

SSG Working group meeting Nov 28-30, 2010 Copenhagen

Minutes from the Subcommittees: Chemotherapy (Soft Tissue Sarcomas) and Radiotherapy

Status of SSG XX (K.Sundby Hall, Ø. Bruland, Oslo)

SSG XX was started Oct 1, 2007, and 86 pts have been registered (Oslo 29 pts, Lund 18, Stockholm 4, Uppsala 11, Umeå 10, Gothenburg 7, Bergen 2, Trondheim 2, Linköping 3). Arm A1: 14, Arm 2: 56, Arm 3: 8, Arm B: 8. The goal of including a total number 150 pts will probably be reached within 2 years. 10 SAE/SAR and 1 SUSAR have been reported. With regards to toxicity, the SSG XX scheme is feasible and seems acceptable so far. The radiotherapy in SSG XX is experimental relating to both doses and fractionation, and reporting toxic effects is essential, both in terms of acute and long-term toxicity. GCP rules are strictly followed, and all centers have been visited by a monitor. Insufficient reporting of radiotherapy toxicity is noted at many centers. Radiotherapy toxicity was demonstrated by a photo session by Ø. Bruland. Recording by photo will enhance the quality of documentation, and it was concluded that a photo for patient journals should be taken at 2-3 years after RT for comparison if later toxicity occurred. Morphology review has been performed for 71 patients, 4 patients have been excluded. The centers are reminded to freeze a blood sample at -20⁰ C (5ml EDTA blood) obtained before chemotherapy for the translation research project, and also freeze tissue from primary tumor, local recurrence and metastasis.

Histology driven chemotherapy in soft tissue sarcoma (M. Eriksson, Lund)

He presented a lecture on this topic which he also held at ESMO Oct 2010. He has been writing a publication based on the lecture and this report can be found on www.ssg-org.net under Publications.

Long term morbidity after sarcoma treatment (L.H.Aksnes, Oslo)

The subcommittee of SSG for long term morbidity after sarcoma treatment (with the following members: L.H.Aksnes, Oslo, K.Engström, Gothenburg, H. Knobel, Trondheim, C. Rechnitzer (Copenhagen), H. Glosli (Oslo), H. Bauer (Stockholm)) - will present a first version on: "Long term follow-up guidelines for sarcoma patients" for the SSG board by May 04th, 2011 and also a proposal for a treatment summary scheme designed for the patients.

Pazopanib in GIST (M. Eriksson, Lund)

Pazopanib is a novel adenosine triphosphate competitive tyrosine kinase inhibitor of VEGF1, 2 and 3, PDGFR (alfa and beta), and KIT. After initiative by M. Eriksson, GSK has shown an interest in a Clinical Research Trial run by SSG, to explore the effect and toxicity of this drug in metastatic or locally advanced GIST with disease progression after treatment with imatinib and sunitinib. Title of the protocol: Pazopanib in advanced GIST refractory to imatinib and sunitinib : A phase II Multicenter Study by the Scandinavian Sarcoma Group (öPAGISTö)

This study will be a "proof of concept" project. GSK has found the proposed study to be of highly scientific value, and to be strategically important for GSK. A total of 60 patients are planned to be included. In addition to Sweden and Norway, Finland and Denmark will probably participate. M. Eriksson is writing the final protocol and will be the principal investigator. The study will likely begin in the late spring of 2011. SSG will be the sponsor of the study. Financial support for administrative matters (monitoring costs, secretarial costs, start-up work, support per patient for local administrative issues by the investigators) will be covered by GSK.

Interferon in fibromatosis (desmoid) (J.P. Poulsen, Oslo)

J.P.Poulsen presented some cases with aggressive fibromatosis who had responded on Multiferon with less pain and decrease of tumor size. Karolinska University Hospital (KS), Lund University hospital and The Norwegian Radium Hospital have collected patient responses to both PegIntron and Multiferon in fibromatosis. At the working-meeting in 2009, it was decided that A. Folin, KS should be the primary investigator in a study using Multiferon, and writing a treatment protocol. However, as she has recently left KS, E. Lidbrink and C. Linder-Stragliotto (KS) will continue this work. They will write a synopsis, which is an essential basis for negotiations with Swedish Orphan Biovitrum about financial support for a study, including supply of the free drug Multiferon. Surgeons, pathologists and radiologists should be involved in the writing process. A synopsis of the protocol is planned to be completed within a couple of months.

Radiotherapy (*O.Monge, Bergen*)

O. Monge presented a Ewing sarcoma patient who had received highly advanced radiotherapy after thoroughly discussions by the Radiotherapy resource group (O.Monge, Ø. Bruland, J. Engellau).

Administrative

Kirsten Sundby Hall will replace Sigbjørn Smeland as chairman of the subcommittee Chemotherapy (bone sarcomas). Mikael Eriksson will take over as chairman of the Chemotherapy (Soft Tissue Sarcomas).

35th Plenary meeting of SSG, May 4-6, 2011, Malmö

There will be posters, oral presentations and several foreign speakers are invited See www.ssg-org.net.

Please also remember that the next **Working committee meeting will be held Nov 27-29th, 2011 in Copenhagen.**

Oslo 22.12.2010 Kirsten Sundby Hall