

Visceral and retroperitoneal sarcoma working group

Date: December 1, 2015

Chairmen: T. Hølmekbakk, Oslo; J. Åhlén, Stockholm.

Summary of the meeting

The visceral and retroperitoneal sarcoma session on Tuesday, December 1, was well attended. The oncologists had chosen this session for their GIST presentations.

The first speaker was Ivar Hompland, Oslo, who gave a talk entitled 'Which patients with metastatic GIST become long-term survivors?' He presented data from the B2222 study, including 147 patients with metastatic disease recruited in 2000-2001. Female sex, exon 11 mutation, normal LP count and normal albumin were associated with favourable 5 year survival. Rutkowski et al., in another study including 430 patients with metastatic GIST, found good baseline performance status, good baseline blood counts, maximal tumour diameter below 10 cm and surgery for residual disease to be associated with long-term survival. Patients with exon 11 and exon 9 mutations did better than patients with other mutations and wild type tumours.

Hompland then presented data from Oslo on 91 patients with metastatic GIST diagnosed between 1995 and 2010. In multivariable analyses, fewer than five metastases, small tumours and normal albumin were associated with a favourable prognosis. Of the 91 patients, 15 were submitted to surgery for metastases before start of systemic treatment and 24 during systemic treatment with imatinib. In the surgery group, median overall survival was 8.2 years compared to 4.5 in the no surgery group. Patients submitted to surgery for residual stable disease did better than those operated on for progressive disease. However, even in the setting of progressive disease, surgery postponed change in systemic therapy with median 12.9 months.

In his next talk on plasma concentration measurement of imatinib, Hompland presented results from a study on 24 patients, showing that age, body surface area, haemoglobin, creatinine clearance, phosphate, magnesium and previous major surgery of the stomach were related to plasma concentrations. Furthermore, large intra- and inter-patient variations were documented. Gastrectomy was associated with low concentration; some patients receiving 200mg imatinib still had concentrations >1100 ng/mL, and reduced plasma concentration were seen at the time of progression.

Toto Hølmekbakk, Oslo, then gave an up-date on the STRASS trial. Nine patients with retroperitoneal sarcoma have so far been randomised at the Radium Hospital. In Copenhagen three patients have been randomised and in Stockholm one. By October 15, 183 patient had been recruited in all.

Bengt Nilsson, Gothenburg, gave a talk about surgery in metastatic disease. He stressed the importance of a differentiated approach that includes surgery, even repeated surgery, in selected cases.

After a general discussion, in which surgeons and oncologists took equally part, it was concluded that surgery in selected patient with metastatic disease should be considered, preferably in patient with stable disease.

Mikael Eriksson, Lund, then presented an up-date on GIST protocols: SSG XXI - the PAGIST study, and the SSG XXII trial, comparing 3 versus 5 year of adjuvant treatment in patients with high risk disease, disease free at three years from complete surgery. He also presented the SSG XXIII, a study with alternating imatinib and regorafenib.

The SSG Guidelines for retroperitoneal and abdominal sarcomas are overripe for revision. Toto Hølmekbakk, Jan Åhlén and Bengt Nilsson will summon colleagues from the Scandinavian countries to do this.

Closing the meeting, Toto Hølmekbakk underlined the importance of the sarcoma databases and the national sarcoma registries. Such a registry is now implemented in Denmark and will be up and going in Norway shortly. Unfortunately, retroperitoneal and abdominal sarcomas have so far been incompletely registered in Sweden.