
The combination of multinodal techniques and improved staging and reconstructive techniques has led to the current preponderance of limb-salvaging surgery and has greatly improved survival rates of sarcomas.


The prognostic markers MMP2, MMP9, and TIMP2, which influence the growth and spread of tumor cells, might be useful to define tumor aggressiveness and risk of the metastatic event.


This report presents the American Brachytherapy Society guidelines for the use of brachytherapy for patients with soft-tissue sarcoma.


Doxorubicin-based adjuvant chemotherapy appears to significantly improve time to local and distant recurrence and overall recurrence-free survival in adults with localized resectable soft-tissue sarcoma. There is some evidence of trend toward improved overall survival.


Intensified adjuvant chemotherapy had a positive impact on the disease-free survival and overall survival of patients with high-risk extremity soft-tissue sarcomas at a median follow-up of 59 months.


Twenty-four isolated limb perfusions were performed in 22 patients, and 18 (82%) experienced an objective response: complete in 4 (18%) and partial in 14 (64%).


In this review, current methods of reconstruction following sarcoma resection are discussed, and advances are highlighted.

Soft-tissue sarcomas of the retroperitoneum constitute a heterogeneous group of tumors with varying histology, potential for complete resection, and propensity for recurrent disease, making the development of effective treatment difficult and challenging. A review of 23 patients from 1985 through 1998 assessed the biological behavior and clinical outcomes and also identified factors that may influence prognosis and optimize treatment strategy.


The consequences of local recurrence in terms of morbidity and costs justify referral of soft-tissue sarcoma patients for multidisciplinary evaluation and multimodality treatment.


Even after an apparent complete resection of sarcomatous pulmonary metastases, 40%-80% of pulmonary metastases will re-recure in the lung. The benefit of subsequent re-resection is poorly defined. This study examines patient survival after repeat pulmonary exploration for re-recurrent metastatic sarcoma at a single institution.