

## **Management of advanced stage uterine sarcomas: a bone of contention.**

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### **Source**

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### **Abstract**

Uterine sarcomas constitute a rare group of neoplasms characterized by an aggressive clinical course and poor prognosis. It is this rarity that has resulted in clinical-trial reports and literature reviews including a broad range of histological subtypes of sarcoma. This has a detrimental effect on interpretation and application of the results; the pathological subtype demands a tailored approach. Surgical resection remains the mainstay of treatment for non metastatic uterine sarcomas. Although adjuvant radiation therapy has reportedly been of little survival value, it appears to improve local control and may delay recurrence. The role of adjuvant chemotherapy has yet to be established; however, bearing in mind the limitations and assumptions in the pooling of data the therapeutic options should be based on the pathological subtype. Considering the poor overall survival in uterine sarcomas, the need for new therapeutic agents is critical. New drugs with possible activity in uterine sarcomas include trabectedin, temozolomide, liposomal doxorubicin and gemcitabine.