eSurge Sarcoma Surgery Masterclass

Great success for the fifth edition of the eSurge Sarcoma Surgery Masterclass

On the 15th and 16th of November 2016, 50 surgeons from 13 different countries met in Institut Curie, Paris to attend the fifth edition of the esurge sarcoma surgery masterclass developed and directed by Dr Sylvie Bonvalot (Institut Curie) and Dr Alessandro Gronchi (Istituto di Tumori di Milano).

Launched in 2010 as part of the Conticanet Educational Programme, esurge was built on a very simple and efficient format facilitating interactivity and open discussions between attendees and a panel of international experts:

- Live surgery performed by Dr Bonvalot and commented by Dr Gronchi in the mornings.
- Educational sessions on technical key points and therapeutic strategies in the afternoons.

Year after year, this two-day masterclass confirms the high quality of the programme and also reaffirms its ambition to promote and disseminate sarcoma surgical best practices in surgeons willing to improve their knowledge and technical approach.

Though only open to medical professionals, esurge is also very important for the patients who are the first victims of inappropriate surgeries. Because of the rarity of sarcomas, this very specific surgery is unfortunately rarely taught in medical schools whereas access to expertise is crucial for patients'survival and quality of life. Furthermore, big discrepancies between patients can be observed over Europe. This is why Sarcoma Patients Euro Net is offering its full support to the development this training since the very beginning.

LIVE SURGERY SESSIONS

Case of day 1: Right primary locally advanced retroperitoneal liposarcoma in a 50 years-old female

In September, this patient discovered a left abdominal mass by self palpation but presented no other clinical symptoms. In October, she had an abdominal and thoracic CT Scan and a percutaneous biopsy. The pathological report concluded adipocytes of various sizes, and abundant cytoplasm and nuclear positivity for anti-CD4K, HMGA2, MDM2.

1. **As a sarcoma surgeon, what was the most challenging in the surgery of day 1?**

Dr Bonvalot: *The tumour was of more than 35 cm, encasing kidney and left colon. The risk for a non expert surgeon is not to recognize the whole tumour, because well-differenciated aspects may be left behind if a systematic compartmental resection is not performed. The other risk is to perform a piecemile resection, for instance to save the kidney.*
The surgery of such a tumour has to be perfect right from the beginning,performed in one bloc with attached/encased organs, in order to offer the best local control as iterative local recurrences are the most frequent cause of death in this disease as opposite to limb sarcomas. All must be done to avoid a local recurrence from the very beginning.

2. **What were the most critical technical aspects you had to deal with?**

Dr Bonvalot: *There is a balance to do between morbidity, which depends on the number, the resected organs, and the extent of the resection. In this patient, the pancreas was adjacent but not involved*

and finally, we considered that it was safe to keep it. Kidney and left colon were also resected in one bloc with the tumor.

Case of day 2: Recurrent Retroperitoneal Liposarcoma in a 60 year-old male

This patient had actually been operated in February 2012 for a... right inguinal hernia. The operative report did not mention any tumour. In march 2012, he discovered an abdominal mass by self-palpation, got a CT scan. The patient was operated again for a 35 cm mass and got a R1 resection in which right colon, right kidney, right ureter and the inferior vena cava were preserved. The pathological report concluded to a dedifferenciated liposarcoma with an amplification of MDM2 and CDK4 confirmed by FISH. In September, the patient faced another recurrence and was finally referred to Institut Curie...

1. **Compared to an initial surgery, what are the main critical issues of 2nd intention surgery?**

Dr Bonvalot: *When initial surgery is not appropriate, there is a risk of peritoneal diffusion in addition to the local recurrence. This was the case in this second patient.*

2. What were the main particularities of this one?

Dr Bonvalot: *The local recurrence was adherent to the main vessels, due to the dissection of the previous surgery, with a peritoneal diffusion which was not far from the recurrence. We resected completly all together, with colon and kidney.*

It is essential to try to obtain the type of surgery we would have done if we had operated the patient at the beginning. This is the objective if all the disease may be removed, which was the case of this patient.

EDUCATIONAL SESSIONS

ESurge does not only focus on surgery but is also willing to stress the importance of multidisciplinarity in the therapeutic approach of sarcomas. Therefore, if educational sessions where initially designed to review the main technical key points of sarcoma surgery, they also offered the opportunity to discuss about global therapeutic strategies by challenging the attendees with various topics like the role of adjuvant chemotherapy in advanced soft tissue sarcomas, or the potential indications of radiotherapy in retroperitonal sarcomas. The presence of an international audience and expert panel allowed to confront different experiences and visions of sarcoma management over the world. Though opinions could sometimes be divergent and discussions passionate, all the specialists agreed with the fact that... R0 resection was a pre-requisite for a cure. What confirms the need of such a training.