


RE: LORENZO, Abundiz

July 2, 1998

Robert McCoy, M.D.

This patient has already been seen by Dr. Amadeo at St. Jude Radiation Oncology, and was presented this noon at the Tumor Board at St. Jude Hospital, which I attended. The first question that needs to be resolved, if indeed the CAT scan of the chest is normal, is to the adequacy of the initial surgical procedure. This was discussed at length, and it does appear that there was an adequate surgical excision, and that a more radical one may not be possible. If there is any question, however, possibly a consultation with a soft tissue sarcoma surgeon, such as Dr. Frederick Eibler at UCLA, would be useful. If not, this man is both at high risk of local recurrence and at high risk of microscopic metastatic disease. Certainly, radiation therapy should be added if further surgery is not planned. Also, this man is a candidate for adjunctive chemotherapy because of his lesion being both high grade and greater than 5 cm., and invasive into muscle. Unfortunately, leiomyosarcomas appear to be somewhat less responsive than several of the usual adjunctive chemotherapy agents, particularly Etoposide, and the best adjunctive chemotherapy regimen is unclear, but probably would consist of at least Adriamycin, DTIC, and possibly Etoposide, although all of this is open to conjecture. I did explain to him that recent meta-analysis of all studies done adjunctively for soft tissue sarcomas of adults showed only about a 4% increased long-term disease survivorship, although there was a higher benefit for disease-free status. Chemotherapy is fairly standardly given after local therapy has been completed, i.e., surgery and radiation therapy, although there may be theoretical reasons for starting it early. My plan at the present time is to obtain the results of the CAT scan of the chest, and if this is negative, have a discussion with Dr. Amadeo regarding the best coordination of chemoradiation here. I have given this man information regarding the three agents that may be used, i.e., Adriamycin, Etoposide and DTIC, and have explained at some length already the potential side effects and benefits of these medications in this setting. Obviously, if he has multiple nodules in the lung, chemotherapy may become primarily important as far as treatment, although if he has only one or possibly two nodules, consideration might be given for surgical removal of these. I will keep you up to date regarding my thoughts about this very challenging problem.

Sincerely,



William E. Lawler, M.D.

WEL:dli

cc: Robert McCauley, M.D.
Alessandra Amadeo, M.D., St. Jude Radiation Oncology