42. Soft Tissue Sarcoma of the Abdomen and Thoracic Visceral Organs

Authors

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Emerging Prognostic Factors for Clinical Care

PEComa

Presence or absence of mutation in TSC1 or TSC2, evidence of translocation involving TFE3 identified in DNA or RNA sequencing of tumor. AJCC Level of Evidence III

Risk Assessment Models

The AJCC has recently established guidelines that will be used to evaluate published statistical prediction models for the purpose of granting endorsement for clinical use.[1] Although this is a monumental step forward towards the goal of precision medicine, this work was only very recently published. For this reason, the existing models that have been published or may be in clinical use have not yet been evaluated for this cancer site by the Precision Medicine core of the AJCC. In the future, the statistical prediction models for this cancer site will be evaluated, and those that meet all AJCC criteria will be endorsed.

Recommendations for Clinical Trial Stratification

The description of the tumor required for clinical trials varies greatly. For some studies of primary tumors, details of anatomic site and adjoining structures are critical; in studies of metastatic disease, definition of the specific metastatic sites is used for response determination. In nearly all situations, the most detailed definition of the histology is critical—for example, myxoid/round cell liposarcoma instead of liposarcoma—because the biology of each sarcoma subtype is distinct.

Anatomic primary location
Histology
Grade
AJCC stage
Relevant immunohistochemical markers, if any
Relevant molecular alterations, if any
Histologic grade
Histopathologic type

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Bibliography

1. Kattan MW, Hess KR, Amin MB, et al. American Joint Committee on Cancer acceptance criteria for inclusion of risk models for individualized prognosis in the practice of precision medicine. *CA: a cancer journal for clinicians.* 2016.

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