

Report from the Medical Oncology and Radiotherapy Subcommittee

SSG Working Group Meeting December 5th and 6th 2016

1. *Olaratumab in STS; an update:* The phase 1 and phase 2 studies on the PDGFR α -antibody olaratumab were discussed. Olaratumab is approved by EMA and FDA based on a randomized phase 2 study comparing olaratumab and doxorubicin with doxorubicin alone, showing a modest improvement in PFS and a nearly 12 month increase in median OS. National approvals in the Scandinavian countries are awaited. A confirmatory phase 3 study has completed inclusion, and survival results are expected early 2020. Many centers are positive towards using olaratumab in cases where doxorubicin monotherapy is considered the best treatment, if national or regional approval is given. There are differences between centers regarding the use of combination therapy, which will affect the use of olaratumab.

2. *Should we use eribulin for metastatic liposarcoma?* Eribulin has been approved by EMA and FDA for unresectable or metastatic liposarcoma in patients who have received anthracycline-containing chemotherapy. The randomized phase 3 trial comparing eribulin and dacarbazine and the use of eribulin within SSG were discussed. We consider eribulin as an available option in second and further lines in liposarcoma, if regional or national approval is given. Eribulin was not superior to dacarbazine in leiomyosarcoma, and it has not been approved for LMS. Still, eribulin might be an option in selected cases for the treatment of LMS.

3. *Pembrolizumab in osteosarcoma and MPNST; update on two phase 2 studies in Oslo:* Two phase 2 studies in Oslo are investigating monotherapy pembrolizumab in unresectable MPNST and osteosarcoma, respectively. The MPNST trial is open for inclusion, and the osteosarcoma study will hopefully open February 2017. Referrals from other SSG centers are encouraged, but travel expenses and accommodation will not be covered by the study for foreign patients.

4. *High-dose therapy in Ewing sarcoma; results from EURO-E.W.I.N.G 99:* Data showing an improvement in 3-year EFS and OS for patients with localized Ewing sarcoma with large tumors (>200 ml) or poor histological response to preoperative chemotherapy has been presented. This supports the conclusions from the ISG/SSG III study. In patients with lung metastases, high-dose therapy was not superior to conventional chemotherapy and lung irradiation. The data are not yet published, and it was agreed to await the final publications before discussing whether ISG/SSG III should still be the preferred treatment protocol for localized Ewing sarcoma.

5. *Is bone marrow biopsy necessary in Ewing sarcoma?* Kjetil Boye presented data from the Rizzoli Institute in Bologna, showing that bone marrow biopsy was positive in 1/371 cases of localized Ewing sarcoma and in 10/122 cases with radiologically detectable metastatic disease. We concluded that value of bone marrow biopsy in the diagnostic work-up of Ewing sarcoma seems questionable.

6. *Functional outcome after surgery and radiotherapy for STS:* On behalf of orthopedic surgeon Katrin Pulverer in Bergen, Nina Jebsen presented an update of the project evaluating functional outcome after treatment for soft tissue sarcoma in extremity or trunk wall. 180 patients have been included so far. Planned inclusion is 400 patients, and centers within the SSG are encouraged to contact Katrin/Nina if you would like to participate.

7. *Legal issues with SSG as a sponsor of clinical trials:* Akmal Safwat referred the problems in Århus participating in clinical trials where SSG is the sponsor because SSG is not a legal entity. In the future we might be able to use Lund University as the legal entity for centers that do not accept SSG as the sponsor.

8. *Should we make Scandinavian guidelines for metastatic STS?* We agreed that SSG-guidelines should not be made, and that we refer to ESMO guidelines. This issue led to a more general discussion on how we can interact better, and there were several suggestions on how to improve our interaction:

1. Workshops on specific histological entities in the SSG working group meetings, with patient cases and perhaps with questionnaires sent out in advance to prepare the discussion.
2. Establish a forum for discussion on the SSG members web page. Kjetil Boye will check this out.
3. Establish e-mail list of oncologists within the SSG. Eva-Mari Olofsson and Kjetil Boye are responsible.
4. Increased activity and collaboration is encouraged. Common projects outside clinical trials should also be an issue, such as retrospective patient series and translational projects.

9. *Short study updates:*

SSGXX: Data collection is completed, and analysis will start Dec 2016. Results will be presented at the Aarhus meeting in September 2017. Until then, SSG recommendations are, as previously, to follow selection criteria in the SSGXX protocol. Adjuvant treatment for abdominal and retroperitoneal sarcomas was also discussed. There is no formal evidence in favor of this, and most centers give adjuvant chemotherapy only to selected patients.

EUROBOSS: SSG has been given the responsibility to analyse the subgroup of dedifferentiated chondrosarcomas. The results for osteosarcomas will hopefully be presented during 2017 by the Italian group.

rEECur: A short update on current status of the protocol was given. Norway and Denmark are active, Sweden is awaiting national approval

DOREMY: A short update on current status of the protocol was given. Two patients have been treated in Oslo. Sweden and Aarhus will follow.

Nina Louise Jebsen and Kjetil Boye
December 12th 2016