

Referat from the 33rd meeting for the Scandinavian Sarcoma Group, Bergen, May 8 – 11th, 2007

Participants SSG members and guests:

Sweden	30
Finland	3
Denmark	7
Norway	36
Germany	5
China	1
UK	2

Participants nurses:

Sweden	13
Denmark	6
Norway	33

The meeting started for all members on Wednesday 9th of May at 09.00am and closed on Friday 11th at 13.00pm. The meeting was held at Radisson SAS Royal Hotel, located in the central part of Bergen, near the harbor.

A welcome reception was held on Wednesday night at “Håkons Hall”, where we were served nice food and wine in old historical surroundings. On Thursday 10th, we traveled on a cruise to Lysøen (the home of the fiolinist Ole Bull) with the steamer D/S Oster. Violinist Espen Lilleslåtten played Ole Bull compositions for us. Then, D/S Oster took us to Corneliusholmen, where we had a wonderful seafood dinner.

The scientific program consisted of 23 oral presentations. Under “Free papers”, two research theses were presented: “Genetic Profiling in Soft Tissue Sarcomas” by P. Francis, and “Soft Tissue Sarcoma Patterns, multiplicity, heterogeneity, and growth characteristics” by J. Fernebro. The 22 abstracts can be found on the homepage of SSG, www.ssg-org.net and on Acta Orthopædica Scandinavica, (www.pi.se/actaorthopscand).

Topics

The status of Euramos-1, the pan-European/American osteosarcoma study, was reviewed. In addition, the ISG/SSG collaboration studies on Ewing sarcoma was reviewed, and future directions for the Ewing collaboration in Europe were discussed.

Various treatment principals for soft tissue sarcomas, including the new adjuvant chemotherapy SSG trial (SSGXX) for high risk tumors were presented.

Invited speakers and guests: Professor R. D. Issels was invited from München to present a report on the phase III randomized trial on regional hyperthermia combined with systemic chemotherapy in soft tissue sarcomas.

Assistant professor G. Gosheger from Münster presented results from using the silver-coated megaprosthesis in humans.

Professor Guo Wei from Beijing showed results of reconstruction methods for periacetabular tumors, and outcomes after various surgical procedures for sacral tumors.

Dr. M. Perisoglou from London held a speech on using glucarpidase to reduce the toxic effects of Methotrexate in high-dose Methotrexate treatment.

On the afternoon of May 8th, a symposium for the group revising the “SSG XVII: Recommendation for the diagnosis and treatment of abdominal, pelvic and retroperitoneal sarcomas” from 2002, was held. A separate report from this meeting will be written by A. Bergenfelz (Lund). The group’s work is expected completed in early 2008.

For details of the various presentations, see abstract book.

Wednesday May 9

All presentations on this day focused on bone sarcomas.

SSG’s surgery group decided to review clinical data on chondrosarcomas reported to the SSG’s register 1986-2000 on the working group meeting last December. F. Frihagen and A. Walløe (Oslo) presented follow-up data of 199 patients (of total 230) with chondrosarcomas located to the appendicular skeleton. Median follow up was 67 months. (range 0.5-239). The one year mortality was 8%, and 5 year mortality 18%. None of the patients with malignancy grade I was reported to have died from their tumor. It was pointed out that interpretation of the data should be performed with some care, especially for the high-grade chondrosarcomas, due to the difficulties concerning histological grading. Pathological reevaluation by the SSG’s pathology review group was strongly recommended.

W. Guo presented results of 251 patients with sacral tumors treated in Peoples Hospital of Peking University. Excision with a wide surgical margin gave the lowest recurrence rate.

Euramos-1 (S. Smeland, Oslo) in February 2007, 468 patients have been enrolled. Of these, SSG have 5 % of the patients. The inclusion rate is on target, and the aim is 1400 patients in January 09. In Scandinavia 12 patients have been randomized so far, 5 good and 7 poor responders. 6 patients have been reported with SUSARS with one fatal outcome. Discussions on a new collaborative osteosarcoma protocol, *Euramos-2* will start soon. A Pan-European trial will perhaps take place.

Euroboss (EUROpean Bone Over 40 Sarcoma Study), (S. Smeland, Oslo). By 2006, 121 patients were included. 29 SSG patients are recruited from 5 centers in Sweden and Norway. No treatment related deaths have been reported. 35% (10 patients) are in CR 5-31 months from diagnosis. The study will continue to the end of 2009.

