

Imaging working group meeting.

Date: February 2, 2026, 13.00–17.00

Place: Meeting room: “Slagt 2”

Chair: S. Srivastava, Stockholm

Present members:

Alexander Fuchs

Hanna Fogel, (hanna.fogel@vgregion.se)

Arne Lucke, (arnluc@rm.dk)

Ann-elin Claudius, (anclau@ous-hf.no)

Caroline Folkestad, (Carolinefolkestad@gmail.com)

Famarz Vahedi, (famarz.vahedi@skane.se)

Ingvar Kristiansson, (ingvar.kristiansson@skane.se)

Subhash Srivastava (subhash.srivastava@regionstockholm.se)

I. Opening welcome and presentation of agenda.

II. “Guidelines for basic MRI examination of suspected bone and soft tissue tumors”.

Subhash presented the final version of revision of the SSG: s MRI recommendations for musculoskeletal tumors.

The final version was discussed point by point again in details and was approved by the members present.

The detailed more descriptive version will be also available as a weblink on the SSG: site for those interested.

- Revision status – **completed**.
- Approval – **approved**, (attached final version for publication).
- Implementation – **sent** to SSG board for publication.

III. Follow-up imaging/s:

Discussion about which the modalities available and used with options for protocols for the sarcoma patients.

Modalities and timelines - which modalities? who reports them? how often?

- Chest CT - low dose, with/without contrast? when?

- WB MRI? indications and protocols.
- MRI follow up – recommendations for follow-ups?
- Who reports CTs of thorax in sarcoma pats?
- International guidelines?
- Standardization?

Short discussion about modalities that are available for:

- Primary baseline evaluation: MRI, CT, PET-CT, whole body MRI (WB-MRI).
- Therapy evaluation and post-operative phase in sarcoma patients.

Discussion about which modality and what type of examination is performed at respective institutions, how often and who reports these studies.

There exists variation in protocols and reporting of chest CTs at various institutions and timeline.

This is a work in progress and can be further discussed at forthcoming working group meetings to achieve more consensus. Furthermore, this has to be discussed with other subcommittees (oncology and orthopedics).

IV. New publications/articles of interest in radiology and nuclear medicine:

Discussion about to restart online meetings quarterly (every 3 months).

With some of the online meetings members can present articles in form of journal club.

We agreed that article should be sent at least 3 weeks prior to meeting to all the participants for better preparation.

V. Collaboration/research:

- Within our subcommittee.
- With other SSG subcommittees.
- With other organizations.

Members can present their prior or ongoing projects within imaging subcommittee. Collaborate with other subcommittees to increase cooperation and spread the knowledge, this can be good to inspire more participation.

VI. Ideas and suggestions for imaging Subcommittee.

- i. Revision and updating of name list of members with valid emails:
 - Subhash will make a new Excel file for imaging subcommittee,
 - o fill in the existing members names and emails,
 - o send to the present members for update,
 - o when it is updated and sent back to Subhash,
 - o the final list will be available on the SSG website
- ii. Imaging subcommittee members online meeting from Nordic nations – once quarterly, i.e. every 3 months, 4 meetings per year.
- iii. I will call the online meetings for dates/time to be decided.
- iv. Scientific publications discussions / journal club.

VII. Ideas and suggestions for SSG: s board (even discussed on 2026-02-03 online)

- i. Revision and updating of name list of members of ALL subcommittees with specialty and valid emails.
- ii. Rotating plenary meetings in Nordic nations (Sweden, Danmark, Finland Norway, Island etc.).
- iii. Economic aspects of SSG and increase sponsors.
- iv. How to become more effective and attract more participation
 - a. Have more invited and internal lectures.
 - b. Increase participations between subcommittees.
 - c. Have common subcommittees meetings on common agenda points.
 - d. Have joint multidisciplinary case presentations (Orthopedic - oncologists-cyto-pathologists and radiologists).
 - e. Create a “youth SSG forum / subcommittee”
 - i. can be for those in early stage of their career, ex. new doctors/ST/AT/BT doctors with interest in sarcoma diagnostics, therapy and care.
- v. Reach out to more public to increase participation.
 - Invite more institutions to our National MDK.

- Modernize and update the SSG and subcommittee web page.
- Have new brochures and flyers printed to increase SSG: s presence and reach.
- vi. Prizes for best lecture or presentation.
- vii. Dates for meeting of SSG
 - No short notice changes.
 - Preferable same time of the year as previously.

VIII. Interesting cases:

Quiz cases.

- Radiology
- Nuclear Medicine

Arne and Subhash presented some interesting radiological cases.

We encourage more case presentations at upcoming events within our subcommittee and with other subcommittees.

IX. Closing remarks for meeting 2026-02-02.

X. Imaging subcommittee continued online 2026-02-03.

- i. Musculoskeletal biopsies in oncology
 - a. What is the current status at various centra.
 - b. Protocols and strategies for biopsies:
 - i. image guidance with CT, ultrasound, fluoroscopy?
 - ii. Pre and peri biopsy procedures (sterile technique, local anasthesia, sedation, iv contrast, coagulation status, and postprocedural follow-ups).
 - iii. MRI guided biopsies.
 - iv. New suggestions.

There are some variations in the biopsy procedures at different centra.

A few centra (ex. KS) rely mostly on fine needle aspiration cytology while other centra mostly perform core biopsies as a routine. This has mostly to do with local cooperation and traditional method development with orthopedics and cytologists.

Most centers use CT guidance which in a few cases be also ultrasound guided as determined by radiologist.

At some centers the biopsies are performed by sarcoma dedicated radiologist but at other centers the interventional radiologist performs these, but participation in multidisciplinary meetings is important in overall decision-making.

Patient sedation (mild or deep) in most cases was not needed but in some cases is validated.

Blood coagulation status not required in fine needle cytology cases but is indicated in core biopsies where there is increased bleeding risk as per individual case anamnesis, localization of lesion or anticoagulation treatment.

Use of intravenous contrast not required in most cases.

Most patients on outpatient settings.

XI. Ideas and suggestions for SSG: s board (even discussed on 2026-02-02, see above VII):

XII. Closing remarks

2026-02-04

Subhash Srivastava
Chairman.

Scandinavian sarcoma group imaging subcommittee.