

## **Report Orthopaedic WGM, December 2.-3., 2019**

**Chairman:** *H. Jónsson jr, Reykjavik*

### **Pros and cons in the sarcoma treatment of the extremities:**

We continued our discussion from Asle Heslas introductory lecture on “The sarcoma treatment of the growing child” with “How do we handle difficult cases in the best way”, “How to use the Fitbone nail in bone lengthening ” etc, etc. Our cons are, that we have so many treatment options that can and have been implemented as our other orthopaedic techniques and armamentarium have developed. But the pros are, that as these techniques become more complicated they may have shorter lifespan compared to the old and simple ones as osteotomies, arthodesis and amputations.

### **Registries:**

Following presentation of “The SVF for sarcoma in Gothenborg and how it differs in other sarcoma centers” we had a huge discussion about the definition of “when the lead time should start” i.e with the GP letter, with the MR scan or with the orthopaedic surgeon. Our conclusion was that we have to discuss this further in our countries thinking of some kind of a “filter function”

The Central registry pointed out too big discrepancies in the 2019 Annual Registry Report in especially the *referral patterns*, the *surgical margin* and in the *neo- and adjuvant chemo- and radiotherapy* for STS between centra. We recommend that the orthopaedics, pathologists and oncologists discuss this issue further at their homebase.

We have an internet based megaprosthesis registry at the developing stage in Oslo. When listening to reports on “Preliminary long time follow-up results for tumor prosthesis in Gothenburg” and “Infections in tumor prosthesis in Norway”, we understand better the need of such a registry which then can better confirm that the “megaprosthesis” can not yet be the “standard solution” in bone sarcomas.

### **The use of 3D modeling of anatomically difficult areas is increasing:**

As with other new techniques, we are using 3D modeling more and more in pre-ordered fabricated and in-house modeling to make cutting templates, prebent plates and models for resection and reconstruction in difficult tumor cases.

We are also using this 3D technique for making special chambers around long bones and chambers to be fixed onto the pelvic bones to contain liquid nitrogen during cryotherapy of bone tumors in their (difficult) anatomical location.

### **Case discussions:**

The Orthopaedic group has through the years been using the Internet to discuss difficult cases. During time its use started to decrease. To-day we heard the original idea and the educational importance

behind this form of discussion from one of its initiator. We also heard about the tumor teleconference in Sweden that is working very well. We decided to initiate our Internet discussions again in a different form and reevaluate its need at our next WGM meeting.

We also had a presentation on a cloud working program called „Image Over Globe" for on-line presentation and discussion of all sizes of anonymized scanning examinations. Images can be sent and visualized in the computer as an email or in the phone as a SMS and stays in the cloud for a period of time that the sender decides is enough, usually 30 days.

#### **VARIA:**

In the treatment of GCT in bone, we favour curettage and filling the gap with cement. A new variant of securing tumor cell death has been used in Gothenburg. This is called “Alchoball” and is a mixture of liquid nitrogen with alcohol, creating a snowball, which makes it easier to handle into and out of the gap before cementing. The long time results will be presented next year.

In Oslo, carbon plates (with conventional screws) have been used instead of stainless steel or titanium to favor post-operative proton beam treatment and MR examination with favorable results.

#### **New chairman for the Orthopaedic Working Group:**

Ole-Jacob Norum, specialist in Orthopaedics, Oslo University Hospital, Norway