TARPSWG Semiannual Meeting SSO

Wednesday March 20, 2024

Location: Signia by Hilton Hotel, Convention Centre Room 201

8am-12pm

List of Attendees

In person: Joal Beane, Dario Callegaro, Ken Cardona, Jessica Cintolo-Gonzalez, Sara Coppola, Fahima Dossa, Marco Fiore, Samuel Ford , Maikim Gervais, Stephanie Greco, Valerie Grignol, Alessandro Gronchi, David Gyorki, Alexandra Istl, Sun Jung Jo, George Li, Elizabeth Lilley, Joshua Mammen, Gary Mann, John Mullinax, Elisabetta Pennacchioli, Chandrajit Raut, Juliana Restrepo Lopez, Christina Roland, Laura Samà, Catherine Sarre, Luke Selby, Joel Shapiro, Jeremy Sharib, Myles Smith, Marcus Tan, Fabio Tirotta, Winan Van Houdt, Gabrielle H. van Ramshorst, Anthony Villano, Chiara Pagnoni, Michela Angelucci, Ale St John
Online: Claudia Hayde Caro Sanchez, Vittoria D'Amato, Mark Fairweather, Dorian Yarih Garcia Ortega , Daphne Hompes, Shintaro Iwata, Jens Jakob, Josh Jolissaint, Miroslav Jurik, Moritz Kaths, Nicole Larrier, Gloria Marquina, Nikolaos Memos, Marko Novak, Alejandro Pairola, Daniela Salvatore, Jason Sicklick, Harini Suraweera, William Tseng, Sergio Valeri, Rachel Voss, Meng Welliver, Vijaya Sudhakara Rao Kola, Valentina Messina
Apologizes: Andrea Covelli, Jeffrey Farma, Mark Gimbel, Rebecca Gladdy, John T Mullen, Carol Swallow

Video Recording of the meeting available at:
https://us06web.zoom.us/rec/share/jgXhDmRk8kIvzm7oW1tQrNRwoRvEUuooWtrgBDtrGBMJCUM4unC4hXLf1NFcmSY2.hhOL7VXQAJANT2dT
Access Code: pZ#3.!tI

Presentation Slides can be found at: https://tarpswg.org/semiannual-meeting-march-2024-documents/

8.00-8.10 **Welcome & Introduction:** Alex Gronchi and Ken Cardona welcomed the group to Atlanta

8.10-8.30 **Update on TARPSWG pathology manuscript**

- Bibianna Purgina presented slides about the pathology consensus manuscript.
- Long discussion about R0/R1 especially in liposarcoma and that potentially we do not need to document this anymore as there is no way to really evaluate the margin and even if we did, it does not have any prognostic value. Basically, we would only ink the part we are worried about if there are concerns.

- We discussed the difference between the surgically cut margin vs. the capsule but many stated that the cut peritoneal reflection still has no prognostic value and neither does the capsule as you cannot paint an entire capsule for assessment.
- We then discussed grading in certain subtypes – especially de-differentiated sarcoma; accuracy of grading on core biopsy is still an issue to be addressed.
- Other unsolved issue to be addressed: whether low grade dedifferentiated liposarcoma does exist, if yes whether this has to be considered grade 1 or grade 2 – 3
- In terms of core elements of the pathologic report everyone agreed with the core elements and agreed with now reporting organ infiltration

8:45-9:00 **STRASS2/STREXIT2 update** (Winan van Houdt)

- Update of STRASS 2 and reviewed the criteria.
- Talked about inclusion of STREXIT 2, trying to figure out how to collect to both databases including RESAR.
- Amendment to include STREXIT 2
- Many centres open in Canada, US, Europe, Australia and Japan
- Recruitment is speeding up and we have 75 patients at CTOS and today we have 97 patients and accrual is speeding up
- Estimated end of enrolment end 2027 instead of 2028.
- Started the tumour board meetings monthly to discuss case to see if suitable for inclusion.
- Need to have randomized at least 1 patient into STRASS 2 to participate to STREXIT 2; inclusion in STREXIT 2 starts from when the site was active for STRASS 2.

9:00-9:45 **RESAR updates** (Marco Fiore and David Gyorki)

- Governance rules
    - Update on the Governance Committee – David Gyorki has been nominated as the Chair.
    - There are several members on the Governance Committee – they manage the project ideas and adding new data points etc.
    - The Executive Committee is for the operational part of RESAR – WE NEED MORE HELP – a call for volunteers has been made to the group
    - Follow-up schedule is at the discretion of the institution but with the SARveillance protocol – that we follow a specific interval of follow up.
- Update on centralisation platform:
    - 47 recruiting sites
    - Data is officially centralized on the platform since January 2024
    - 17 centres have uploaded their historical data onto the RESAR platform.
    - 8 centres have completed the contract and need to upload data.
    - 22 centres are signing the contracts and will be able then to upload data
    - From 17 centres we have 1200+ patients centralized.
- Update on projects.

