Report from the Oncology working group meeting November 30 – December 1

1) *Election of subcommittee chairman for medical oncology*: The function periods for ME and KSH as the chairmen of the oncology subcommittee (soft tissue- and bone sarcoma respectively) have passed. Kjetil Boye, oncologist at Radium Hospital, Oslo, was elected as the new chairman, and he was willing to cover both subcommittees. To be chairman of a subcommittee does not necessarily include the leadership of any new studies that may come up, but rather to stimulate and delegate working tasks between SSG members to run new studies.

2) *DOREMY.* A further discussion about the suggested protocol for reduced dose preoperative radiotherapy in myxoid liposarcoma was held with continued presence of Rick Haas from Amsterdam, who had presented the protocol for the total member group just before start of the specific working group meetings. The large majority (all?) seemed to be interested in a SSG participation in the project, and a committee was appointed representing the three present countries (S, N, DK) consisting of Nina Jebsen, Jacob Engellau and Akmal Safwat.

3) *SSG radiotherapy guidelines.* A comprehensive review of the new guidelines was presented by Nina Jebsen interrupted by questions and comments, including valuable aspects by Rick Haas. The guidelines will be put on the SSG home-page in due course.

4) *Regional hyperthermia in high risk STS* was discussed by Nadine Lorentzsen from Bergen, referring the up-date of the randomized European study on hyperthermia showing a survival benefit when adding hyperthermia to chemotherapy. She also described the possibilities for hyperthermia in Bergen, also for patients from other sites in the SSG countries. During the following discussion Nina Jebsen promised to consider some kind of research protocol that might facilitate referral to Bergen for selected patients.

5) *Short reports of interest from recent conferences were presented:*
   a) KSH referred the results from the Geddis trial from UK showing comparable effectivity but less toxicity by single doxorubicin compared to gemcitabine and docetaxel in 1st line for advanced/metastatic soft tissue sarcoma. This prompted a debate on whether single doxorubicin should be the first choice in this situation or not, with aspects on histology-based chemotherapy, indications (curative vs palliative), and the new treatment options that will probably change the possibilities successively. The potential need of an up-date of SSG recommendations for chemotherapy in metastatic STS (SSG XIX) was also discussed. One possibility, which will be considered by the new group chairman, could be that different histopathological STS entities are adopted by different SSG sites regarding a close watch on new results that may influence a continuously up-dated SSG guidelines'.

b) KB reported from a trial that compared eribulin with dacarbazine in liposarcoma and leiomyosarcoma, and that showed an advantage for eribulin. The advantage was completely due to better result for liposarcoma, whereas leiomyosarcoma did as good with both drugs.

c) KSH briefly mentioned the US trial comparing trabectedin with dacarbazine in lipo- and leiomyosarcoma, showing an advantage for trabectedin. This has now lead to an approval of trabectedin also in USA.

d) KSH described the status for evofosfamide, a prodrug (TH-302, nitroimidazole) that is activated under hypoxic conditions, a problem that may occur in sarcoma. The drug has shown activity in a Phase II trial in advanced soft tissue sarcoma. The results of a randomized Phase III trial (620 pts totally) between doxorubicin alone and doxorubicin/evofosfamide are awaited in due course. The firm Merck Serono is discussing initiating a phase two study in relapsed bone sarcoma and if realized SSG will consider to participate.

6) *Checkpoint inhibitor pembrolizumab in MPNST* will be tested in a new trial where the initial phase will be run at selected sites, among them Oslo. KSH reported that if the early results will be promising the trial will be prolonged and expanded, potentially also to other SSG sites.

7) *Olaratumab* is a monoclonal antibody directed towards PDGFRA and with potential effects in soft tissue sarcoma. ME described a recently started global trial comparing this antibody with placebo as addition to doxorubicin, and where three Swedish and two Danish SSG centers are participating. This phase III trial is based on a phase II trial showing a very surprising overall survival benefit for the olaratumab of about 10 months.

8) *Modufolin* as potentially improved rescue after high dose Methotrexate treatment *(HDMTX)* was discussed by ME reporting from the on-going phase 1b/II trial where so far four patients have been treated with Modufolin with excellent elimination of MTX and no complications. When this trial has been finalized, a phase III trial may be launched comparing standard folinic acid with Modufolin. This trial may be of interest for SSG sites, but the trial will be offered to many centers, probably transatlantic.

9) *The rEECur protocol (KSH): «International Randomised Controlled Trial of Chemotherapy for the Treatment of Recurrent and Primary Refractory Ewing Sarcoma».* All formalities are in order for Norway, Denmark and Finland. Sweden has recently submitted applications to the regulatory authorities. Nearly all European countries are participating. So far 23 patients have been included - no patients yet from Scandinavia.

10) *Osteosarcoma (KSH):* discussions are ongoing at all international meetings, but no specific plans have been realized.