



CWS-Studie der GPOH

- Studienleitung -

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Dokument: Janik1170399

Datum: Stuttgart, 06.11.2013

Nachr.: Prof. Greulich, Prof. Wirth, Prof. Münter im Hause,

Patient: •Janik Julia *17/03/1999

Diagnosis: •Synovial Sarcoma (Warszawa)

Stage: •

Site(s): •proximal tibial metaphysis, right

Therapy: •CWS 2006 (since 29th June 13): I2VAd, I2VA, I2VAd

(concerning further details we refer to you letter)

Imaging: •MRI 9/5/2013
•MRI 4/7/2013
•MRI 3/9/2013
•PET-CT 25/6/2013
•PET-CT 2/9/2013

Your question: surgical removal and/ or radiation

Dear Professor [REDACTED]

Thank you very much for your enquiry. We saw the MRI scans of the patient in our tumor conference. The localization of the tumor is not typical for a synovial sarcoma. The reference radiologists confirm your opinion, that the knee-joint cavity is not involved by the malignant process. In contrast to your radiologists, our reference radiologist sees tangential involvement of the popliteal neurovascular bundle. To specify the diagnosis, please send us as soon as possible, paraffin embedded tissue blocks to confirm the diagnosis. The decision concerning the local treatment of the patient depends strongly on the definitive histiologic diagnosis.

Assuming that it is a synovial sarcoma, a preoperative radiation (parallel to the chemotherapy) according to the CWS-guidance is indicated. Our reference radiotherapist, Professor Münter, is at your disposal in any questions of further details concerning the radiotherapy.

Our reference surgeons Prof. [REDACTED] (plastic surgery) and the Prof. [REDACTED] (orthopaedic surgeon) recommend the following concept:

"Synovial sarcoma with involvement of the diaphysis of the tibia and wide involvement of the soft tissue around the knee but good response. In the last x-rays the vessels and nervus tibialis seemed to be spared and the nervus peroneus has a rather distance from the tumor bed. So the operation would be a wide resection of the tumor involving the whole knee joint and reconstruction of the soft tissues with gastrocnemius flap or even free latissimus dorsi flap. The decision about vessels and nerves has to be taken on the last imaging before the operation and there is a good probability that the tibialis nerve can be spared and also the peroneus nerve will rest for the tibial vessels. This is much less sure but these can be reconstructed anyhow. The knee joint its self has to be replaced by the tumor prosthesis"

This operation could be done in Stuttgart. In this case we ask the parents to contact the International Unit of the Klinikum Stuttgart (international-unit@klinikum-stuttgart.de) for administrative arrangements. Please notice a forward planning of a minimum of 6-8 weeks time.



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Please do not hesitate to ask in case of remaining questions.

Yours sincerely

Prof. Dr. [REDACTED]
(CWS-Studienleiterin)

Dr. [REDACTED]
(CWS-Studienassistentin)