



OUTCOMES OF COMBINED TREATMENT IN LOCALLY ADVANCED SOFT TISSUE SARCOMAS

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ABSTRACT

Soft tissue sarcomas (STS) constitute 1–2% of all malignant tumors. In 35–45% of patients, the disease is diagnosed in a locally advanced (Stage III) state. At this stage, surgical treatment alone is associated with a high risk (40–60%) of local recurrence, which makes the use of combined treatment methods relevant.

Introduction. Soft tissue sarcomas (STS) constitute 1–2% of all malignant tumors. In 35–45% of patients, the disease is diagnosed in a locally advanced (Stage III) state. At this stage, surgical treatment alone is associated with a high risk (40–60%) of local recurrence, which makes the use of combined treatment methods relevant.

Objective. To evaluate the clinical efficacy of combined treatment (surgery + radiotherapy ± chemotherapy) in locally advanced soft tissue sarcomas.

Materials and Methods. The study included 68 patients with locally advanced STS treated between 2020 and 2024. The mean age of patients was 49.6 ± 11.2 years. Males — 41 (60.3%), females — 27 (39.7%).

Tumor localization: Lower extremities — 44.1%, upper extremities — 23.5%, other areas of the trunk — 32.4%. Treatment regimen: Surgery + radiotherapy — 46 patients (67.6%), surgery + radiotherapy + chemotherapy — 22 patients (32.4%). Radiotherapy total dose was 50–60 Gy; chemotherapy primarily utilized doxorubicin and ifosfamide-based regimens.

Results. As a result of combined treatment: The 3-year local control rate was 72.1%, the overall 3-year survival rate was 65.4%. In the historical control group treated with surgery alone, these figures were 48.3% and 42.7%, respectively. Local recurrence was observed in 26.5% of cases on the background of combined treatment, compared to 51.8% with surgery alone ($p < 0.05$). Treatment-related complications were reported in 18.9% of patients, most of which were Grade I–II.

Conclusion. In locally advanced soft tissue sarcomas, combined treatment significantly improves local control and reduces the risk of recurrence by almost two-fold. Radiotherapy and selectively applied chemotherapy enhance the efficacy of surgical treatment and improve patients' long-term survival rates.