

LOCALIZED SARCOMAS: THERAPEUTIC APPROACH

Extremities and axial	Standard	Additional Standard Options	Options for Selected Patients **
	Histology and Imaging according to „Minimal Requirements“	in relation to anatomic barriers nerves, vessels, physical status, age	
superficial and deep	wide resection	RT*	
Primary, high grade (G2-3)			
superficial	wide resection	RT*	RT+/- hyperthermia; Protonen; IORT
deep	RT* & wide resection	postoperative boost when surgical margin questionable (neo-)adjuvant chemotherapy	RT +/- hyperthermia; Protonen; IORT ILP

- this scheme excludes GIST, retroperitoneal sarcomas, uterine sarcomas, head/neck sarcomas, extraosseous Ewing's Sarcomas, Rhabdomyosarcomas, and a majority of childhood sarcomas which need preoperative systemic therapy. (adapted according to ESMO, NCCN, GISG, austrian consensus)

- ILP= isolated limb perfusion; IORT = intraoperative RT / Brachytherapie

*Preoperative or Postoperative Radiotherapy: whenever the surgeon/radiation oncologist at the sarcoma board feel that preoperative RT is mandatory, RT is performed preoperatively. Preoperative RT uses less dose volume and intensity compared to postoperative RT, with equal oncological control but potentially less RT related longterm side effects, probably acceptable wound control rates post surgery (when using IMRT).

**Preferentially conducted/applied in studies/clinical trials