Preface

The authors were approached some time ago to write a text regarding the management of soft tissue sarcomas. There are several existing texts in the literature, and before embarking on such a project it was necessary to identify what could be added that was unique to the existing literature.

We note that although there have been several texts that discuss management of sarcomas, there are few that discuss subtypes individually, given the rare nature of any one of these diagnoses. The prospectively accrued soft tissue sarcoma database initiated by Dr. Brennan in 1982 represents the largest single collection of individual soft tissue sarcoma patient data, allowing characterization of subtype by prevalence, age, and site. This is a unique resource for patient care and management and for outlining the clinical outcomes and management for each sarcoma subtype.

In addition, there are few data collected in one place regarding systemic therapy for different diagnoses. While there have been a large number of phase II studies and retrospective analyses of outcomes with specific agents, there has not been a consistent place to refer for subtype-specific data. Despite issues regarding recall bias and other well-recognized weaknesses of retrospective analyses, we have endeavored to collect at least some of those data herein, and to speculate based on anecdote and case reports possible treatments for rarer subtypes.

We stand on the cusp of a revolution in the diagnosis of cancer, with the emergence of genetic and other sophisticated tests of specific cancers now leading rapidly to the development and use of new agents to treat those cancers. One need not look beyond the success of imatinib in Gastrointestinal Stromal Tumors (GIST) or chronic myeloid leukemia (CML), vemurafenib in melanoma, or crizotinib in anaplastic lymphoma kinase (ALK)+lung cancer (and ALK+inflammatory myofibroblastic tumor) to realize that we will not diagnose or treat sarcomas the same way 10 years from now as we do today. We hope this contribution will serve as a cairn on a long and otherwise largely unmarked journey to best identify, characterize, treat, and hopefully eliminate these forms of cancer.
Management of Soft Tissue Sarcoma
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2013, XV, 380 p., Hardcover
ISBN: 978-1-4614-5003-0