SSG Working group meeting Nov 27-29, 2011 Copenhagen

Report from the Oncology subcommittee

Bone sarcoma (K. Sundby Hall)

EURAMOS-1: The protocol was closed June 30, 2011. Since 2004, 2260 patients were included and 1332 randomised. From SSG, 119 patients were included. It is expected that the results of the good response arm will be available late 2012, for the poor response arm probably in 2013. Standard treatment for SSG and the other EURAMOS partners is the good response arm (without interferon) until a new protocol is ready. Regarding the plans for a new protocol, **EURAMOS-2**, several problems have occurred. Recently, the COG scientific committee denied to support COG participation in a randomized phase III-study evaluating zoledronic acid. Frequent telephone conferences within the EURAMOS strategy group (where ME, CR, KSH participate) considering alternative study designs, e.g., a phase II multi-arm multi-stage model investigating several potential treatment options in parallel, and stopping inclusion successively in the arms that show no signal of effect. A meeting to discuss this further is planned in London in early spring. Regarding the earlier study option, mifamurtide, it was concluded that the EURAMOS group position is that this drug needs to be tested in a new clinical trial since present data is not sufficient. SSG fully adhere to this view. It was decided that KSH should send a letter to Takedas representative in Scandinavia to inform them of the standpoint by SSG.

EUROBOSS (bone sarcomas 40-65 y): Inclusion of patients will continue one more year. About 150 patients from SSG, COSS and ISG have been included. Stefano Ferrari showed in an abstract at CTOS 2011 that the chemotherapy treatment is intensive, about 30% of patients need a dose/reduction. Five years total survival is 64%.

Ewing sarcoma

The protocol ISG/SSG III is still used as standard treatment for localized disease in SSG, (except the Swedish pediatricians). The data was published early 2011 in Annals of Oncology. The data from ISG/SSG IV (metastatic Ewing) has been analyzed, and will hopefully soon be published. The results may influence our treatment strategy in the future until we have a new study protocol. When the results are finalized we will send out information to the SSG members. The Swedish pediatricians will now formerly join the new version of the Euro-E.W.I.N.G.-protocol; applications are under preparation. About 400 more patients for randomizing between HMAS and standard treatment are needed.

Soft tissue sarcoma (M.Eriksson)

SSG XX: The adjuvant trial for soft tissue sarcomas in extremities and trunk wall is running without any major problems. In total, now 109 patients have been registered in the study, which is marginally less than expected. The difficulties to get reliable radiation toxicity scoring were again shortly discussed. Photos are recommended.

Preoperative radiotherapy in large soft tissue sarcomas was discussed by Carl Blomquist who suggested that we may see better results with higher doses and new techniques. A potential SSG study in the future will be based on the experience from single patients who will be treated in Helsinki.

Chemotherapy in metastatic STS was investigated in a project performed by two medical students in Gothenburg under supervision of Katarina Engström, who presented the results. As expected very different outcome is seen between different patients, and generally later lines of therapy give much less effect than the 1st and 2nd line. Several patients have got more than two lines, even up to as much as 7 lines. The presentation was followed by an interesting discussion regarding different traditions between countries and centers etc.

Trabectedin was discussed based on three case reports from Bergen, Gothenburg and Oslo on patients who were treated with this drug. It was concluded that the specific toxicity risks connected with this drug makes it very important to follow instructions regarding acceptable laboratory values between cycles and dose reductions. Combination with statins were discourage because of a combined risk of rhabdomyolysis. The potential benefits from the drug were also discussed.

Long time morbidity and proposed SSG guidelines for follow-up were discussed by Liv Hege Aksnes, and an intensive discussion followed, especially on the proposed written information for patients which included very rare potential long-time effects. It was decided that the committee working with these guidelines will modify their suggestion and send a new version around to interested SSG members ahead of further discussions on up-coming meetings.

The plenary meeting in Helsinki in 2013 was discussed, and the plans so far were presented. For further information, see the Minutes from the SSG Board meeting November 27.