

## **SSG, Malmö 2-3 Dec 2012, Orthopaedic group**

### **\*Centre presentations (11)**

All centres had short presentations regarding, mainly, the orthopaedic organisations. The centres differ in size, number of persons involved and areas of responsibility but it was clear that we work in quite similar, but not identical, ways. Most centres are responsible for treatment of both soft tissue and skeletal tumours/sarcomas in regions of our Scandinavian countries, but eg in Finland the orthopaedic surgeons mainly deal with skeletal tumours.

### **\*Denosumab in GCT of bone (J Engellau, Lund; F Vult von Steyern, Lund and R Löfvenberg, Umeå)**

Engellau started with an update of the Amgen study, which is now closed for further inclusion. Results are very promising. The use of Denosumab in a neoadjuvant setting was discussed and a few cases from Lund and Umeå were presented where the drug has been used before surgery with preliminary good results. It is not yet clear when to intervene surgically after start of treatment, but 6-12 months was suggested to be the time to choose.

Consensus with respect to future strategy was discussed. Jacob Engellau continues as advisor in SSG and new cases should be presented and discussed on the “SSG surgical web site”.

### **\*“Reconstruction of femur when the proximal part is short after resection of tumour”.**

Olga Zaikova, Oslo, presented this problem with several cases where different methods had been used. No standard procedure can be recommended, but rather this has to be individualized in each case.

Peter Bergh, Göteborg, then presented some cases where total femur replacement/prostheses had been used.

Björn Gunterberg, Göteborg, finally informed us of a very long-term follow

up of proximal femur reconstruction using a “simple and straight-forward technique” which turn out to be robust and long-lasting (and cost effective).

\* A new protocol for chemotherapy in soft tissue sarcomas (STS), neoadjuvant and histotype specific, was described by M Eriksson during the first joint session. Several large centres in Europe have entered the study/protocol. This issue was discussed within our group and we all found that the strategy with neoadjuvant chemotherapy in, almost, all cases of STS was not in line with the SSG experience. However, we all agreed that the histotype-specific treatment may be an interesting approach, but then in an adjuvant protocol.

\* Desmoid study ?

\* Enchondroma vs Chondrosarcoma

Mehdy Farhang, Umeå, presented some cases where the distinction between benign and malignant cartilage bone tumours was difficult. This is a well-known problem but to our knowledge no new strategies are available in order to make a certain evaluation of these tumours/lesions.

\* Case presentations

As always, several problematic cases were presented by colleagues from different centres and discussed within the group.