

# Preface

The authors were approached some time ago to write a text regarding the management of soft tissue sarcomas. There are several existing texts in the literature, and before embarking on such a project, it was necessary to identify what could be added that was unique to the existing literature.

We note that although there have been several texts that discuss management of sarcomas, there are few that discuss subtypes individually, given the rare nature of any one of these diagnoses. The prospectively accrued soft tissue sarcoma database initiated by Dr. Brennan in 1982 represents the largest single collection of individual soft tissue sarcoma patient data, allowing characterization of subtype by prevalence, age, and site. This is a unique resource for patient care and management and for outlining the clinical outcomes and management for each sarcoma subtype and has inspired other groups to collect information on an institutional, local, or national level in the intervening decades.

There are also relatively comprehensive resources regarding systemic therapy for different sarcoma diagnoses. For example, there have been a large number of phase II studies and retrospective analyses of outcomes with specific agents; there has not been a consistent place to refer for subtype-specific data. Despite issues regarding recall bias and other well-recognized weaknesses of retrospective analyses, we endeavored to collect at least some of those data herein. Until better data are accumulated, we have resorted to anecdote and case reports regarding treatments for rarer subtypes.

Since the publication of the first edition of our book, the most dramatic developments in cancer have been in molecular genomics and in immunotherapy. The molecular genomics of cancer have undergone a seismic shift in the past 5 years. While gene mutation panels have not led to revelatory changes in the treatment of sarcoma subtypes, such testing helps secure the diagnosis with certainty, when applied correctly. As of 2016, engineered T cells are being used to treat synovial sarcoma and myxoid-round cell liposarcoma, and we are learning in what context immune checkpoint inhibitors may be useful.

Other advances in sarcoma management involve the greater reporting of clinical experience over time. The recognition of second cancers even 30–40 years after initial therapy also makes one take pause as to treating patients with new diagnoses today. There are agents approved in the past 5 years that impact treatment as well. Investigators are accumulating data on chemotherapy responses on a sarcoma subtype-specific basis, which continues to affect the choice of treatments.

While a book becomes out of date the day it is published, it is clear that the principles of treatment of sarcoma remain consistent. It is in that light that we provide the readers with our contribution. We hope this book will help clinicians to better identify, characterize, treat, and perhaps even someday prevent these unusual and varied forms of cancer.

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