

Working group meeting, Malmö, Orthopaedic group, 30/11-1/12, 2015

New chairman: Halldor Jonsson Jr, Iceland, was elected as new chairman of the orthopaedic group. He replaces Fredrik Vult von Steyern, Lund/Sweden, January 1, 2016. In the joint meeting a consensus was achieved stating that a subcommittee leader/chairman may hold this post for up to 5 years but shorter time may be decided within each subcommittee.

1) National "Bonebank" /Vävnadsinrättning, Dr Åke Hamberg, Dept of Orthopaedics, Östersund, Sweden;

A non-profit organisation providing service as a bone-/tissue (tendon) bank was presented by Åke Hamberg (ÅH), orthopaedic surgeon. Tissue/bone from multi organ donors is harvested. Possible use/needs of grafts/specimens in bone tumour surgery was discussed and ÅH encouraged us to contact them to discuss possible indications and specific requests (see contact information below).

At present tissue is only taken from donors after brain death, which is a limitation with respect to volumes of available tissue/bone grafts. Depending on future needs and requests, also donors after cardiac/circulatory arrest may be available.

E-mail: benbank@regionjh.se

Gunilla Widegren, tissue coordinator

Åke Hamberg, medical advisor

2) Pathfx- a web-based program for prognostics in patients with skeletal metastases was presented by Asle Hesla, Stockholm.

Surgical intervention in patients with skeletal metastases requires a thorough planning. The choice of surgical procedure, if any, depends on several different factors among which expected survival is important. The Pathfx is a web-based program where prognostic parameters are entered and results in an approximation of survival at different time points. This may serve as a guide when choosing surgical procedure for a certain patient. Jonathan Forsberg recently wrote his thesis on this subject and is interested in recruiting more users of the program.

For more information you can contact Dr Rikard Wedin, Stockholm.

E-mail: rikard.wedin@karolinska.se

3) Cerament- a bone substitute in surgical treatment of bone defects/lesions. A series of 11 patients with benign bone defects/tumours was presented. Promising

results have been obtained in the treatment of small, benign bone lesions and infections.

Christina Berger, Göteborg

4) Custom-made pelvic prostheses: A method using 3D-constructed prostheses for pelvic reconstructions in surgery of bone tumours was presented. Resection guides are available that allows for good precision with respect to planned surgical margins. Two patients in Umeå and one in Lund have been reconstructed with this type of pelvic replacement. Possible advantages and disadvantages were discussed. Data on long-term results are not available for evaluation of the future role for these reconstructions.

Richard Löfvenberg, Umeå

5) Extendible nails/bone lengthening procedures in the management of bone tumours:

A bone-sparing procedure in bone length discrepancy after tumour resections in children and adolescents was presented. The procedure involves an extendible intramedullary nail (Fitbone) equipped with a motor drive unit and provides a non-invasive lengthening of the affected bone. The technique is based on a callus-distraction procedure but has an advantage in that it is an intramedullary device with no needs for an external fixation. It is easy to handle and allows the lengthening procedures to be performed by the patient, or relatives.

Peter Bergh, Göteborg

6) Denosumab and GCT in bone: A common SSG strategy?

The future use of Denosumab in GCT of bone was discussed and a common strategy for SSG associated centres suggested. We believe it is important that SSG has a common approach with respect to GCT of bone in order to learn more about advantages and possible pitfalls to optimize treatment for patients with this, still, enigmatic tumour.

It was agreed that to use Denosumab according to a strategy which all centres could adhere to.

a) Neoadjuvant:

Indications:

- When joint sparing surgery is considered impossible or hazardous
- Large tumours with soft tissue extension
- Proximal humerus or femur; to reduce peroperative bleeding and improve visualisation, curettage and cement/filling of remaining bone defect

3 months treatment, including induction phase

PET-CT at 8 w

Surgery

b) "Advanced" GCT, ie "non operable", eg complicated pelvic or spinal location, and metastatic disease :

Induction phase and then extended treatment interval, 2 months.
PET-CT at 8 w

The strategy and protocols will be published on the SSG web-site
Jacob Engellau and Fredrik Vult von Steyern, Lund

Lund 2015-12-10

Fredrik Vult von Steyern
Chairman