Ewing treatment protocols, (S. Smeland, Oslo). 296 patients have been included in ISGSSG III, 53 patients from SSG. 3 year events free survival is 82 %. Compared with the former Ewing protocol for SSG - SSG IV-, which showed 53 %, the results seem encouraging. As reported previously, patients with poor response receiving HDCT had similar outcome with good responders (3 year event free survival of 87%). The results of ISG SSG III protocol will be reported at the upcoming ASCO meeting.

For the Euro-Ewing 99 no results from the randomized arms are available at the present time. Recruitment in R1 is completed. The induction treatment resulted in better histological response than expected, resulting in an unbalanced recruitment to the R1 and R2 arms. The R2 arm testing in a randomized design HDCT to poor responders and patients with primary lung metastatic disease will continue for several years. For patients with disseminated disease included in the R3 arm, subgroups of patients (small tumors and < 5 bone metastasis) responding to induction therapy seem to benefit from HDCT.

The next Euro Ewing protocol EE08 6 months maintenance therapy is introduced for R1 patients, and a randomized element in the R3 arm. R1 patients are randomized to receive maintenance treatment during 6 months with biphosphonates and/or fenretinide. A phase II study on fenretinide has to be conducted, starting fall 2007. R2 will continue. Patients with disseminated disease will be randomized to standard treatment or HDCT with treosulphan to replace busulphan.

The main advances of treosulphan are that in contrast to busulphan radiotherapy to axial sited tumors is compatible. See also SSG matters.

Intensity modulated radiotherapy (IMRT) (O. Monge, Bergen). Early clinical experiences with IMRT were demonstrated and showed promising results, critical structures can be spared and further studies are planned.

Thursday May 10

It was focused on various aspects of soft tissue sarcomas.

Professor R.D Issels (Munich) reported results of the combination with regional hyperthermia combined with systemic chemotherapy in locally advanced high grade soft tissue sarcomas. The results showed improved outcome compared to the treatment arm without hyperthermia. Results will be presented at ASCO- meeting in June 2007.

Awaiting the final results of this protocol, Haukeland University Hospital, Bergen, has started an interim protocol with neoadjuvant treatment with chemotherapy, radiotherapy and regional hyperthermia in high risk soft tissue sarcomas (O.Monge, Bergen). The protocol is open for Scandinavian patients.

The next session gave updated reports on ILP with TNF Alpha and Melphalan, the status in Gothenburg, Oslo and Copenhagen experiences. G. Täger, (Essen) gave some critical consideration on ILP.

Friday May 11

Two theses were presented. P. Francis (Lund) on Genetic Profiling in Soft Tissue Sarcoma. J. Fernebro on Soft Tissue Sarcoma Patterns, multiplicity, heterogeneity, and growth characteristics. The theses will be defended on 24th and 25th May, respectively.

SSG XX : “A Scandinavian Sarcoma Group treatment protocol for adult patients with non-metastatic localized high risk soft tissue sarcoma of the extremities or trunk wall”

(K. Sundby Hall, Oslo)

The new adjuvant protocol for high risk soft tissue sarcomas will start in September 07. Inclusion is based on the following pathological criteria of the tumor: 1. vascular invasion. 2. Presence of at least two of the risk factors, size ≥ 8 cm, necrosis, infiltrative growth. A preoperative treatment arm for patients who are primarily inoperable is also planned.

Participating countries will be Sweden and Norway, and hopefully some centers in Germany. The Start meeting will be in Lund, Friday 28rd, September 2007. Oncologist, orthopedic surgeon, pathologist, radiologist and study nurse from each participating center will be invited. National coordinators are M. Eriksson for Sweden, and K. Sundby Hall for Norway. Principle investigator: K. Sundby Hall. The study has past the ethical committee in Norway, Sweden is waiting for acceptance. There are also research projects as tumor biology and pharmacogenetics.

SSG matters

SSG board meeting was held on Tuesday afternoon, and the meeting for all SSG members was on Wednesday afternoon.

1. Discussions on further strategy for SSG in the discussion on European collaboration on Ewing sarcoma continued. Should SSG continue its collaboration with the ISG, or join the Euro-Ewing group? The ISG/SSG III protocol has showed excellent treatment results, and there will be difficult for SSG to leave HDCT in poor response patients. One suggestion by ISG for a new protocol for ISG/SSG is a randomization between standard induction treatment, and a more intensive induction

treatment with the purpose of attaining a higher percentage of good responders. For EE08 the limited clinical data supporting biphosphonates and fenretinide as maintenance therapy is difficult to support.

