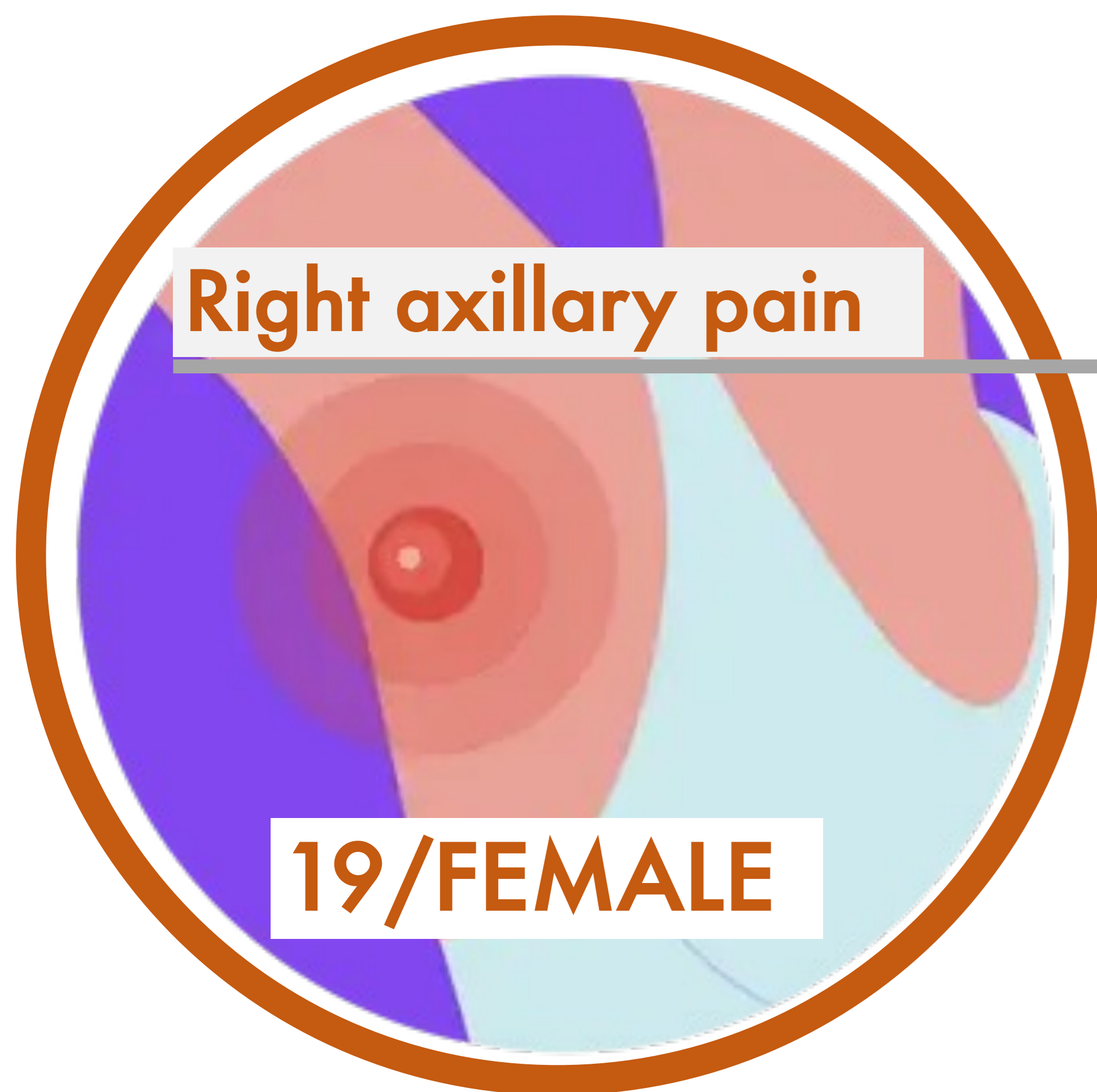


# YO28: Successful Multimodal Treatment of an Advanced Case of Axillary Synovial Sarcoma

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## CASE PRESENTATION



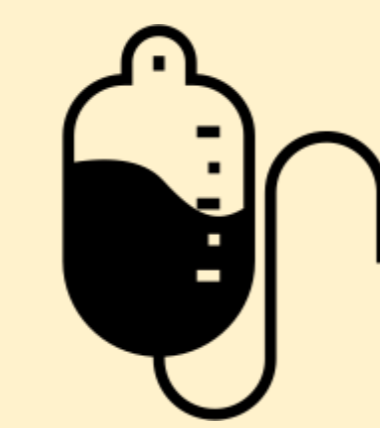
**11** MONTHS ENLARGING UP TO 10x8cm with paresthesia, numbness and pain on movement

Core needle biopsy + advanced IHC testing  
EMA, CK, P63, TLE1, CD99 + S100, Desmin, LCA -

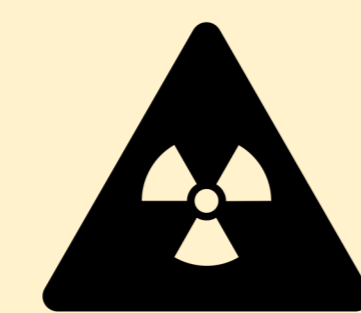
**DX: RIGHT AXILLARY SYNOVIAL SARCOMA  
STAGE IIIB (T3N0M0), GRADE 2**

FISH for SS18 +

### MULTIMODAL TREATMENT PLAN



**Neoadjuvant chemotherapy**  
3 cycles of Epirubicin (60mg/m<sup>2</sup>) - Ifosfamide (1.8mg/m<sup>2</sup>) - MESNA



**Sequential neoadjuvant radiation**  
50Gy in 25 sessions



**Limb-sparing surgery with wide excision of axillary mass**  
Histopathology shows 9.5cm tumor in widest dimension  
Treatment effect: present, percentage of viable tumor 30-40%  
No lymphovascular invasion; one lymph node negative for tumor  
Tumor marginally excised

- ✓ Reduced swelling, no more paresthesia or pain
- ✓ Chest and axillary MRIs show intact fat cleavage planes, with no abnormal marrow signal enhancement
- ✓ Stable disease (9.1% decrease) by RECIST



- ✓ Adjuvant radiation boost was given at 20Gy divided over 10 sessions

Where is she now?

## LEARNING POINTS



- 1 Surgical margin is an independent prognostic factor for local recurrence. A post-operative RT boost can reduce the 5 year risk for local recurrence
- 2 Close clinical follow-up and scans (ideally MRI) every 3 months for the next 2 years are necessary to watch out for recurrence
- 3 Long term side effects include osteoporosis, fibrosis, lymphedema and joint stiffness. Breast MRI for breast cancer screening after 8 years is also a necessary part of cancer survivorship care

