

Program Virtual meeting SSG Orthopedic subcommittee MONDAY 10/1 10:00-16:00

Summery in cursive

1000-1015 Welcome (Ole-Jacob Norum, Oslo)

- *Second virtual SSG WGM*
- *About 40 participants from 4 countries*

1015-1045 (1) Myxoid Liposarcoma treatment and Followup (Peter Bergh, Gøteborg)

- *Discussion about how to follow-up pts with myxoid liposarcoma*
- *There is today in Scandinavia no individualized follow up for pts with soft tissue sarcoma.*
- *In spite that Myxoid liposarcoma have a high propensity for metastasizing to other locations than lungs, no individualized protocol Is used for this tumour type.*
- *There was a discussion in the surgical group about follow-up. When should we do CT-abdomen / MRI abdomen, how often and for how long time? Has PET-CT any role in FU*
- *Is an increased burden of radiation with CT- abdomen justified in follow-up of pts with MLS ?*
- *Further discussions and maybe new FU recommendations is needed for this patient group*

→ ***To be continued at next WGM***

1045-1115 (2) Periprosthetic joint infections (Christina “Kicki” Berger, Gøteborg)

- *Cancelled due to Covid-19*

→ ***Always important topic, Next WGM?***

1115-1200 (3) Doctoral Thesis “Risk stratification without histology” (Joachim Thorkildsen, Oslo)

- *Chondrosarcoma in Norway 1990-2013 (348 cases)
“Risk stratification without histology.”*
- *Incidence of CS in Norway is 2.85/ million per year with an increase to 3.45 per million per year driven by in a rise in the central CS subtype*

- *Skeletal location and size of the soft tissue component can be used to create a large low risk cohort and a small high risk cohort for central CS without histology- termed Oslo risk.*
- *This same risk classification appears to predict risk of metastasis and death in the event of LR.*

→ Thesis distributed to all members of the subcommittee and are available upon request

1200-1230 Lunch

1230-1300 (4) 3D print – The Bergen experience (Øystein Bragelien Tandberg, Bergen)

- *Medico-technical department in Haukeland University hospital has several 3D printer available for the hospital and regional hospitals. The printers are used for production of models for clinical use and technical use (spare parts for equipment etc). Clinical use is not limited to skeletal models.*
- *The software is developed from Materialise, licence cost per annum 250 000 NOK. CAD file processing and printing is done by engineers in cooperation with clinician.*
- *Printing larger models (pelvis) takes about 24 hours, total delivery time is about 2-3 days.*
- *Sarcoma related use for 3D models is mainly:*
 - *Pre/peroperative visualization of anatomical structures. Mental preparation.*
 - *Cutting block/jigs*
- *The costs are negligible for us clinicians since both 3D printers and software-licence are bought and needed by our medico-tehcnical department regardless of clinical use. Nevertheless estimated costs for one model is about 1500 NOK if costs related to software, printers and consumables are taken into account.*
- *The hospitals department for sterilization adheres to strict formalities and are not able to perform sterilisation of 3D models by today. This is largely a GDPR related formal issue more than a technical problem. Current GDPR regulations allow in-house production for sterilization after some formalities are fulfilled. We are currently in process of overcoming this obstacle. Hopefully we expect to have resolved the issues within 2022.*

1300-1330 (5) Rotational plasty – the Umeå Experience (Martin Isaksson, Umeå)

- *A good alternative to amputation and endoprosthesis in tumors in the femur and around the knee. Postop good quality of life, good physical*

function, few restrictions. A good procedure if accepted by the patient (or parents)

- *In Umeå: 8 patients (2000-2021)*
- *Complications: Local recurrence, plate failure, abscess and fractures*
- *Rotationplasty can also be an option for older patients (63 y/o chondrosarcoma)*
- *“T to V” skin incision*

1330-1345 Coffee

1345-1415 (6) Paralympics – an arena for our patients (Martin Isaksson, Umeå)

- *An inspirational presentation of what our sarcoma patients with physical disabilities can achieve.*

1415-1430 (7) 2 yrs old with OS prox femur – 4 yrs FU (Clement Trovik, Bergen)

- *Case presentation 2years old with osteosarcoma proximal femur. An update on this patient, now 6 years old was presented. He has been through six operations including two ileum osteotomies. His femur is now 4 cm short and he has started lengthening with a MUTARS expand prosthesis, - in an acetabular prosthesis anchored in an epiphysis saving fashion.*
- *The case illustrates difficulties with a prosthesis solution in the proximal femur in this age group, and the discussion emphasised the need to be realistic with the parents when recommending a Rotation Plasty Winkelmann type B2 as the primary choice of reconstruction.*

1430-1445 (8) Update Scandinavian Megaprosthetic register (Olga Zaikova, Oslo)

- *Norway: opened for online-registration nationally in 2021 .Potentially more than 300 pts from Oslo. Bergen not started registration yet.*
- *Sweden: No national Megaprosthetic register yet*
- *Denmark: Still in dialogue with the Danish authorities. But it seems in case we starts a specific study it will be much easier to transfer data internationally. I know that EMSO also is working on a shared mega prosthesis database maybe we should consider to join them?*

→ Need for discussion at SSG Register Board next WGM. Need for good studyquestions. Need a discussion about PROMS.

1500-1600 Joint session with the oncologists: *“Adjuvant chemotherapy after preoperative radiotherapy in soft tissue sarcoma. How do we select high-risk patients? Oncologists + pathologists + orthopedic surgeons invited to join”* (Nina Jebsen / Kjetil Boye)

Problemcases

1. SSG problemcase 2021 #1 Gøteborg
2. SSG problemcase 2021 #2 Lund (*Not presented*)
3. SSG problemcase 2023 #3 Iceland

18/1-21

Ole-Jacob Norum / Oslo / Norway
Chairman orthopedic subcommittee