

SSG Working group meeting Dec 1-2, 2008 Copenhagen

Report from the Oncology subcommittee by K. Sundby Hall

Soft tissue sarcoma

K. Sundby Hall, Oslo: Status of SSG XX

SSG XX was started Oct 1, 2007, and 29 pts have been included (Oslo 10 pts, Trondheim 1, Lund 6, KS/Uppsala 8, Umeå 3, Göteborg 1). If 30 pts are included each year, the aim of including a total number 150 pts will be reached in 5 years. 3 SAE and no SUSAR have been reported. No special problems have been reported regarding the treatment regime. It is important that the investigators report data on long-term toxicity and not only early data. Reporting toxicity of radiotherapy, both acute and long-term, are of utmost importance since hyperfractionated treatment with 1,8 Gy x2 daily is an experimental element in this trial. GCP rules are strictly followed, and almost all centers have been visited by monitor.

K. Sundby Hall, Oslo : SSG XIX (Recommendations for treatment of metastatic soft-tissue sarcomas in adult patients) : Is there a need for revision?

The conclusion of the discussion was that it would be a waste of time to revise the recommendation at this point. Many new drugs are set to be introduced in the clinic in the near future, and the assessment of these products should be included in the next revised version. In the meantime, it is recommended that the newly revised ESMO guidelines are used.

Ø. Bruland, Oslo: Standardization for use of bolus in radiotherapy of STS

The radiotherapy in SSG XX is experimental with regards to both doses and fractionation, and reporting toxic effects is essential. The use of bolus at the SSG centers varies, and to standardize this modality will likely increase the quality of data. Ø. Bruland, Chairman of the radiotherapy subcommittee, will in due course send an amendment specifying the use of bolus for radiotherapy.

J. Engellau, Lund, J. P. Poulsen, Oslo: Interferon in the treatment of fibromatosis: status of a new protocol in SSG

Surgery is the principal treatment for fibromatosis, which is a benign, but aggressive disease. Antioestrogens, zolindac, imatinib, radiotherapy and cytostatic drugs are all used in the treatment of fibromatosis, but no consistent treatment results have so far been reported. Karolinska hospital and Lund University hospital (and recently Oslo) have observed responses of both peg-intron and multiferon in fibromatosis. J. Engellau will contact Swedish orphan to inquire about their willingness to support multiferon for a pilot study of about 20 patients in Scandinavia. Reporting fibromatosis to the Central register will give us valuable data on how this disease is treated at SSG centers, and further on the prognosis.

M. Eriksson, Lund: GIST: status of SSG XVIII and plans for future studies

SSG XVIII/AIO was closed for inclusion Sept 29, 2008, and 400 patients (89 in SSG) were recruited. Final analysis will be performed after 110 events, and at least 1 year of follow-up will be performed after the last included patient (probably in January 2010).

A phase III randomized study evaluating surgery of residual disease in patients with advanced gastrointestinal stromal tumor responding to imatinib mesylate was planned to start this year. SSG was invited to participate by the Italian sarcoma group, the group that initiated the discussions surrounding this project. However, EORTC soft tissue and bone sarcoma group is currently the coordinating group, and

discussions on economy and implementation of the study are taking more time than expected. As a result, the project is still delayed.

Other GIST studies that will start soon include:

- * heat shock protein 90 inhibitor IPI-504 in imatinib/sunitinib refractory GIST (Infinity)
- * imatinib vs nilotinib (Novartis) in metastatic or non-resectable GIST.