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NCCN Guidelines Panel: Soft Tissue Sarcoma

We respectfully request that the NCCN Soft Tissue Sarcoma panel include an interventional radiologist (IR) on the panel. New data is constantly emerging regarding the role of embolotherapy and ablation in the care of sarcoma patients; an IR physician would not only offer helpful perspectives on that data, but also offer insights on the role of diagnostic imaging. Not only is it imperative that an IR with expertise in soft tissue sarcoma care be included on the NCCN guideline panel, we also request the following changes in the current guideline:

Specific Change 1: On DESM-4, add drug-eluting bead chemoembolization as a treatment option for “All other sites” of desmoid tumor, and on SARC-F page 1 of 3, add “Specific considerations of drug-eluting bead chemoembolization in desmoid tumors” under “transarterial chemoembolization (TACE)”, indicating that it can be utilized for selective extra-abdominal desmoid tumor.

Rationale: Drug-eluting bead chemoembolization (DEB-TACE) of symptomatic or progressive desmoid tumor results in a median tumor volume reduction of 59% and over 90% disease control rate. Most patients experience local symptom improvement and decrease in T2 signal intensity after DEB-TACE, in addition to tumor volume reduction.

References:

Elnekave, Eldad, et al. "Selective Intra-Arterial Doxorubicin Eluting Microsphere Embolization for Desmoid Fibromatosis: A Combined Prospective and Retrospective Study." *Cancers* 14.20 (2022): 5045.

Kim, Daehee, et al. "Transarterial chemoembolization with doxorubicin eluting beads for extra-abdominal desmoid tumors: initial experience." *CardioVascular and Interventional Radiology* 45.8 (2022): 1141-1151.

Specific Change 2: On page EXTSARC-5 and EXTSARC-6, add a footnote “hh” to Embolization procedures (non-lung metastases), indicating that embolization procedures include transarterial bland embolization, transarterial chemoembolization, and transarterial radioembolization as listed in SARC-F (Principles of Interventional Oncology).

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Rationale: All three types of embolotherapies have been used in the setting of metastatic sarcoma and have demonstrated reasonable safety profiles and imaging outcomes. The choice of embolotherapy is based on operator experience and preference, and patient factors.

References:

Pierce, David B., et al. "Safety and efficacy outcomes of embolization in hepatic sarcomas." *American Journal of Roentgenology* 210.1 (2018): 175-182.

Krzyston, Hailey, et al. "Liver-directed treatments of liver-dominant metastatic leiomyosarcoma." *Diagnostic and Interventional Radiology* 26.5 (2020): 449.

Miller, Matthew D., et al. "Response and overall survival for Yttrium-90 Radioembolization of hepatic sarcoma: a multicenter retrospective study." *Journal of Vascular and Interventional Radiology* 29.6 (2018): 867-873.

Jiang, Chunyu, et al. "Treatment outcome following transarterial chemoembolization in advanced bone and soft tissue sarcomas." *Cardiovascular and interventional radiology* 39 (2016): 1420-1428.

We would like to thank the NCCN panel members for their time and effort in reviewing this submission.

Sincerely,
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