Retroperitoneal Sarcoma – QUESTIONS

Clinical Case Conference
UCSD Radiation Oncology
SA-CME

1. What is unique about retroperitoneal sarcomas with respect to AJCC's soft tissue sarcoma staging system?
    a. RP sarcomas need to be > 10 cm for T2 classification
    b. RP sarcomas are always considered 'deep' with regards to T stage
    c. RP sarcomas do not factor in histologic grade with respect to staging
    d. RP sarcomas without any invasion of normal structures are considered Superficial

2. Which of the following is the most important factor in predicting cancer specific mortality in retroperitoneal sarcomas?
    a. Gender
    b. Tumor Size
    c. Post-op margin status
    d. Histologic sub-type

3. Which of the following statements is true regarding IMRT and retroperitoneal sarcomas?
    a. There is prospective randomized controlled evidenced that shows IMRT reduces acute and late toxicity when compared to 3D-CRT
    b. There is retrospective evidence that shows IMRT improves survival when compared to 3D-CRT
    c. There is retrospective evidence that shows IMRT improves tumor coverage with better sparing of organs at risk when compared to 3D-CRT
    d. There is retrospective evidence that shows IMRT improves local control rates when compared to 3D-CRT

4. To what dose was the preoperative retroperitoneal MDACC phase I trial (Pisters *et al. JCO 2003)* with concurrent doxorubicin escalated to?
    a. 18 Gy in 1.8 Gy fractions
    b. 50.4 in 1.8 Gy fractions
    c. 30 Gy in 10 fractions
    d. 25 Gy in 5 fractions
    http://jco.ascopubs.org/content/21/16/3092.abstract

5. Which of the following is true regarding the data for pre-operative RT vs. post-operative RT for RP sarcomas?
    a. There is randomized controlled evidence that shows improved local control with pre-operative RT
    b. There is randomized controlled evidence that shows reduced late toxicity with pre-operative RT
    c. There is retrospective evidence that shows improved local control with pre-operative RT
    d. There is retrospective evidence that shows reduced radiation specific toxicity with pre-operative RT