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Lung Cancer Experiments in Sarcoma Patients

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Editorial

Sarcoma is a heterogeneous set of histologic subtypes that have a proclivity for lung metastasis. Isolated pulmonary metastases can occur in as many as 20% of individuals with soft tissue sarcoma and up to 40% of those with original bone sarcoma. Prior to surgery to remove the tumour, most persons with advanced soft tissue sarcoma receive radiation therapy and sometimes chemotherapy. The goal is to kill as much of the tumour as possible before surgery so that the surgeon may safely remove all or most of it and kill any cancer cells that may have escaped from the initial tumour. Soft tissue sarcoma refers to a group of roughly 100 cancers that develop in the body's soft tissues, such as muscle, tendons, lymph arteries, and tissue around joints. Tumors can appear everywhere on the body, although they are most commonly found in the arms, legs, chest, and abdomen. Patients were given either treatment with doxorubicin and ifosfamide, a routinely used combination to treat soft tissue sarcoma, with radiation therapy (control group) or the same chemotherapy and radiation therapy plus pazopanib administered daily (experimental group) [1].

Because surgery is the greatest way to cure a soft tissue sarcoma, surgery is used in the treatment of all soft tissue sarcomas whenever possible. It's critical that your surgeon and other clinicians have sarcoma treatment experience. These tumours are difficult to cure and necessitate both skill and experience. Patients with sarcomas who are treated in specialised cancer centres with experience in sarcoma treatment have better outcomes, according to studies. The majority of sarcomas in stages II and III are high-grade tumours. They have a proclivity for spreading and growing swiftly. Stage III cancers have already migrated to adjacent lymph nodes in certain cases. Even if the sarcomas have not yet progressed to the lymph nodes, the risk of spreading is still present [2].

If the sarcoma returns in the same location as when it first appeared, surgery may be used to treat it. After surgery, radiation therapy may be used, especially if radiation was not used to treat the primary tumour. Brachytherapy may still be an option if external beam radiation has previously utilised. Chemotherapy or targeted therapy may be performed if the sarcoma reappears in a different place of the body. If the sarcoma has only gone to the lungs, surgery may be able to remove all of the spread areas. Radiation is frequently used to treat brain sarcomas, as well as any recurrences that induce symptoms like discomfort [3].

Bone and soft Tissue Sarcoma (STS) is a group of malignancies in the leaf system that includes primary malignant bone tumours and STS. It accounts for about 1% of adult malignant tumours and 15% of juvenile malignant tumours. Ewing's sarcoma, chondrosarcoma, and osteosarcoma are the three most common primary malignant bone tumours. The most prevalent subtypes of STS are undifferentiated pleomorphic sarcoma, liposarcoma, and leiomyosarcoma, which are pathologically complicated and have over 100 subgroups [4,5].

Conflict of Interest

None.

References

1. Ridker, Paul M., Brendan M. Everett, Tom Thuren, and Jean G. MacFadyen, et al. "Antiinflammatory therapy with canakinumab for atherosclerotic disease." *N Engl J Med* 377 (2017): 1119-1131.
2. Libby, Peter, Paul M. Ridker, Göran K. Hansson, and Leducq Transatlantic Network on Atherothrombosis. "Inflammation in atherosclerosis: from pathophysiology to practice." *J Am Coll Cardiol* 54 (2009): 2129-2138.
3. Sage, Andrew P., and Ziad Mallat. "Multiple potential roles for B cells in atherosclerosis." *Ann Med* 46 (2014): 297-303.
4. Ridker, Paul M. "From C-reactive protein to interleukin-6 to interleukin-1: moving upstream to identify novel targets for atheroprotection." *Circulation Res* 118 (2016): 145-156.
5. Libby, Peter, Paul M. Ridker, and Attilio Maseri. "Inflammation and atherosclerosis." *Circulation* 105 (2002): 1135-1143.

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