

Central re-evaluation of margin assessment was discussed following Nina Jebsens presentation of her SSG-project on local control in soft tissue sarcoma. The importance of radiotherapy is better evaluated when assessments of surgical margins are done homogeneously at the SSG institutions. Preliminary results from the register suggest that this is not the case as the percentage of margins considered adequate by SSG standards varies markedly between institutions. There is also reason to believe that this rather a result of differing assessment procedures than a reflexion of real differences in surgical strategy. This preliminary study also indicates that there are a significantly higher percentage of inadequate margins among patients operated during the last 5-year period compared with 15 years ago in Scandinavia. It was therefore agreed to conduct such a re-evaluation of the last 5-year period during spring 2007, but time should be allowed for an in-house re-evaluation at some institutions prior to that. Henrik Bauer, Anders Rydholm and Clement Trovik volunteered for the job, but others may join later. It was also stressed that only institutions with a complete follow-up of all cases up to 2005 will participate in the study. Dead-line for up-dating the register files is March 1st 2007.

Olga Zaikova presented a re-evaluation of site classification on liposarcomas treated at the Radiumhospitalet. Studying the MRI-files, she could reduce the percentage of subcutaneous liposarcoma to ~5% from the ~15% reported to the register. This illustrates the need for reevaluation of important study variables based on the register prior to any publication.

The new STS protocol SSG XX. How to decide who needs preoperative radiation treatment? It was agreed to present most cases on the surg.sarc.net for discussion among all sarcoma surgeons in Scandinavia. The final decision will of course be the responsibility of the treating surgeon.

Ole Jacob Norum presented the follow-up routines at the Radiumhospitalet and led a discussion on the need for recommending common routines across Scandinavia. Most was content with the guidelines presented in SSG VII and it was agreed that some variation was inevitable. There were arguments for less frequent follow-ups of the most benign sarcomas notably liposarcomas/atypical lipomas.

Injection treatment of Aneurysmal bone cysts was proposed based on an Indian study presented in JBJS with excellent result following Polidocanol 3% - 1ml/cm³ lesion size.

Some of the institutions will implement this procedure and results will be presented at the SSG-meetings

Sigmund Skjeldal presented the Radiumhospitalet experience with the MUTARS modular prosthesis. He stressed freedom of rotational control and company service as important pro's.

Markus Nottrott presented two cases of donor-site morbidity after vascular fibula harvest. In children progressive valgus deformity will often appear but the clinical implication of this is unclear. Several institutions were interested in a retrospective investigation of the problem and agreed also to send a copy of an AP view, a frontal ankle joint view and a lateral view of the donor ankle at the next consultation.

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Jan Mattson told us about the Gothenburg experience after ~50 ILP's for sarcoma. Amputation rate was only 50% among these patients were high risk of amputation is the main indication for ILP.

Proposals for the Bergen meeting were:

- Pelvic/Spinal Ewing sarcoma and local treatment. Rob Grimer + SSG exp
- Silver coated prostheses
- Review of margins in Central Register

Ample time was allocated to discussing and reporting on single case problems previously discussed on our surg.sarc.net.

This facility has been popular among all institutions. Illustrated below is the activity ranked after number of cases presented (lower box):