- One project has been completed (Complexity Score): Oral presentation at CTOS; manuscript revision ongoing
- New RESAR projects can be proposed by any TARPSWG member, if not participating in RESAR then a senior Co-PI from a RESAR recruting center should be involved in project development
- Authorship rules will allow all contribuiting investigators to be included either in the byline or as Pub-med indexed collaborators, according to the proportion of contributed patients
- 5 studies are ongoing: Benchmark, Res-Anti Path, Response to neo-adjuvant chemo, Biopsy grade on biopsy, Patterns of Care; data collection completed, dataset will be circulated to PIs shortly (aim: submitting for CTOS 2024)
- The RESAR Governance Committee established a number of future projects that will be developed:
    - Case volume and outcome – Alex Gronchi to lead.
    - Validation of the IBPI score as a predictor of morbidity/mortality – Correlation of IBPI/CRP on oncologic outcome – Marco Fiore to lead.
    - Histotype specific natural history and prognostic factors: retroperitonal/pelvic SFT, LMS, MPNST, PEComa, etc – Sam Ford and Carolyn Nessim to lead.
    - Validation of the MSKCC study on retroperitoneal WD Liposarcoma (prognostic relevance of the different WD components) – Dario Callegaro to lead.
    - Nomogram validation (both static and dinamic) – Chan Raut to lead.
    - Impact of neoad chemotherapy in a propensity matched fashion – Winan vanHoudt and Luke Selby to lead.
    - Impact of neoadj RT for various histotypes – David Gyorki to lead.
    - Also, will be launching SARveillance shortly.
- New proposal for RESAR – COLOSARC (Jens Jacob)
    - 3% leak rate in our Primary paper
    - How many anastomoses were reported.
    - Provide up to date of colorectal resection and reconstruction and determine leakage rate and how many get ostomies.
    - Inclusion: all cases with Colorectal resection
    - Demographics, pre-treatment, surgery and resected organs and blood loss, transfusion, reconstruction or ileostomy, Post op data (may need additional data) which is treatment of the complication.
    - Need to add reason for the stoma.
    - Collect CRP
    - Can help refine the complexity score.
    - Prospectively will have more accurate reporting on complications.
    - Reservation or not of the IMA and level of rectum that was cut.

9:30-9:45 **Update on clinical recommendations for metastatic RPS Manuscript** (Will Tseng)

- Discussion about updating the consensus that was published in 2018.
- Reviewed the previous manuscript.
- Proposed updates:

- Histology-focused upfront – LPS, LMS, UPS, MPNST, SFT to match our consensus on primary and recurrent.
- Where are the expected sites of mets per subtype?
- When does metastasis occur? And what is the expected outcome of met or recurrence?
- Include but separate the concept of metastatic vs. multifocal disease – but not a clear separation in the previous paper and we should separate it in this update. We should define these and have a clear distinction.
- Systemic therapy – what is the role and timing – for hematogenous spread vs. surgery vs. other local therapies for multi focal disease.
- LMS: synchronous vs metachronous, single vs multiple etc – systemic treatment and local options
- LPS: good definition, multifocal and sarcomatosis.
- Systemic therapy – can response to therapy assess benefit from surgery etc.
- Histology focused systemic therapy.
- Will Tseng (surg), Roberto Sanfilipo (med onc) Chiara Fabbroni (med onc) Jason Sicklick (surg), Radiation Oncologist from Mayo has volunteered in the chat? Interventional Radiologist?
- Comment on Immunotherapy was recommended.

10:30-10: New proposals

- Recurrent RPS decision-making: Elizabeth Lilley from Brigham Women's Centre
  - May benefit from surgery.
  - Lots of complexities with decisions to make of what to do when they recur.
  - Insight on how you make decisions and how it compares to your peers.
  - Which factors are the most important? Differences between specialists and institutions.
  - Patient factors: age and performance status and cancer factors, interval free of disease, multifocal or unifocal, surgical complexity and patient preferences
  - Survey would be the start of this study.
  - Include surgeon factors such as years in practice, mentorship etc.
  - Radiation oncology should also be included.
  - **ACTION ITEM**: Mai Kim to send Liz the application form to the REC to formalize the project.
- Count me in for OS and LMS – Dr. Chan Raut
  - Non-profit research initiative and includes patients.
  - Establish network of paediatric and adult – genomic, clinic data and whole exome and transcriptome etc information to understand the biology and then hopefully find targets for treatment!

