HASSAN II university hospital in Fez, over a period of 28 months,

Methods and Material

Our work is based on a prospective study, carried out at the

e anonymity of patients and the con dentiality of their information were respected during data collection.

All of the data collected was captured and analyzed using "SPSS" so ware. Qualitative variables were described by means and medians, while quantitative variables were described by numbers and percentages.

Our support was based on international recommendations already available (NCCN, ESMO), with a comparison of these recommendations with local practices during multidisciplinary concentration meetings.

Results

Of the 97 cases, 57 (59%) were male and 40 (41%) female. e ages ranged from 18 years to 87 years (the average age was 52 years).

Seventy-seven (77%) of the tumors were in the lower limb, and 23% in the upper limb. Tumors at deep locations were the most frequent (92.8%) while 7% were super cial tumors. e average size was 18 cm (4-32 cm) (Table 1).

e patients were distributed into two groups. A group (1) (70 cases) whose les were recruited de novo at the CHU and were discussed in a multidisciplinary concentration meeting before any gesture. e second group (2) (27 cases), which included les recruited from the private sector, or referred a er having been subjected to radiological assessments, biopsies or surgery.

Eighty-two patients (88%) underwent prior biopsy, ultrasound-guided in the majority of cases (66%), and surgical in 34% of the cases (Table 2). Seventy-three patients (75.3%) had received prior MRI (Table 3).

Of all the cases, 56 were operated upon. e results of the quality of surgical excision are detailed in Table 4.

Among all the patients who did not have an *in sano* resection (R1 or R2), 8 (14%) were surgically resumed in the CHU.

e most frequent histological diagnoses in our series were liposarcomas (26.5%), synovialosarcomas (14.4%), leiomyosarcomas (10.3%) and undi erentiated pleomorphic sarcomas (10.3%) (Figure 1).

irty-six patients received chemotherapy treatment. In the majority of cases (30 patients), this involved neoadjuvant chemotherapy, based on the MAI (Adriamycine, Isofosfamide, Mesna), EMPTY (Vincristine, Isofosfamide, Doxorubicin, Etoposide) protocols. Doxorubicinen, Cyclofosfamide). 57 (59%)

For the other six patients, it was adjuvant chemotherapy, one of which was Doxorubicin monotherapy.

Twenty-two patients bene ted from external adjuvant radiotherapy, exclusive in 9 cases. During the course of the evolution, 23 patients died, and 3 patients presented local recurrences (Figure 2). e overall duration of survival was 15-19 months.

We conducted univariate and multivariate analyses according to abovementioned parameters. e key information about these analyses is summarized in Table 5.

Discussion

So tissue sarcomas are rare malignant tumors. It is a heterogeneous group of tumors with a severe prognosis. Because of their rarity and their sometimes banal clinical presentation, the diagnosis is o en complex. e care being well codi ed through reference systems and recommendations, must be multidisciplinary involving oncologist, radiologist, pathologist, radiotherapist and surgeon involved within RCM at each stage of care: imaging, biopsy, surgery, and adjuvant or neoadjuvant treatments, follow-up [4,5]. It is speci c care that should be conceived only within specialized structures.

Studies have shown that the overall survival rate and the R0 resection rates were statistically higher within these structures [6-8].

Other observational studies have shown that in addition to the constant demographic and biological risk factors, survival was in uenced by another modi able parameter concerning the adequacy of care and care in accordance with the recommendations of good practice. [9,10]. Our results are, however, in agreement with other studies concerning prognostic factors such as age, histological type and grade FNCLCC [11-13].

e radiologist plays a crucial role in the patient circuit by selecting

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