

# Education, Education & Education

## A Knot in the Sarcoma Awareness and Treatment Outcome

Badaruddin Sahito<sup>1</sup>

<sup>1</sup>Professor, Department of Orthopaedic, DUHS/Civil Hospital, Karachi.

**Corresponding author**  
**Badaruddin Sahito**  
**E-mail:** sahito.badar@hotmail.com

Education is the key in the building of society morals, so it help to provide awareness and in the end get the results that society needs. Unfortunately literacy rate of Pakistan is around 60 % that directly tells the story of awareness and the care people getting for their medical problems.

Like other problem in our society Bone and soft tissue sarcomas are also neglected part of our medical side, either because of false beliefs of society, lack of education & awareness, lacking facilities of treating these complicated problems.

**Keywords:** Education, Literacy rate, Awareness, Sarcomas

**This article may be cited as:**

Sahito B. Education, Education & Education A Knot in the Sarcoma Awareness and Treatment Outcome. J. Pak. Orthop. Assoc. 2023; Vol 35 (04): 163-164.

Make society aware that Swellings around the limbs should be investigated properly and are curable if treated timely. Time is one of the most important key factor in the management of Sarcoma patients. Delays in the treatment will lead to huge, fungating and inoperable bumps. Don't Forget Sarcoma are cure able if treated timely and properly otherwise it leads to death

We can't change beliefs or it may take us one more hundred years to change. But yes we can provide awareness in the society through media sources available.

The most importantly; all Orthopaedic Surgeons in the society should aware of the Sarcoma Care; from start to end. If one can do into properly do it or refer patients to centers providing best of services in sarcoma care.

We being sarcoma surgeons always think that we did extraordinary job with surgical skills, maybe we are right. But we still face odd presentations of sarcoma patients that exhaust our limited resources and skills and in the end we get less favorable results.

Being sarcoma surgeon for almost a decade we found that around 24 % of our osteosarcoma patients get the standard protocol treatment of Neoadjuvant, surgery & appropriate adjuvant 76% chemotherapy. Whatever the reason the 76% of osteosarcoma patients not getting treatment properly.

And during the course of treatment if patient develops complication again they stuck with their beliefs.

With all these challenges of our society, we can improve our services for Sarcoma patients.

1. Specialty training should be provided to all residents during their training, so they should be capable of doing at least basic workup and appropriate referral.
2. Awareness should be provided to doctor's first especially orthopedic surgeon and general surgeon & plastic surgeon.
3. Multidisciplinary approach should be adopted at every tertiary care hospital of Pakistan.
4. All facilities should be available under one roof; that should be our long term goal.
5. Try to assure public as much as possible and as soon as possible.
6. Palliative care centers should be planned as well because end stage diseases patients suffer a lot. Their family suffers beyond our imagination.

I must conclude that Education & education is the knot between awareness and outcome of Sarcoma patients. Without education every effort will be a drop in ocean and of no use.

**Conflict of Interest:** None

**Grants/Funding:** None

### REFERENCES

1. Sadykova LR, Ntekim AI, Muiyangwa-Semenova M, et al. Epidemiology and risk factors of osteosarcoma. Cancer Invest 2020; 38(5): 259-69.
2. Mirabello L, Troisi RJ, Savage SA. International osteosarcoma incidence patterns in children and adolescents, middle ages and elderly persons. Int J Cancer 2009; 125(1): 229-34.

