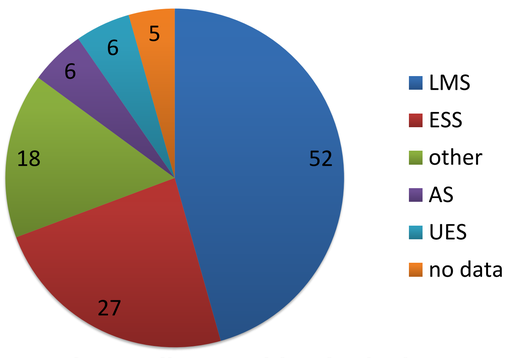

Fig 1a Primary disease: histological type

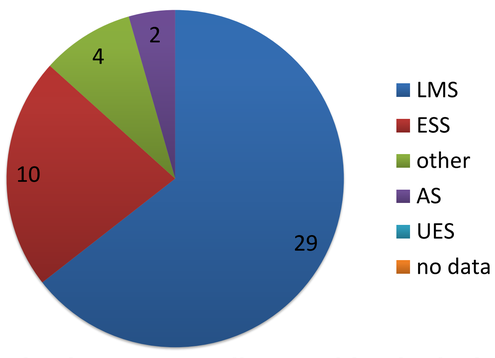

Fig 1b Recurrent disease: histological type

In total, there were 82 leiomyosarcoma (LMS), 37 endometrial stromal sarcoma (ESS; 12 high grade, 25 low grade), 6 undifferentiated endometrial sarcoma (UES), 9 adenosarcoma (AS) and 22 others (e.g. STUMP, Rhabdomyosarcoma). It is important to note that data is not stratified for tumor location. For differentiation between primary and recurrent disease concerning histological type see Fig. 1a and 1b.

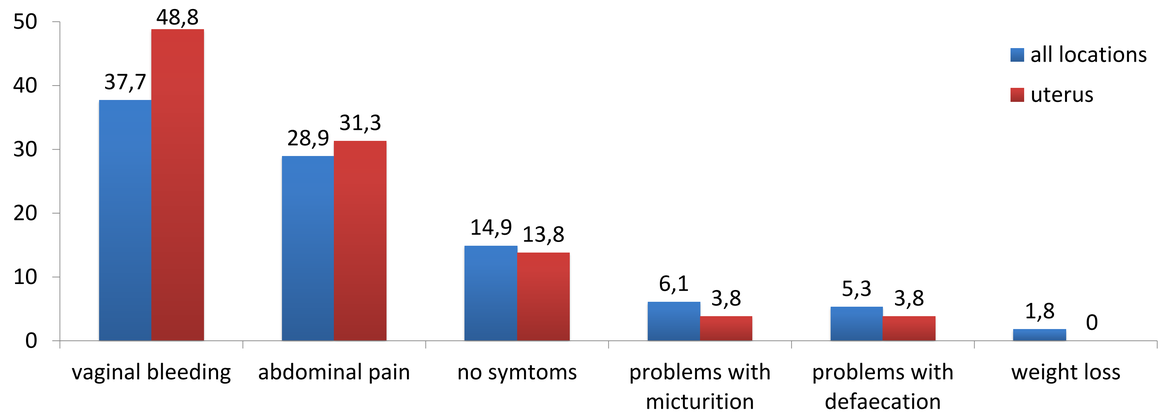

Fig 2 Symptoms leading to primary diagnosis in %

Primary diagnosis: The most common site of gynaecological sarcomas in primary diagnosis was the uterus (80 cases – 40 LMS). 19 patients presented with distant metastases at primary diagnosis, 6 of these located in the lung. Symptoms leading to diagnosis are shown in Fig. 2.

In 94 cases surgery and in 22 cases chemotherapy were performed, both in 18 cases. Radiotherapy and antihormonal therapy were used in 5 cases and 10 cases, respectively.

49 women, who were diagnosed with sarcoma of the uterus, had myoma diagnosed in advance. In total, 82 hysterectomies were performed, 10 of these with morcellation. The same does apply for 3 of 6 cases of myomectomy. Morcellation was conducted in 7 LMS, 5 ESS and 1 STUMP.

Recurrent disease: For patients who were suffering from recurrent disease side of recurrence most often were pelvis (7), uterus (6) and vagina (6). Other locations like liver and lymph nodes are not commonly found. For symptoms leading to diagnosis of sarcoma recurrence see Fig. 3.