        - Trying to have as much a diverse population as possible.
        - Bioinformatics that will become publicly available.
        - Spread the word – Leave cards in your clinics etc. They are for patients.
    - FLORRAL (recurrent RPLPS) David Gyorki
        - Histology is a key driver of subsequent recurrence especially LPS – local recurrence.
        - Number of resected organs at the time of first surgery was a negative prognostic factor and the time point of study recruitment was older era of patients.
        - Hypothesis: The outcome of recurrence is related to the location of the primary tumour
        - Only looking at LPS
        - Inclusion: First local recurrence surgery patients
        - Primary Objective is to describe patterns of recurrence at first recurrence.
        - Secondary Objective describe patterns of recurrence at second recurrence.
        - Divided the abdomen in 6 zones, should we include root of mesentery and porta hepatis to be even more granular as these are important factors.
        - Should not label as low or high volume but was primary surgery done at the same surgery.
        - Granular location description
        - Hypothesis is some would be at a higher risk of recurrence.
        - **ACTION ITEM:** Already submitted to REC – need to finalize the project and launch it.
- Discussion and feedback for next TARPSWG
    - Mentorship session for new proposals that come through the REC to allow members to share their ideas and for junior members to learn and be helped by more senior members.
    - **Encourage young members to seek out mentorship if you have a research idea so that we can help you create them and then would be ready to present at CTOS.**

11:15-11:45 Update on TARPSWG international tumour board (Jason Sicklick)

- Fourth Friday of every month (7am pacific, 10am eastern, 4pm Europe)
- 23 attendees, usually 3 cases per session
- Over the last few months number of case and attendees has increased
- Thanks to Chan Raut to moderate when Jason away.
- 27 cases have been discussed to date.
- Cases were presented as an example of tumour board to highlight it (Nick Memos and Catherine Sarre presented cases)
- Discussion again about timing and ad hoc meetings for emergency cases.

11:45-12:00 Update on Clinical Trials Committee (Crisy Roland)

- Sharing recently published data about immunotherapy

- Phase 2 study developed in 2017 and now published 4-armed randomized study – Primary or recurrent DDLPS or UPS given Nivo, IPI or both.
    - 17 DDLPS and 10 UPS
    - DDLPS: 35% had primary, 65% had recurrent disease.
    - Majority of patients did not get all the doses because of toxicity esp in combo group.
    - Sarculator was poor prognosis for most of the patients.
    - Pathologic response was the outcome.
    - DDLPS – response rate was 18% and was not different with monotherapy or doublet therapy.
    - UPS 90% had very little viable tumour.
    - No assication between RESIST and path response or survival
    - No correlation with opath response or PD1
    - Future perspectives: Long term data for UPS, IN DDLPS combination needed Adria + PD1 and doing it an neo-adjuvant setting may be good, need to standardize surrogate outcomes
- **RELAPSE study**– Prospective study with locally recurrent resectable sarcoma – study is approved and can be opened. – EMAIL ANGELA or CRISY if you want to participate

12:00-12:15 **Education update** (Jeff Farma and Dario Callegaro)

- ReSurge May 16-17: David Gyorki will talk and second date will be live surgery – three ORs running at the same time – Milan, Paris and Amsterdam; discounted hospital fee for TARPSWG affiliated centers available (look out on essoweb.org)
- Webinars: 3000 views of 8 webinars and people keep watching them even though more than 2 years old now
- TARPSWG journal club still waiting to take off – declining interest unfortunately in this – **ACTION ITEM: CALL OUT TO NEW MEMBERS**

12:00-12:15 **REC update** (Mai-Kim Gervais)

- Provided and update on the Retrospective TARPSWG projects.
    - RP Lipoma – collecting data
    - PEComa – analysis phase
    - Pelvisarc – submitted and in revision phase with BJS
    - Desmoid – Writing up manuscript will be circulated soon
    - Myxoid Liposarcoma – analysis phase
    - Natural History of WDLPS – waiting for manuscript review
    - Vascular resection – need IRB approval letter for some centres but in data collection phase
    - Surveillance retrospective study – data collection phase
    - DSRCT database – signing contracts and collecting data
- Recently approved and waiting for IRB approval and DSA
    - Retro Ewing's sarcoma – Dario Callegaro
    - David's project was presented and will be finalized soon at the REC
- New REC members were introduced.

Group photo was taken, and adjournment.

<u>Save the date</u>

Next TARPSWG meeting will be held in occasion of CTOS in San Diego, CA on:

November 13th 2024

from 8-12 am local time

Local host will be Jason Sicklick (UCSD)