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Synovial Sarcoma (SS) is a rare soft tissue sarcoma (STS) accounting for 4-8% of all STS1.

The annual incidence of SS is 1.4 cases per million in the UK2.

The prognosis for patients with SS is poor. Metastatic disease is present in a quarter of patients at diagnosis and 50 to 70% of patients with SS progress to develop metastatic disease3.

There is no established standard of care for metastatic SS (mSS) beyond the 1st line of therapy (LoT)4.

The main objective of this study was to describe demographic, clinical characteristics, LoT treatment patterns, and survival endpoints of patients with mSS in England.

Methods

This retrospective population-based cohort study used data from the Cancer Analysis System (CAS) in England, which comprises the Cancer Outcomes and Services Dataset (COSD) and Systemic Anti-Cancer Therapy (SACT) dataset. SACT-treated patients with SS (ICD-10 code C49 + 9040/3, 9041/3, 9042/3 or 9043/3) morphology) diagnosed between 2011 and 2019 and treated up to May 2021 were included in this study (Figure 1).

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Results

In total, 238 eligible SACT-treated patients with SS were identified during the study period of these 133 (56%) were defined as metastatic (Figure 3).

A quarter of the patients classified as mSS were de novo mSS. Median age at diagnosis of mSS diagnosis was 39 years (Table 1).

Median OS from 1st and 2nd metastatic LoTs was 12.2 and 9.6 months, respectively (Figure 5A, SB). Median TTNTD from 1st and 2nd metastatic LoTs was 6.0 and 5.3 months, respectively (Figure 5C, 5D).

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Conclusions

This is the first study to describe the current trends in the management and survival of SACT-treated patients with mSS in England.

The main treatments prescribed across both 1st and 2nd metastatic LoTs were standard of care chemotherapy drugs, with few patients (<10%) having been included in a clinical trial in the 2nd LoT.

The observed survival rates were poor with median OS of 12.2 and 9.6 months following 1st and 2nd metastatic LoT, respectively.

Disease control was also limited, with median TTNTD estimates of 6 months following 1st metastatic LoT and 5.3 months following 2nd metastatic LoT.

This study reflects the need for the development of better therapies for this patient population to improve outcomes.

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Strengths and Limitations

Key strengths of this study are the large source population, the detailed SACT data, long survival follow-up, and high availability of mortality information from the national death registration data, allowing for high confidence in the results observed.

CAS does not record progression, metastatic status (post-initial diagnosis), or lines of therapy. As a result, these variables were proxied and/or derived using algorithmic approximations, which could lead to bias or misclassification. There was also high missingness in the stage variable, further increasing the extent of misclassifying patients with unstaged SS.

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References:


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