

Report from the Visceral and Retroperitoneal Sarcoma Working Group

The meeting on Tuesday, December 3, was well attended by participants from most specialties. We were particularly pleased to meet abdominal surgeons from Copenhagen.

1. Surgical margins in gastrointestinal stromal tumour (GIST)

J. Åhlén, Stockholm, and T. Hølmekjakk, Oslo, presented their studies on surgical margins in GIST, both published this year (Åhlén et al. *World J Surg* 2018; Hølmekjakk et al. *Br J Surg* 2018). The studies have opposing conclusions: in the Stockholm series, which includes 79 patients, wide margins resulted in better outcomes than marginal and intralesional resections on multivariate analysis; in the Oslo series, including 410 patients, there was no difference in recurrence-free survival between patients undergoing R1 and R0 resections once tumour rupture was accounted for. The diverging conclusions can only partly be explained by differences in definitions, i.e. the fact that tumour rupture was not specifically addressed in the Stockholm study.

2. Circulating tumour DNA as a biomarker in gastrointestinal stromal tumour

S. Lindskog, Gothenburg, and K. Boye, Oslo, presented data on detection of circulating tumor DNA (ctDNA) in GIST. The groups use two different methods, and both are able to detect tumor-specific mutations in plasma. Detection rates are significantly higher in treatment-naïve patients with a large tumor burden and in patients with progressive disease. The clinical utility is so far uncertain, and potential applications were discussed.

3. Adjuvant chemotherapy in abdominal and retroperitoneal sarcoma. Current Scandinavian Practice.

K. Boye gave a brief introduction on the evidence of adjuvant chemotherapy in soft tissue sarcoma (STS). In STSs of the extremities and trunk wall, adjuvant chemotherapy is the standard of care for high-risk tumours despite there being only indirect evidence. In retroperitoneal sarcoma the evidence is even weaker, and adjuvant treatment is not standard practice in any Scandinavian country. However, there are certain patients, e.g. patients with synovial sarcoma or high-grade tumours with spontaneous rupture, who could possibly benefit. Cases were presented and discussed.

M. Eriksson, Lund, and I. Hompland, Oslo, gave up-dates on ongoing GIST studies.