

**16th Working Groups Meeting of the Scandinavian Sarcoma Group
November 29-30, 2010 Copenhagen**

Protocol from the Imaging Subcommittee

Present: Mats Geijer (Lund), Svein Halvorsen (Bergen), Arne Lücke (Århus), Mikael Skorpil (Stockholm), Maja Sloth (Lund), Jörgen Strinnholm (Umeå), Conny Ström (Umeå), Boel Söderén (Stockholm), Annja Viset (Trondheim)

1. Musculoskeletal tumours: Imaging and referral guidelines for suspected sarcomas are going to be displayed on SSG homepage.

* MRI protocol.

Discussion, decision and consensus was found on “Guidelines for basic MRI of suspected bone and soft tissue tumors”. The final guidelines will be translated to English and sent via email to the Imaging Subcommittee Meeting participants for final approval. The guidelines will be displayed and openly accessible via SSG’s homepage.

* Referral guidelines. Lipomatous tumours.

Not discussed.

* Extra information on the homepage for special conditions, i.e. myxoid tumours, myositis ossificans, osteoid osteoma, follow-up post-operative MRI.

This was partly discussed and it is mentioned within the “Guidelines for basic MRI of suspected bone and soft tissue tumors”.

* Staging with imaging.

Not discussed.

* Addresses to Sarcoma Imaging Centra for radiological consultation when benign tumours are suspected.

Not discussed.

2. Early response assessment for sarcomas.

Not discussed.

3. Other questions

FDG-PET evaluation in Ewing sarcomas and osteosarcomas was discussed. Convincing evidence exists for FDG-PET evaluation instead of scintigraphy in Ewing sarcomas, while it is more uncertain in osteosarcomas. Several issues have to be considered prior to incorporating FDG-PET within new SSG treatment evaluation protocols:

- ▶ FDG-PET radiation dose, especially for follow-up.

- ▶ Patient perspective: how to treat patients that are found to be positive for skeletal metastases on FDG-PET, while being negative on scintigraphy?
- ▶ Too many false positive findings with FDG-PET?
- ▶ The use of FDG-PET for early therapy response evaluation?
- ▶ FDG-PET protocols can be done in several ways. Same protocols for different centers?
- ▶ Study involving both scintigraphy and FDG-PET?

Also was discussed synthetic MRI and follow-up for von Recklinghausen patients (Umeå uses whole-body MRI for follow-up: cor STIR, T1 and DWIBS).

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Protocol checked by Boel Söderén