

CORRESPONDENCE

Biopsy of Tumors of the Musculoskeletal System

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Patients Should be Referred to Centers

Both case reports illustrate the problems that arise from an incorrect biopsy. In our own experience, only one in two sarcoma patients is presented before biopsy.

We therefore wish to emphasize the following additional points:

- The biopsy should be undertaken only after cross-sectional imaging (MRI).
- A detailed report of the operation should be prepared, with details of every step of the procedure (for example, opening up the fascia)
- Infiltration of local anesthesia is not an adequate procedural approach.
- In case of a fracture without an adequate history of trauma showing osteolysis (pathological fracture), complete staging is needed before stabilizing the patient.

Equivalent to practice in Scandinavian countries, patients in Germany who have soft tissue tumors of the extremities with a diameter of >5 cm or subfascial tumors should also be referred directly to a certified interdisciplinary sarcoma center (www.ssg-org.net). The reasons for this include the specialist expertise held in such centers, which includes radiology and pathology departments, close coordination of diagnostic and therapeutic steps, and the availability of all possible therapeutic options. The result is speedy initiation of better-quality treatment. Furthermore, treatment studies can be undertaken only when the number of sarcoma patients is sufficiently large, and this is the only hope for improvements for future patients with a rare disease (1).

As an aside, radiotherapy is undertaken according to the staging; monocenter studies have shown that including preoperative radio-chemotherapy (and/or regional hyperthermia as phase III) result in clinically significant improvements in long term survival of high risk patients (2, 3) and that in some types of soft tissue sarcoma with specific oncogenic mutations molecular based therapies are available that have revolutionized treatment (dermatofibrosarcoma protuberans, gastrointestinal stromal tumor).

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In Reply:

I thank our correspondents for their additional comments from the center for soft tissue sarcoma, GIST, and bone tumors at the Southwest German Tumor Center CCC Tübingen. The comments prompt me to presume that the problem with biopsies is similar everywhere. I thank our correspondents especially for their remarks concerning local anesthesia, which in our understanding does not constitute an adequate measure either. Of particular importance is the remark about pathological fractures, which should always prompt careful pre-operative diagnostics. In case of doubt, a biopsy should be undertaken especially in young patients without a prior history of cancer, so as to rule out primary bone sarcoma disease. Premature operative stabilization in such a scenario would have fatal consequences and should be avoided at all cost.

The comments about radiotherapy are well received as helpful but do not touch on the topic of biopsy.

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