



## Invited Commentary

## Electrochemotherapy for advanced cutaneous angiosarcoma: A european register-based cohort study from the international network for sharing practices of electrochemotherapy (InspECT)-An invited commentary



The current cohort published in a recent issue of The International Journal of Surgery might add a significant effort of evidence to the literature that electrochemotherapy (ECT) could be a practicable locoregional treatment option in patients with advanced cutaneous angiosarcoma (cAS) when suitable patients are selected and strict treatment indications are followed.

Campana and colleagues prospectively enrolled 20 patients with locally-advanced/metastatic cAS who underwent ECT at eight European centres. They found that ECT produced a sustained response rate (median overall survival 12.5 months; local progression-free survival 10.9 months) with minimal side effects (skin ulceration 15%; and pain 10%) and concluded that ECT should be considered a treatment option for advanced cAS [1].

CAS is a rare carcinoma with characteristics of aggressive behavior, early metastasis and poor prognosis [2]. As a rare clinical entity, the prevalence rate of cAS is estimated to be 2–5 cases per 1,000,000 population per year, so limited clinical data is available to physicians [3]. Previous reports regarding the clinical efficacy of ECT for cAS are mostly from case reports or small case-series with short follow-up periods [4,5], offering limited value for clinical practice based on these literature reviews. This cohort study represented one of the largest reports on this topic with a relatively longer follow-up period (median 15 months).

However, we could not conclude that this study is perfect from the perspective of rare diseases. First, the mixed disease location (7 in the scalp/face, 10 in the breast/trunk and 3 in the limbs) is one bias which might influence the efficacy of ECT. Second, controlled studies should be advocated to further illustrate the advantages over other treatment options. Therefore, big database should be established to make access and data sharing in rare disease registries and biobanks worldwide.

**Provenance and peer review**

Invited Commentary, internally reviewed.

**Author contribution**

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**Declaration of competing interest**

None.

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