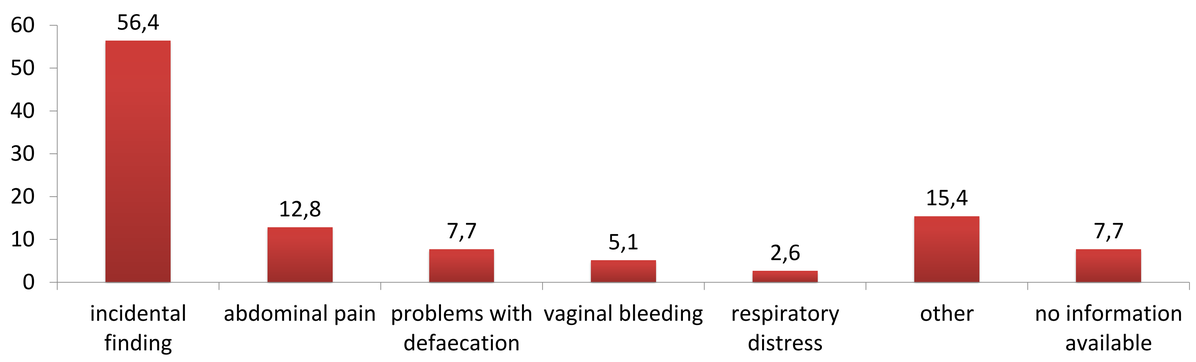

Fig 3 Symptoms leading to recurrence diagnosis in %

Therapy modes for primary and recurrent disease are compared in Fig. 4.

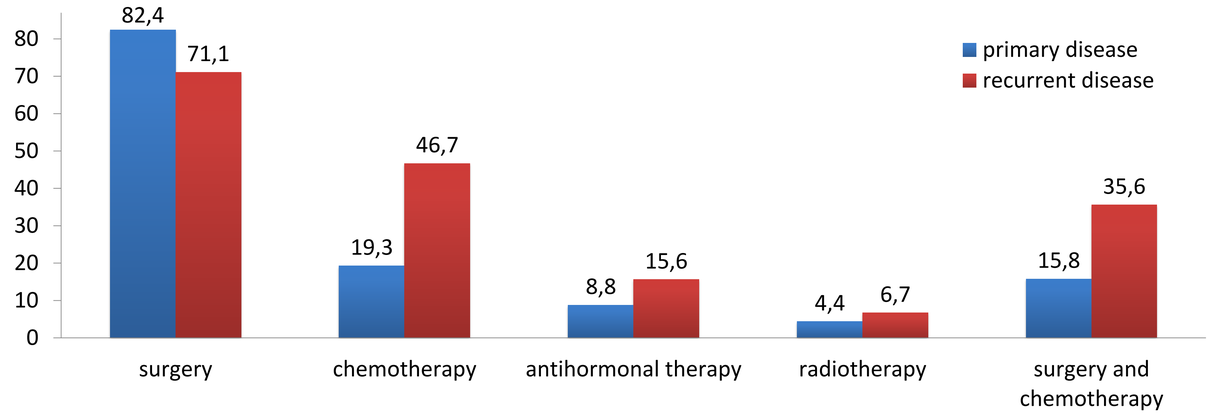

Fig 4 Mode of therapy in % differentiating between primary and recurrent disease

Discussion and Conclusion

We were able to evaluated 159 patients with various types of sarcoma. Diversity of histological type and location are one of the hardships in analysis of data gained in this study.

Morcellation was performed in a non-neglectable number of patients with sarcoma. For us, these cases are of special importance in order to further evaluate course of disease after morcellation of sarcoma and identify the risk profile for these patients.

Due to a first analysis of the patients' data there has been insight into characteristics of gynaecological sarcoma patients and their treatment. Further follow up is ongoing.

References

1. Dall'Asta A, Gizzo S, Musarò A, Quaranta M, Noventa M, Migliavacca C, Sozzi G, Monica M, Mautone D, Berretta R. Uterine smooth muscle tumors of uncertain malignant potential (STUMP): pathology, follow-up and recurrence. Int J Clin Exp Pathol 2014; 7(11): 8136–42.
2. D'Angelo E, Prat J. Uterine sarcomas: a review. Gynecol Oncol 2010; 116(1): 131–9.
3. Hendrickson MR, Tavassoli FA, Kempson RL, McCluggage WG, Haller U, Kubik-Huch RA. Mesenchymal tumors of the uterus and related lesions. In: Tavassoli FA, Devilee P (Eds). Pathology and genetics of tumours of the breast and female genital organs. World Health Organization Classification of Tumours. Lyon: IARC Press 2003; 233–49. Hensley ML. Uterine sarcomas: histology and its implications on therapy. Am Soc Clin Oncol Educ Book 2012: 356–61.
4. Raine-Bennett T, Tucker L-Y, Zaritsky E, Littell RD, Palen T, Neugebauer R, Axtell A, Schultze PM, Kornbach DW, Embry-Schubert J, Sundang A, Bischoff K, Compton-Phillips AL, Lentz SE. Occult Uterine Sarcoma and Leiomyosarcoma: Incidence of and Survival Associated With Morcellation. Obstet Gynecol 2016; 127(1):29–39.
5. Ricci S, Stone RL, Fader AN. Uterine leiomyosarcoma: Epidemiology, contemporary treatment strategies and the impact of uterine morcellation. Gynecol Oncol 2017; 145(1):208–16.
6. Wright JD, Tergas AI, Burke WM, Cui RR, Ananth CV, Chen L, Hershman DL. Uterine pathology in women undergoing minimally invasive hysterectomy using morcellation. JAMA 2014; 312(12): 1253–5.

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