

Editorial

On Prognostic Factors in Sarcomas

Sarcomas represent a heterogeneous group of mesenchymal tumors with variable clinical behavior and histological presentation. They account for approximately 1% of adult malignancies. In spite of the low incidence, their importance for oncology resides in the fact that most of them are life threatening. Tumor size, histological grade, depth of invasion, and status of surgical margins have been identified as prognostic factors. However, these variables do not explain some of the biological differences in aggressiveness among sarcomas of similar histological features and clinical aspects at onset.

The search for new markers has proven very important in oncology to establish definitive indicators to be used on a daily basis, in order to improve our capacity to predict clinical behavior and for the development of new treatment options. Unfortunately, very few molecular factors have been identified as important to determine prognosis in sarcomas. Most of them still await validation in large cohort of patients to serve as prognostic determinants in clinical practice. Genes related to local aggressiveness and metastatic potential have been published recently in diverse types of neoplasia, including soft tissue tumors.^{1,2}

Alterations in the p53 gene represent one of the markers that have been described as a prognostic factor in sarcomas. It is a suppressor gene commonly mutated in diverse cancers and plays a key role in cell cycle and apoptosis.

In this issue, Manoel et al.³ evaluated p53 protein expression in 97 adult soft tissue sarcomas treated in a single Brazilian institution and correlated it with several clinical and pathological parameters. They demonstrated that protein expression of p53 is frequently found in sarcomas, and is an indicative of worse prognosis when highly expressed.

This is an important contribution to this rare group of neoplasms, and hopefully, more such studies

will be published to better understand the biology and behavior of sarcomas in order to improve treatment options and, consequently, to increase patients' survival.

REFERENCES

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