



Submitted by:

**Jack Jennings**, MD, PhD, Professor, Washington University,  
**Joseph Erinjeri**, MD, PhD, Associate Professor, Memorial Sloan Kettering Cancer Center,  
**Daehee Kim**, MD, Assistant Professor, Memorial Sloan Kettering Cancer Center.

Organization:

Society of Interventional Oncology  
2025 M St NW #800, Washington, DC 20036

Phone: (202) 367-1164

Email: [HMuerhoff@sio-central.org](mailto:HMuerhoff@sio-central.org)

August 11, 2022

NCCN Guidelines Panel: Soft Tissue Sarcoma

On behalf of The Society of Interventional Oncology, we respectfully request that the NCCN Soft Tissue Sarcoma panel consider including an interventional radiologist (IR) on the panel. It is wonderful that many IR local therapies including ablation and embolization are on the NCCN guidelines for soft tissue sarcoma and desmoids. However, the proposed additions will better define the role of these therapies and offer more guidance to the referring physicians.

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: EXTSARC-6 Single organ with limited tumor bulk that are amenable to local therapy → ablation 15/120**

**Add Foot note gg-- Ablation of sarcoma metastases can provide extended systemic chemotherapy and progression free intervals of greater than 1 year and may improve patient quality of life by extending the chemotherapy-free interval.**

References:

Sutton C, Zhang Y, Kim D, Yarmohammadi H, Ziv E, Boas FE, Sofocleous CT, Tap WD, D'Angelo SP, Erinjeri JP. Analysis of the Chemotherapy-Free Interval following Image-Guided Ablation in Sarcoma Patients. *Sarcoma*. 2020 Feb 14;2020:3852420. doi: 10.1155/2020/3852420. eCollection 2020.

Hirbe AC, Jennings JW, Saad N, Giardina JD, Tao Y, Luo J, Berry S, Toeniskoetter J, Van Tine BA. A Phase II Study of Tumor Ablation in Patients with Metastatic Sarcoma Stable on Chemotherapy. *Oncologist*. 2018 Jul;23(7):760-e76. doi: 10.1634/theoncologist.2017-0536. Epub 2018 Feb 27. PubMed PMID: 29487221; PubMed Central PMCID: PMC6058323

**Specific Change 2: GIST-5 Progression → Limited → ablation or embolization or chemoembolization 10/44 GIST**

**Add Foot note bb-- Hepatic artery embolization should be considered as an alternative or adjuvant to third-line or even second-line systemic treatment with overall survival of  $\geq$  15 months when used as second or third line therapy.**

References:

Haruyuki Takaki<sup>1</sup>, Tess Litchman, Ann Covey, Francois Cornelis, Majid Maybody, George I Getrajdman, Constantinos T Sofocleous, Karen T Brown, Stephen B Solomon, William Alago, Joseph P Erinjeri. Hepatic artery embolization for liver metastasis of gastrointestinal stromal tumor following imatinib and sunitinib therapy. *J Gastrointest Cancer*. 2014 Dec;45(4):494-9. doi: 10.1007/s12029-014-9663-2.

Cao G, Li J, Shen L, Zhu X. Transcatheter arterial chemoembolization for gastrointestinal stromal tumors with liver metastases. *World J Gastroenterol*. 2012;18(42):6134-6140. doi:10.3748/wjg.v18.i42.6134

**Specific Change 4: EXTSARC-6 Metastatic Disease→ Single organ with limited tumor bulk that are amenable to local therapy and disseminated metastases→embolization procedures 15/120**

**Change embolization procedure to embolization procedure (TAE/TACE/SIRT) (to include Y90) in “single organ with limited tumor bulk that are amenable to local therapy and disseminated metastases.”**

**Add Footnote hh—transarterial embolization (TAE), transarterial chemoembolization (TACE) and selective internal radiation therapy (SIRT) in metastatic soft tissue sarcoma of the liver are safe salvage therapies with high rates of disease control and overall survival.**

Reference:

Maluccio MA, Covey AM, Schubert J, Brody LA, Sofocleous CT, Getrajdman GI, DeMatteo R, Brown KT. Treatment of metastatic sarcoma to the liver with bland embolization. *Cancer*. 2006 Oct 1;107(7):1617-23. doi: 10.1002/cncr.22191.

Chapiro J, Duran R, Lin M, Mungo B, Schlachter T, Scherthaner R, Gorodetski B, Wang Z, Geschwin JF. Transarterial Chemoembolization in Soft-Tissue Sarcoma Metastases to the Liver - The Use of Imaging Biomarkers as Predictors of Patient Survival. *Eur J Radiol*. 2015 Mar; 84(3):424-430.doi: 10.1016/j.ejrad.2014.11.034. Epub 2014 Dec 13.

Miller MD, Sze DY, Padia SA, Lewandowski RJ, Salem R, Mpofu P, Haste PM, Johnson MS. Response and Overall Survival for Yttrium-90 Radioembolization of Hepatic Sarcoma: A Multicenter Retrospective Study. *J Vasc Interv Radiol*. 2018 Jun;29(6):867-873.doi: 10.1016/j.jvir.2018.01.775. Epub 2018 Apr 30.

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

Sincerely,  
Jack Jennings MD, PhD  
Joe Erinjeri MD, PhD  
Daehee Kim MD