Adjuvant management of operated uterine sarcomas: A single institution experience.

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Purpose: to describe the adjuvant management of high grade uterine sarcoma and highlight prognostic factors for overall survival and progression-free survival.

Material and methods. Between 01/2000 and 01/2015, 91 patients undergoing surgery were presented at the multidisciplinary team meeting of our institution.

The type of surgery, the anatomopathological features, adjuvant treatments, dates and sites of recurrence were collected. The prognostic value of the various factors was evaluated with the multivariate Cox model.

Age	
Mean	56 years
Range	31-92 years
Median	56 years
Biopsy before surgery	
Yes	7 (14%)
No	43 (86%)
NA	0 (0%)
Surgery at centre Oscar-Lambret	
Yes	6 (12%)
No	44 (88%)
NA	0 (0%)
Surgical approach	
Median laparotomy	28 (56%)
Coeliovaginal approach	6 (12%)
NA	16 (32%)
Fragmentation of the tumour during surgery	
Yes	11 (22%)
No	26 (52%)
NA	13 (26%)
Pelvic lymphadenectomy	
Yes	4 (8%)
No	43 (86%)
NA	3 (6%)
Resection type	
R0	42 (84%)
R1-2	4 (8%)
NA	4 (8%)
Second surgery	
Yes ^a	12 (24%)
No	38 (76%)
NA	0 (0%)

Results. A total of 50 women with uterine sarcoma were identified and lesions included 43 leiomyosarcomas (86%) and seven high grade sarcomas (14%). Eighteen patients received adjuvant pelvic radiotherapy (36%) and six adjuvant systemic therapy (12%). The median follow-up time was 63 months. Thirty-nine patients (78%) had a recurrence: 22 had only metastatic recurrence (58%), two had isolated pelvic recurrence (5%) and 15 had pelvic and metastatic recurrence (38%). Adjuvant radiotherapy was associated with survival without pelvic recurrence in univariate analysis ($P = 0.005$, hazard ratio [HR] = 0.15); age greater than 55 years and adjuvant radiotherapy were associated with metastatic free survival in multivariate analysis ($P = 0.015$, HR = 2.37, and $P = 0.013$, HR = 0.41 respectively).

Conclusion. According to the results of our series, there is a benefit of radiotherapy after surgery in terms of local control of uterine sarcoma. It is necessary to identify the subgroup of patients who will benefit from an adjuvant radiotherapy in order to provide them with more optimal care.