

# RESIDUAL DISEASE RATES IN DERMATOFIBROSARCOMA PROTUBERANS AFTER EXCISIONS OUTSIDE SPECIALIST CENTERS: OUTCOMES OF RE-EXCISION AT SKMCH PESHAWAR

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## OBJECTIVE

Dermatofibrosarcoma protuberans (DFSP) is a rare, locally aggressive condition with a high propensity for recurrence if incompletely excised.

Our objectives include:

- To assess the frequency of residual disease after outside excisions.
- To evaluate outcomes of standardized re-excision at SKMCHP

## TREATMENT

- All patients underwent wide local excision at SKMCHP.
- 2 (10%) with margins involved required re-excision and adjuvant radiotherapy.
- Reconstruction was needed in 9(45%) patients — mostly local or regional flaps (6) and split skin grafts (3).

## RESULTS

- Among 20 patients, 9 (45%) presented with recurrent disease following prior excisions outside SKMCHP, while 11 (55%) appeared clinico-radiologically clear at presentation.
- Residual tumour was identified in 19 (95%) on re-excision at SKMCHP.
- Final clear margins were achieved in 17 (89%) after the first re-excision, while 2 (11%) required re-re-excision for clearance.
- Fibrosarcomatous change was observed in 5 (25%), needing repeat excision and adjuvant radiotherapy (2 cases; 10%,  $p \approx 0.09$ ).
- The interval between outside surgery and recurrence ranged 2 months–5 years (median 6 months).
- During 3–24 months of follow-up, no local recurrences or distant metastases were observed.

## METHODS

A retrospective cohort of 20 patients with histologically confirmed DFSP who underwent surgery at SKMCH, Peshawar (2023–2025); 11 (55%) males, 9 (45%) females; median age 38 years (range 19–62).