The Swedish pediatricians are treating both localized and metastatic Ewing sarcoma with the Euro-Ewing protocols, and there will be difficulties with a continuing split strategy for SSG. There are obvious advantages to collaborate with one part, the most important being that the approach makes it possible to utilize standard pathology assessments and chemotherapy administration, and requires only one administrative workup to get the study running.

The Swedish pediatricians are going to participate in a Euro- Ewing collaboration meeting in June 07. Possibly some new data will be presented.

SSG decided to establish a group with adult and pediatric oncologists, with the goal of deciding on a common strategy. It was also concluded that a split strategy is feasible, but not preferred.

2. The work of SSG's publikasjonsombudsman will be transferred to the SSG board. As stated in "Scandinavian Sarcoma group organization", the SSG must be mentioned in the title of all publications which use data from the SSG Registers and SSG treatment protocols. During the discussion, a proposal for improving this process was made. In short, when a project is expected to include data from the register or a treatment protocol, the author and co-authors should submit an outline of the project to the SSG's board for the board's review. The board will then decide on the necessary assistance needed from the SSG's secretariat, and inform the remaining SSG members. The publication policy for SSG follows the Vancouver rules for publication.

3. The quality of the reporting to the SSG registry has decreased. This must be discussed on the next working meeting in Copenhagen December 3-4th, 2007.

4. June 11th, 2007 K. Engström, Gothenburg will defend her thesis on liposarcoma, based on data from the SSG registry.

5. There will be some changes in the structure of the subcommittees of SSG. First, the title "coordinator", will no longer be used. However, the title "chairman" will remain. Second, each subcommittee will consist of at least three members, the chairman included. The radiotherapy subcommittee will consist of Ø. Bruland, J.Engellau, D. R. Olsen (physicist), and P. Nilsson (physicist), with Ø. Bruland as chairman. Also, one Norwegian and one Swedish pediatrician oncologist will be added to the Oncology committee. Chairmen of the Visceral and retroperitoneal subcommittee are A. Bergenfelz and J. Åhlen, with O. Monge and S. Stoldt as members. (Secretary's commentary: what about including a gynecologist in the committee?). Due to the changes in subcommittee structure, revision of the written structure of SSG is needed, and this will be conducted in the near future.

6. T. Alvegård is expected to function as chairman for 2 more years (to 2009), and H. Bauer for 3 more years (to 2010). It was proposed that K.Sundby Hall should be the new chairman in SSG after T. Alvegård, following an interim period of 1 – 2 years. To ensure a smooth transfer, it was suggested that K. Sundby Hall should function as a third chairman from January 2008. In addition, M. Eriksson will function as the new secretary. The final decision on these matters will be taken on the working meeting in December 2007.

7. The nurses have been active participators of SSG, and they have successfully completed their first Scandinavian meeting. There has been a lot of positive collaboration in conjunction with the meeting, which is promising for the future. To ensure the group's continued success, it is critical that the nurses try to establish a solid economic foundation. To the Working-meeting taking place in Copenhagen on December 3-4, 5-10 nurses are welcome (nurses assisting in medical research studies are preferred).

8. Future meetings

The next Working-meeting will take place in Copenhagen December 3-4th, 2007. **The chairmen of the subcommittees must submit proposals for subjects to be discussed before September 1st.** On Dec 4th, after closure of the Working-meeting, the working group which is updating the “SSG XVII: Recommendation for the diagnosis and treatment of abdominal, pelvic and retroperitoneal sarcomas” will meet.

Further, it was decided that the spring SSG meeting would take place every second year, instead of annually. **The next SSG meeting (34th meeting and 30 year anniversary for SSG) will be held in Oslo from the evening of May 5th to May 8th 2009.** For the meeting, it is planned to create a jubilee book. The chairmen of the respective subcommittees are responsible for presenting proposals for contents of the book at the Working-meeting taking place December 3-4th, 2007.

Start meeting for SSG XX will be in Lund, Friday 28rd, September 2007.

There will be a review-meeting for the pathologists in Gothenburg in September, 2007.

9. Economy

T. Alvegård is continuously working to ensure SSG's economic condition, which is relatively stable. However, to secure the future economic well-being of SSG, it is important that other members also participate in this effort.

Oslo May 29th, 2007

Kirsten Sundby Hall
Secretary

Anders Rydholm
Vice Secretary

Thor A. Alvegård, Henrik Bauer
Chairmen

Tom Bøhling, Paula Lindholm
Vice Chairmen