

Review from the SSG working group meeting in Copenhagen 30/11 2010

Visceral, retroperitoneal, and uterine sarcoma

The meeting had signed up about 40 people and of these were only three surgeons. The advertising of the meeting needs to be reviewed to ensure that we reach all surgeons who work with sarcoma surgery in the abdomen, retroperitoneum and uterus, although they are currently not members of the SSG and do not receive information that way. The mission will be to the next meeting to reach these sarcoma surgeons, responsible for sarcoma surgery on each unit in which sarcoma surgery is performed out and get them to participate in meetings and in the process of improving management of patients with sarcomas of the abdomen, retroperitoneum and uterus. A reasonable goal is that at least one surgeon from each unit should participate in the workshop. Also others from other specialties involved in treatment of these patients should be encouraged to come to a greater extent.

Jan Åhlen gave a progress report on the introduction of INCA in Sweden, which is a web based IT platform for managing records on patients for care and research. INCA are managed by and develops jointly by the Swedish Oncological Centres and through this platform will data on each patient be able to recorded simultaneously to both the Swedish Cancer Registry and to the SSG Register. The SSG registration form is supplemented with the required parameters for reporting to the Swedish Cancer Registry and it has also been added a few parameters to the registry so that it can be classified as a quality registry as recommended by the Socialstyrelsen. The database and forms are ready for testing which will run during December and thereafter is the plan to start up the final system, initially in Stockholm, but once it works, we will bring it out to all clinics involved in sarcoma surgery. The question came up if we retrospectively could enter patients, even if they are already reported to the Cancer Registry, which is okay but should if possible include all patients from a specified period if you want to use reporting system and make comparisons later. It is hoped that the implementation of the INCA system will strengthen the reporting of patients in Sweden.

Oyvind Bruland and Stefan Stoldt presented hereafter EORTC trial **STaRRES** - A phase III randomised study of preoperative radiotherapy plus surgery versus surgery alone for patients with Retroperitoneal sarcoma, to which we have been invited. SSG can participate as an organization, which opens to centers to participate where the volume is lower than earlier requested but where surgery is performed by one or few surgeons in accordance to the guidelines for the treatment of sarcoma patients (SSG XVII). There was a great interest and after discussion was appointed Stefan Stoldt, Oslo, as responsible surgeons for Norway and Jan Åhlen, Stockholm, for Sweden. As responsible radiation oncologist for Norway was Oyvind Bruland and for Sweden was Elisabeth Lidbrink Stockholm proposed. These centers will start up and then invite others who can and want to participate.

Bengt Nilsson presented the experiences from Gothenburg with preoperative treatment / downstaging with Imatinib in GIST patients with primary inoperable tumors or in which a

size reduction significantly affect surgery. All patients also received post-op, adjuvant therapy for 1 year. Experience is good and it has in several cases been able to implement local organ saving resection with good margins. The survival rates so far are very high in this group but it seems to be a tendency for later relapse. Follow-up time is too short to see any survival benefit. However, the results suggest that Imatinib may be used for downstaging and thus organ saving surgery without increased risk of local recurrence.

Mikael Eriksson presented the state of SSG XVIII, which has now achieved a sufficient number of "events" but where control of data and calculations not yet has been made. The plan is to present the study at ASCO meeting in June, because the data is not likely to be ready to SSGs May meeting.

Mikael Eriksson presented the study on Pazopanib in advanced GIST refractory to imatinib and sunitinib: A Phase II Multicenter Study by the Scandinavian Sarcoma Group ("PAGIST") The study propose to give Pazopanib as 3rd line treatment for patients who previously failed on Imatinib and Sunitinib. Patients may also have been on Nilotinib but must then also have failed on this treatment. Other tyrosine kinase inhibitors such as Nexavar may not have been tried. The study is planned to be a Phase II study without placebo arm when the release of even failing treatment must be considered unethical today as it can lead to a dramatic deterioration. The interest in this study was great and Mikael Eriksson will continue to work on the proposal.