

## **Minutes from the orthopedic subcommittee 4th+5th of December 2023**

Chair OJ Norum, 27 participants from all major center in Scandinavia but unfortunately no Finnish representatives Meeting Held in Tokyo-rom with horseshoe seating, namesigns + program on the reverse side – works fine.

### **1. Update PhD project: PPJI (Christina Berger / Gøteborg)**

- a. Paper II: High risk for periprosthetic joint infections and amputation in mega-prosthesis. An important work that the orthopedic community in Scandinavia is Thankful that Kicki is doing.
  - i. 114 pat – approx. 30% infections, majority first year (24/35)
  - ii. Higher risk of amputation in late infections
  - iii. Non-infected mega-prosthesis: 96% have their prosthesis until end of life

### **2. SSG's surgical guidelines for Ewing sarcoma (Olga Zaikova / Oslo)**

- a. Literature review of the basis for the existing guidelines
- b. Not consistent and scares literature, not even consistent guidelines...!
- c. "Adequate margins" – based on pre or post CT MRI?
  - i. Individual planning
  - ii. Use all available information (both pre and post CT MRI)
  - iii. R0 + no necrotic tissue on resection surface
  - iv. Plan 2 cm margin in loose tissue – you get what you get...

### **3. In-situ cryoablation project (Mehdy Farhang / Umeå)**

- a. Update on this fascinating, useful and smart project – still going after 10 years and able to raise funds from the patientorganization. Progression, but slow
- b. Refinement of the 3d liquid nitrogen container and funnel
- c. 3 new case-reports: Chondrosarcoma, soft tissue sarcoma and metastatic pat
- d. In-house N-generator, small and handy for the OR

### **4. Nurse-driven outpatient clinic in sarcoma care (Martine Karlsen + OJ Norum / Oslo)**

- a. Task shifting – the definition + rational
- b. Different experiences and practice in Scandinavia
  - i. In Denmark the nurses have quite many tasks and independent consultations with sarcoma patients
  - ii. In Sweden and Norway – variable practice
  - iii. Iceland – have no nurses in the outpatient clinic
- c. Pros: The nurses are skilled in supporting the patient's needs, even more skilled than physicians? The doctors have to much to do, could use their time on those who need it most
- d. Cons: the patients want t meet their surgeon, the surgeon wants to meet their patients. Regulatory issues – who is responsible for detecting relapse and adverse effect?
- e. Can be done safely by training, retraining and supportive mentoring

**5. In-House 3d printing (Thomas Baad Hansen / Århus)**

- a. Scandinavia is on the top in innovation index but at the bottom in export of final products
- b. How to overcome this – reduce the costs, expand the access, increased sustainability, improve quality...
- c. Difficulties in getting the product into the market due to national regulatory boards

**6. FU of patients with MO (Fredrik Vult von Steyern/Lund)**

- a. 2-5% risk of malignant transformation throughout life – most often I early adulthood
- b. Further discussion next year – summarize the different strategies from different countries and see if its possible to make an Scandinavian Sarcomagroup minimum standard (Fredrik and OJ responsible)

**7. Quiz with refreshments (Asle Hesla / Stockholm)**

- a. Winning team Michael B, Nam G, Christina B, Camila de



b.

8.

<b>SSG Problemcase:</b>	
Case #1-23 Chondrosarcoma / Umea	<i>Mehdy Farhang</i>
Case #2-23 Tibial bonesarcoma / Copenhagen	<i>Michael M Petersen</i>
Case #3-23 Tibial bonesarcoma / Gotenburg	<i>Christina Berger</i>
Case #4-23 Tibial Ewing / Lund	<i>Fredrik Vult von Steyern</i>
Case #5-23 GCT in radius / Reykjavik	<i>Haldor</i>

- **Next year the orthopedic subcommittee will elect a new chair.**

Ole-Jacob Norum (Chair 2010-2024)

Oslo 7/12-23