



Approaching Mesenchymal Tumors in the Peter McCallum Cancer Center in Australia What Can We Transfer to Spain?



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Introduction

Mesenchymal tumors are very rare tumors that need a specialized hospital to take care of them, with also a good medical team and recourses because survival depends on it.

Material and Methods

Peter Mc Callum Cancer Center (PMCC) is the only public cancer hospital in Australia (a reference for sarcomas and one of the 10 best hospitals in the world), which is why, thanks to the MariPaz Casado Foundation Scholarship, I explored the organization for 2 months, types of treatment and ideas that could be extrapolated to Spain.

Results

Organization of the consultation has an average of 30 minutes, close consultations with Plastic Surgeon, Traumatologist and Radiation Oncologist. There are also weekly Multidisciplinary Committees with > 30 patients. Also agility (2-3 days) of diagnostic test reports [1]. Patients know the existence of centralized clinical trials in webs like www.australiansarcomagroup.org

Nursing support (appointment management, telephone contact / email to avoid visits to the Emergency Department) and counselors of teenagers (On Trac) are essential. Given that many are > 500km away, the government covers travel expenses and provides apartments near the hospital.

Regarding the Treatment

Anthracyclines or combination in 1st line metastatic disease? Doxorubicin 75mg/m² three-weekly followed by 1 dose of pegfilgrastim. Only if very sensitive to chemotherapy, high tumor or synovial load is added Ifosfamide.

- Adjuvant treatment
- Only if recurrence can create local complications or tumors that are very sensitive to chemotherapy or Radiation

therapy if close margins, deep tumors or > 5cm. Just Neoadjuvant in > 5 cm, irresistible and with concomitant RT.

Talking about histological subtypes, doxorubicin is the most well known chemo scheme. For leiomyosarcoma, gemcitabine + docetaxel are a good one [2-4]. Also Doxorubicin + Ifosfamide for liposarcoma. In second and third lines, Ifosfamide, Trabectedin, Eribulin or Pazopanib are good ones too. Some tumor types as Ewing or Osteosarcoma need to have a good relation between specialists because they need surgery at 9-10 weeks, RT just afterwards. Toxic chemo is used among them.

New oral drugs are used in some of them, as inhibitors of tyrosine kinase (imatinib) in metastatic Cordoma, Dermatofibrosarcoma protuberans, villonodular synovitis [5]. Also Clinical Trials is very important in these rare tumors like Olaratumumab, Immunotherapy and inhibitors of NOTCH for desmoid (good results in Phase 1).

Conclusion

Management in Reference Centers benefits the patient's survival and makes the doctor more experienced. The proximity of the Consultations with other specialists, agility in the Tumor Committees, support from Nursing and the help of the Government are aspects that could be improved in our country. The centralization of clinical trials and dissemination (websites) is key to progress.

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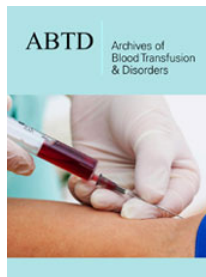
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