

**22nd Working Committee Meeting of the Scandinavian
Sarcoma Group**
January 22 – 23, 2018, Malmö.
Imaging Working Group

Participants:

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Program:

1. Is there an interest amongst us radiologists to inform each other on a yearly basis on the diagnostic different groups of sarcoma? We suggest a scheme where we in the first year for example discuss chondromatous tumors, the next year bone forming tumors then soft tissue tumors etc. We think this would be an engaging and fruitful way to keep each other updated.

Conclusion: Agreement on establishing a topic programme for future meetings. For the working group meeting in December 2018 we will focus on imaging diagnostics of cartilage tumors.

2. Li Fraumeni syndrome. What are your experiences with these patients? How do you perform follow-up? At what interval? Is PET/MR a feasible option?
Short discussion on difficult cases and protocols for metal artefact reduction in postoperative sarcoma patients

3. Would you like to share your MR-protocol for soft tissue sarcoma with the group? We think there are potential improvement possibilities in discussing choice of sequence, slice direction, slice thickness, field of view etc.

Conclusion: Discussion of MRI protocols in the different sarcoma centres. We all use the same basics, but have minor differences in sequences mainly because of different MR systems and software. Agreement to minor revision of SSG guidelines.

4. Do you think imaging work-up of sarcoma patients before referral to your sarcoma center is adequate? If not, what can we do about it? We have attached an interesting paper by Dyrop and colleagues on this topic.

The topic was discussed in the meeting. Prehospital handling of sarcoma patients is not well known. Summary of the workup after referral to sarcoma centre in 4 centres in Denmark, Sweden and Norway.

5. Please bring a case report or two for discussion! This is always well appreciated by both experienced and less experienced colleagues!

Case report from Trondheim STS rare cases, and from Umeå infection mimicking tumor.

6. If we have time, we could also have a look at an emerging technique "HyperPET" or "PET/MR with a twist" by Gutte and colleagues.

Short discussion on article as an example of new emerging imaging techniques that can be of interest for future of imaging sarcoma

7. Opinion on future meetings from Imaging group:

For future meetings radiologist are in favour of a yearly working group meeting, but it could be linked with a plenary meeting. We have a wish to avoid timing with big radiology conferences.

Annja T. Viset/Oskar W. Angenete