
Summary and Conclusions

FNA used in the primary diagnostic workup of soft tissue tumours has a number of advantages over open biopsy and core needle biopsy. In most sarcomas where primary surgery is the treatment, FNA diagnosis is accurate enough for the planning of the surgical intervention. In those sarcomas where neoadjuvant therapy followed by surgery is the treatment of choice, the FNA diagnosis must be equivalent to

histology with regard to histotype and malignancy grading. In these cases routine cytological examination often has to be supplemented with ancillary diagnostics.

The optimal use of FNA as a pretreatment diagnostic tool requires the referral of patients to multidisciplinary centres where the cytopathologist is a member of the team and a close cooperation between the cytopathologist and surgeon [3].