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INTRODUCTION:

METHODS: After receiving institutional review board approval, we queried our institution's orthopaedic oncology registry, which includes all patients treated for a musculoskeletal bone or soft tissue tumor at our institution since 1987. Using this registry, we identified all patients who received treatment for EWS at our tertiary academic orthopaedic oncology center and we included all patients who underwent resection of a primary long bone EWS at our institution between 1994-2023 (n=64) (Figure 1). Patient, surgical, pathology, and outcome data were retrospectively collected (Table 1).

DISCUSSION AND CONCLUSION: In our cohort of patients with long bone EWS, 12% (6/52) of patients had a false-positive intraoperative assessment of bone marrow margins. These inaccuracies led to unnecessary additional resection and increased operative time. These findings suggest that intraoperative marrow margins lend little clinical benefit in the resection of long bone EWS and therefore are no longer routinely performed at our institution.



Hepatitis Associated (n)	No Hepatitis Associated (n=12)		p value
	n	%	
Total Resection	4	33%	0.300*
Metastatic Disease	14	27%	0.289
Death (all causes)	15	28%	0.200
Death (HCC specific)	13	25%	0.200
Tumor size (cm)	6.5	6.5	0.915
Alcohol consumption	65.5	65.4	0.995