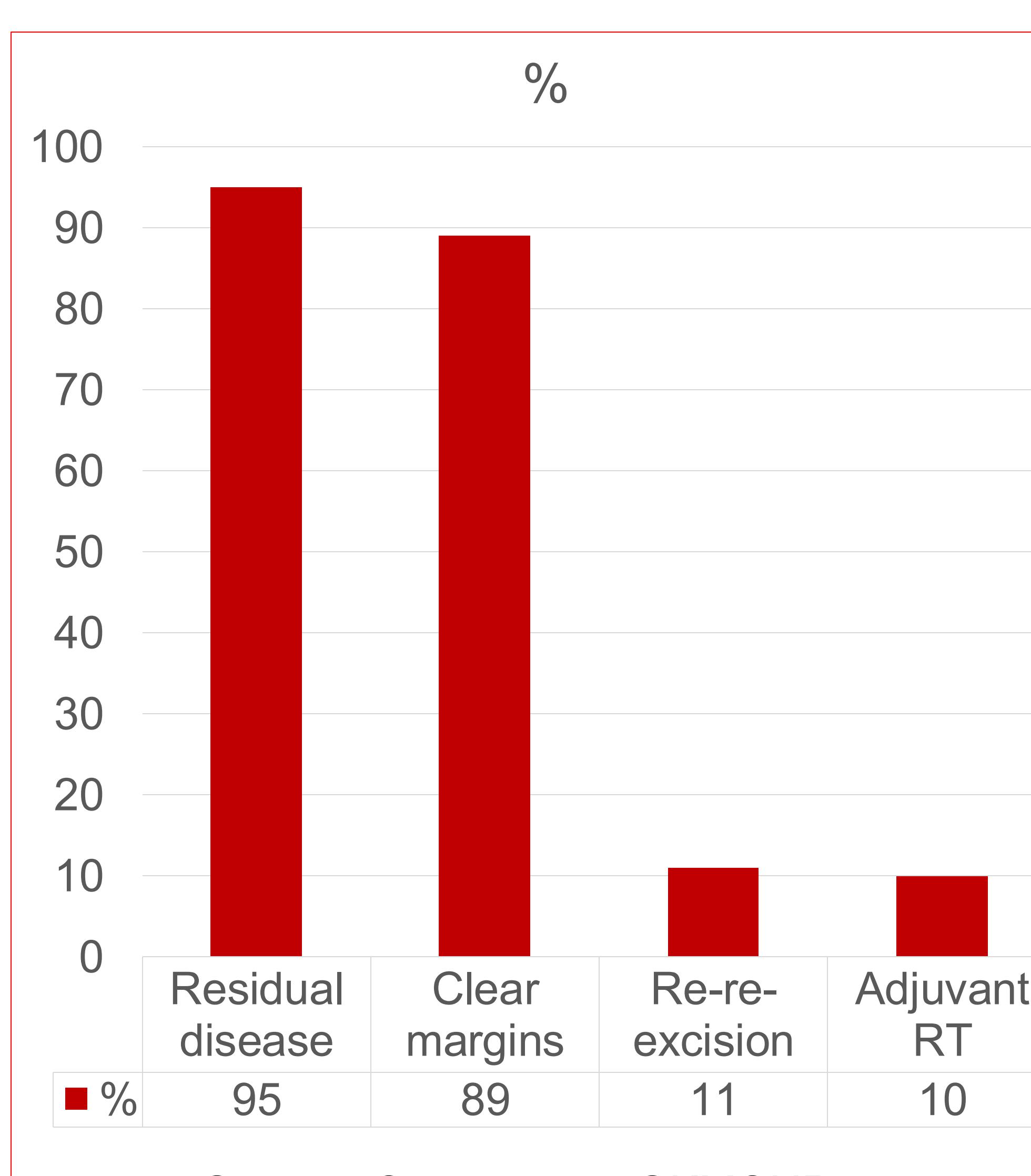
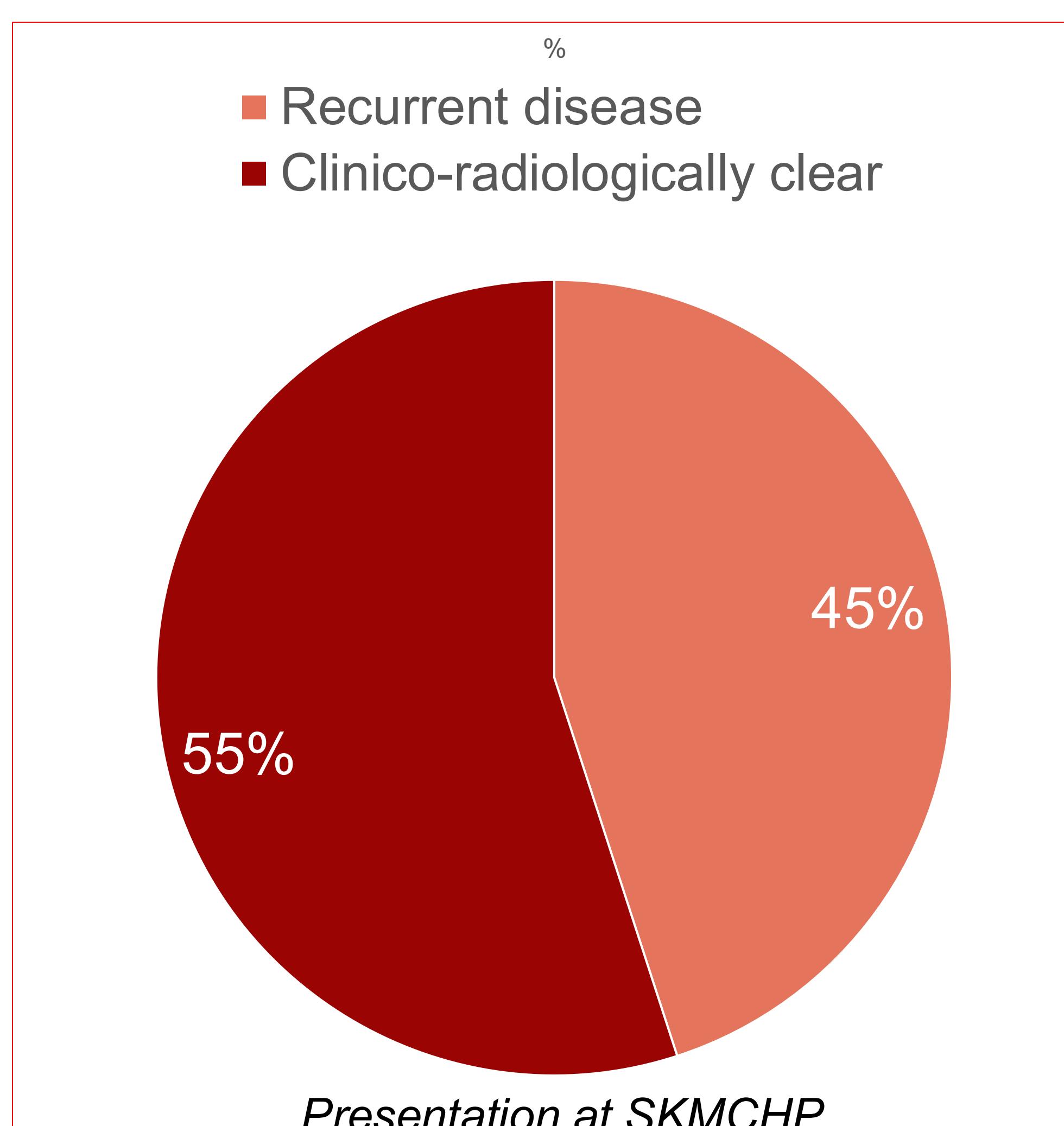
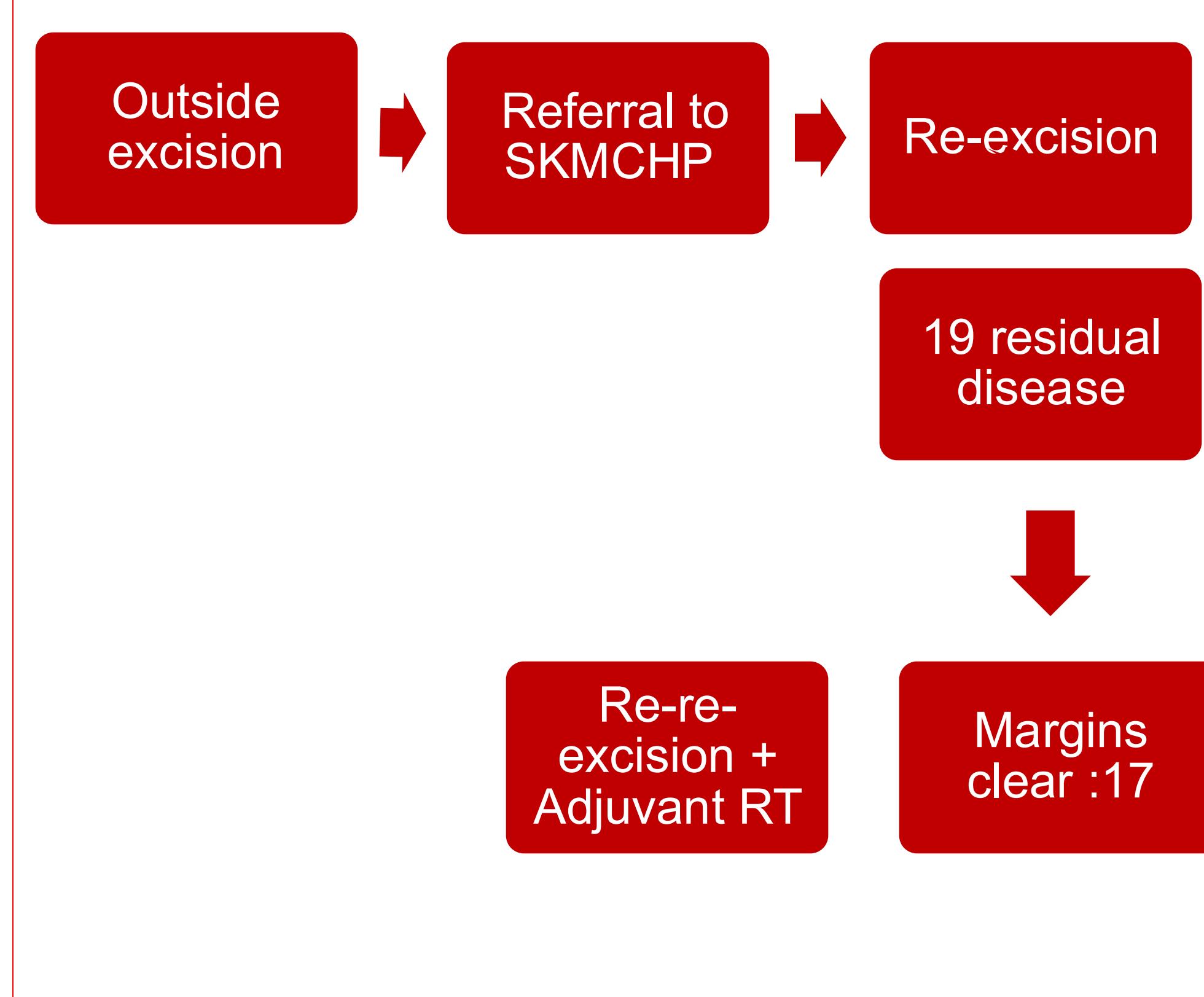
All had prior excision outside SKMCHP with positive/uncertain margins or recurrent disease.

Data included demographic, clinical, operative, and histopathological parameters.

Primary outcomes were residual tumor on re-excision and final margin status; secondary outcomes included reconstruction type, fibrosarcomatous change, and recurrence.

Margin involvement was defined as tumor cells  $\leq 2$  mm from the surgical margin<sup>2</sup>

2: (NCCN Clinical Practice Guidelines in Oncology, Soft Tissue Sarcoma, Version 2.2025)



## CONCLUSION

- Residual disease following non-specialist excision of DFSP is common and carries a significant risk of persistence. Standardized excision at a specialized cancer center achieved high rates of margin clearance and favorable early outcomes.
- As microscopic residual disease may exist even in clinically clear scars, early multidisciplinary review and timely excision are essential to ensure optimal management.