3. Yang C, Tian Y, Zhao F, et al. Bone Microenvironment and osteosarcoma metastasis. *Int J Mol Sci* 2020; 21(19): 6985.
4. Biazzo A, De Paolis M. Multidisciplinary approach to osteosarcoma. *Acta Orthop Belg* 2016; 82(4): 690-8.
5. Abbasi AN. Establishment and maintenance of quality of site-specific multidisciplinary tumor boards in Pakistan. *J Coll Physicians Surg Pak* 2016; 26(10): 805-7.
6. Casali PG, Bielack S, Abecassis N, et al. Bone sarcomas: ESMO-PaedCan-EURACAN clinical practice guidelines for diagnosis, treatment and follow-up. *Ann Oncol* 2018; 29(Suppl 4): iv79-iv95.
7. Marina NM, Smeland S, Bielack SS, et al. Comparison of MAPIE versus MAP in patients with a poor response to preoperative chemotherapy for newly diagnosed high-grade osteosarcoma (EURAMOS-1): An open-label, international, randomised controlled trial. *Lancet Oncol* 2016; 17(10): 1396-408.
8. Biermann JS, Chow W, Reed DR, et al. NCCN guidelines insights: bone cancer, version 2. *J Natl Compr Canc Netw* 2017; 15(2): 155-67.
9. Yasin NF, Abdul Rashid ML, Ajit Singh V. Survival analysis of osteosarcoma patients: A 15-year experience. *J Orthop Surg (Hong Kong)* 2020; 28(1): 2309499019896662.
10. Bajpai J, Puri A, Shah K, et al. Chemotherapy compliance in patients with osteosarcoma. *Pediatr Blood Cancer* 2013; 60(1): 41-4.
11. Smeland S, Müller C, Alvegard TA, et al. Scandinavian Sarcoma Group Osteosarcoma Study SSG VIII: prognostic factors for outcome and the role of replacement salvage chemotherapy for poor histological responders. *Eur J Cancer* 2003; 39(4): 488-94.
12. Bielack SS, Kempf-Bielack B, Delling G, et al. Prognostic factors in high-grade osteosarcoma of the extremities or trunk: An analysis of 1,702 patients treated on neoadjuvant cooperative osteosarcoma study group protocols. *J Clin Oncol* 2002; 20(3): 776-90.
13. Restrepo DJ, Huayllani MT, Boczar D, et al. Which factors affect survival in patients with upper limb osteosarcoma? *Anticancer Res* 2019; 39(9): 5027-31.
14. Clark JC, Dass CR, Choong PF. A review of clinical and molecular prognostic factors in osteosarcoma. *J Cancer Res Clin Oncol* 2008; 134(3): 281-97.
15. Xu Z, Mohile SG, Tejani MA, et al. Poor compliance with adjuvant chemotherapy use associated with poorer survival in patients with rectal cancer: An NCDB analysis. *Cancer* 2017; 123(1): 52-61.
16. Kasi A, Abbasi S, Handa S, et al. Total neoadjuvant therapy vs standard therapy in locally advanced rectal cancer: A systematic review and meta-analysis. *JAMA Netw Open* 2020; 3(12):e2030097.
17. Verma P, Jain S, Kapoor G, Tripathi R, Sharma P, Doval DC. IAP chemotherapy regimen is a viable and cost-effective option in children and adolescents with osteosarcoma: A comparative analysis with map regimen on toxicity and survival. *J Pediatr Hematol Oncol* 2021; 43(4): e466-e71.
18. Lentz R, Benson AB, 3rd, Kircher S. Financial toxicity in cancer care: Prevalence, causes, consequences, and reduction strategies. *J Surg Oncol* 2019; 120(1): 85-92.
19. Rothenberg ML, McCarthy J, Holmes P. Price, cost, and value of cancer medicines: A pharmaceutical industry perspective. *Cancer J* 2020; 26(4): 281-6.
20. Evans DR, Lazarides AL, Visgauss JD, et al. Limb salvage versus amputation in patients with osteosarcoma of the extremities: An update in the modern era using the National Cancer Database. *BMC Cancer* 2020; 20(1): 995.
21. Longhi A, Errani C, Gonzales-Arabio D, Ferrari C, Mercuri M. Osteosarcoma in patients older than 65 years. *J Clin Oncol* 2008; 26(33): 5368-73.
22. Falkenstein K, Flynn L, Kirkpatrick B, Casa-Melley A, Dunn S. Non-compliance in children post-liver transplant. Who are the culprits? *Pediatr Transplant* 2004; 8(3): 233-