Report from the Medical Oncology and Radiotherapy Subcommittee

SSG Working Group Meeting December 2-3 2019

Checkpoint inhibitors in sarcoma. Experiences and current practice in the Nordic countries.
The current evidence for treatment with PD-1/PD-L1 inhibitors was discussed. Case reports from Umeå, Uppsala and Lund were presented. Objective response rates and the duration of response in alveolar soft part sarcoma, angiosarcoma and undifferentiated pleomorphic sarcoma are encouraging, and the clinical experience supports this notion. The benefit in other histological subtypes is more uncertain. At present there is no current standard practice in the Nordic countries. Treatment with checkpoint inhibitors could be considered on an individual basis depending on local and national reimbursement.

For MPNST patients Kjetil Boye encouraged referring patients to Oslo for a phase 2 study. Niels Junker presented a proposal for a phase 2 study with propranolol and checkpoint inhibition in angiosarcoma, and the meeting supported further development of this protocol.

Sequential neoadjuvant ifosfamide and doxorubicin in localized high-grade soft tissue sarcoma of extremities and trunk wall.
Kjetil Boye presented the outline of a new study that is planned in Bergen and Oslo. At present there is no financial support or strategy to include other SSG centers.

Dexrazoxane. How should it be used and what is current practice?
Jonas Karlén presented the existing data on dexrazoxane as a cardioprotectant when doxorubicin is given. The conclusion from most centers was that they will not consider the use of dexrazoxane.

Larotrectinib in sarcoma. Current status and experiences.
An update on larotrectinib was given by Kjetil Boye. The drug has shown impressive antitumor effect in NTRK-fusion positive solid tumors and is currently approved by FDA and EMA. None of the present oncologists had any clinical experience.

Camsirubicin in soft tissue sarcoma.
Akmal Safwat presented a study proposal from Monopar Therapeutics. The trial is a randomized, open-label phase 2 study in the first line setting. The Spanish Sarcoma Group is running the trial and SSG has been invited. It was decided that it is of interest to discuss the details further, and Akmal will follow up.

Chemotherapy in Ewing sarcoma.
Kjetil Boye presented the data from the R1 randomization in the Euro Ewing 2012 trial that was presented at CTOS in Tokyo in November. The data show that VDC/IE was superior to VIDE, with a HR for event-free survival of 0.68 (95% CI 0.58-0.97). The study population includes both patients with localized disease (74%), lung/pleural metastases only (17%) and other metastases (10%). No subgroup analyses were presented, and it is thus not clarified if there are any differences in benefit between the subgroups. There was no excess toxicity with VDC/IE.

We discussed which regimen that should be considered standard of care. The data

are preliminary and should be interpreted with caution. A formal comparison with the ISG/SSG III and IV protocols has not been performed and will most likely never happen. In Denmark a decision has been made that VDC/IE is standard of care. In Norway it has not formally been decided, but it will probably be concluded early 2020. Jukka Kunerva was the only Finnish oncologist in the meeting. So far, Finland is using VIDE, and will probably await more mature data. In Sweden no decision has been made. Pediatric centers use VIDE, and adult centers use both VIDE and ISG/SSG protocols. Discussions are ongoing.

Participation in future clinical studies was discussed. There are two European initiatives, EE20XX led by Bernadette Brennan in Manchester and iEuroEWING lead by Uta Dirksen in Essen. Thus far, Denmark and Norway have participated in meetings with the EE20XX group, and Sweden and Finland have signaled interest for the iEuroEWING study. There will be a meeting in London in January 2020 where discussions will continue.

Study updates

Kirsten Sundby Hall presented a short update on the rEECur study. Even though EU funding has stopped, the trial will continue. Each center/country must organize their own funding. Nina Jebsen presented an update on the DOREMY study. The planned accrual of 100 patients is soon met, and study inclusion will then close.

Election of new chairman next year

Kjetil Boye informed that there will be an election for the chairman position in the Medical Oncology Subcommittee next year. He will resign from his position and encouraged the participants to consider their candidacy.

Nina Jebsen and Kjetil Boye
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