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Atypical Lipomatous Tumour /Well Differentiated Liposarcoma: A Plea for Clarity

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Background:

Atypical Lipomatous Tumour /Well Differentiated Liposarcoma (ALT/WDL) is a common tumour with very low metastatic potential. However, the terminology, diagnosis and treatment of patients with ALT/WDL are currently not standardised. The aim of this study was firstly to collate data on the management of ALT/WDL; and secondly to utilise this data to produce a consensus statement for the management of ALT/WDL.

Methods:

A 15-question online survey was sent worldwide mainly to oncologists, pathologists and orthopaedic oncology surgeons. Questions were designed to target ambiguous areas of the diagnosis and management of ALT/WDL.

Results:

Survey responses were received from many centers around the world. With regards to initial investigation(s) for ALT/WDL, 36.8% undertake MRI in all patients, regardless of tumour size/anatomical location, whilst a further 36.8% use MRI in patients with a suspected tumour size ≥ 5 cm, and 7.0% with a suspected size ≥ 10 cm. In addition, 45.3% of respondent's biopsy suspected ALT/WDL prior to resection, whilst 54.7% do not. Interestingly, 26.2% of respondents perform a wide local excision for ALT/WDL, whilst 73.8% undertake marginal resections. 45% of the respondents would organize a staging CT scan of chest and 42% would obtain follow up chest radiographs despite the fact that more than 95% have never come across metastases from ALT/WDL.

Conclusions:

As anticipated, this survey indicates that the current clinical management of ALT/WDL is extremely variable. It is suggested that a consistent nomenclature would facilitate the appropriate management of ALT/WDL. In addition, a consensus document based on the survey data for ALT/WDL is proposed.

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