
RESAR Governance Update

TARPSWG, SSO 2024, Atlanta

David Gyorki
Marco Fiore





Updates

- Governance committee
- Important notes for RESAR sites
- Projects completed
- Project underway
- Proposed projects
- How to propose new projects
- Authorship rules



Governance committee

- David Gyorki – Melbourne (chair) david.gyorki@petermac.org
- Marco Fiore & Alex Gronchi – Milan marco.fiore@istitutotumori.mi.it
- Sylvie Bonvalot – Paris
- Sam Ford – Birmingham
- Dirk Strauss - London
- Piotr Rutkowski – Warsaw
- Winan van Houdt - Amsterdam
- Miguel Abreu - Lisbon
- Carol Swallow – Toronto
- Carolyn Nessim - Ottawa
- Chan Raut – Boston
- John Mullinax – Tampa
- Crisy Roland – Houston
- Luke Selby - Kansas



Executive committee

- David Gyorki – Melbourne (chair)
- Marco Fiore– Milan
- Anant Desai – Birmingham
- Michelle Wilkinson - London

** Need more volunteers!!

Clinical Research Coordinator – Daniela Salvatore (Milan)

RESAR Governance structure



Governance Committee Chair

Governance Committee

Executive Committee

Governance Committee

Role:

TARPSWG body that leads RESAR and strategically responsible for shaping an overall project vision, overseeing its quality and prioritizing the study proposals submitted from time to time (also includes Executive Committee and Chair)

Responsibilities

- to regularly assess RESAR project's progress and future prospects
- to oversee use of data stored within the RESAR database, and prioritize projects
- to assess feasibility of modifying the dataset or introducing substantial amendments related to its execution
- to support the REC (Research Committee) in the process of new studies approval
- supervision of the authorship rules for RESAR projects in conjunction with the Study PIs



Important notes from committee for RESAR sites

- RESAR is a prospective registry study
- All consecutive patients with primary retroperitoneal sarcoma at involved sites should be included
- Patients should be followed up at the RESAR site
- Follow up schedule is at the discretion of the institution however SARVeillance study is now incorporated within RESAR platform and open to recruitment
- Recommendation that patients (particularly liposarcoma) be followed for greater than 10 years post diagnosis



RESAR projects - completed

A novel surgical complexity score to predict postoperative morbidity for patients undergoing resection of primary retroperitoneal sarcoma: The first TARPSWG study from the prospective RESAR repository

Mark Fairweather, MD1, Joshua S Jolissaint, MD, MSc1, Marco Fiore, MD2, Dirk Strauss, MD3, Sylvie Bonvalot, MD, PhD4, Samuel J Ford, MD, PhD5, Winan J van Houdt, MD, PhD6, Carol Swallow, MD, PhD7, Piotr Rutkowski, MD, PhD8, David E Gyorki, MD9, Migalie Fau, MD10, John Mullinax, MD, PhD11, Markus Albertsmeier, MD12, Carolyn Nessim, MD13, Vittorio Quagliuolo, MD14, Valerie Grignol, MD15, Kenneth Cardona, MD16, Jose Antonio González, MD17, Elisabetta Pennacchioli, MD18, Marko Novak, MD19, Marco Rastrelli, MD20, Sergio Valeri, MD21, Michelle J Wilkinson, MD3, Dimitri Tzanis, MD, PhD4, Fabio Tirota MD5, Yvonne Schrage, MD6, Rebecca Gladdy, MD, PhD7, Jacek Skoczylas, MD8, Alessandro Gronchi, MD2, Chandrajit P. Raut, MD, MSc.1

- Oral presentation at CTOS 2023
- Currently in preparation for manuscript submission



RESAR projects - underway

All closed to recruitment. Data to be shared with PIs soon

Ongoing RESAR projects: «the 5 studies	ID	PIs	Studytime-frame	ParticipatingCenters	Statistician
BISARC	R1905	S.Dumitra A. Gronchi	Jan2017 –Jan2020	21	TBD
Patternsof Care	R2005	H. Snow D. Gyorki	Jan2017 –Jul2022	29	SophiaXie(Melbourne)
Responseto Neoadjuvant	R2007	W. Van Houdt A. Gronchi S. Reijers	Jan2017 –Oct2020	19	TBD
ResAntiPath	R2006	M. Fiore A.Gronchi D. Strauss	Jan2017 –Jan2020	22	R.Miceli (Milan)
Benchmarks	R1906	A.Gronchi F. Tirotta M. Fiore	Jan2017 –Dec2021	24	TBD

RESAR projects - planned

- Governance committee devised a list of 'obvious studies'

	Project Title	Lead
1	Case volume and outcome	Alex Gronchi
2	Validation of the IBPI score as a predictor of morbidity/mortality – Correlation of IBPI/CRP on oncologic outcome	Marco Fiore
3	Histotype specific natural history and prognostic factors: retroperitoneal/pelvic SFT, LMS, MPNST, PEComa, etc	Sam Ford
4	Validation of the MSKCC study on retroperitoneal WD Liposarcoma (prognostic relevance of the different WD components)	Dario Callegaro
5	Nomogram validation (both static and dynamic)	Chan Raut
6	Percentage and extent of histologic organ invasion overall, by histotype and its correlation with outcome (in part probably already included in the RESANTIPAH project)	Marco Fiore
7	Impact of neoad chemotherapy in a propensity matched fashion	Luke Selby/Winan van Houdt
8	Impact of neoadj RT for various histotypes –	David Gyorki



RESAR projects – future proposals

- Protocol for new proposals
 - Submission of research protocol to RESAR governance committee
 - Should include aim, patient eligibility, endpoints, statistical design
 - preliminary inquiry to chair regarding feasibility are welcome
 - Protocol will be reviewed by governance committee to ensure optimal design and feedback provided
 - Once committee approves project, the protocol is shared with all RESAR site PIs who are able to opt in.
 - Data will be shared from Milan with lead PI



Authorship rules

- a. **The PI** is the member that devised the research idea and was identified at the time of the initial proposal
- b. **First and last authors:** PI and coPI.
- c. **Rest of Byline Policy:** To qualify for byline authorship, sites must contribute a threshold of patients, for example, 5%. The number of authors per center will be proportional to the number of patients included based on the chosen threshold. For instance, if a center contributes 11% of the total patients, it will have 2 authors; if it contributes 20%, it will have 4 authors, and so forth. The selection of authors will be made by the site's local Principal Investigator. The threshold will be determined based on the number of participating sites in the project and in accordance with journal guidelines.
- d. **Authors' order** Following the first author, subsequent positions will be determined by the number of contributed patients. In the event of multiple authors from one site, additional authors will be listed after the initial round of authors in the same order.
- e. **Additional Authors:** Other contributors to the topic of the manuscript, not already included as per the site representation mentioned above, such as pathologists, basic scientists, biostatisticians (this is normally the second or the last but one author; if there are 2 statisticians, one is second and the other among the last authors), etc., as well as representatives from patients' advocates when indicated.
- f. **Collaborators:** All other additional authors from sites already represented in the byline and all authors from sites not represented in the byline due to not meeting the threshold of contributed patients: their names will fall under the umbrella of the group name (TARPSWG). They will be listed in an appendix and tied to the citations of the manuscript on PubMed and similar platforms.
- g. If the PI would like to submit the project for an abstract oral or poster presentation at a National or International meeting, they must advise the participating centers and use the same order of authors as on the manuscript.



Conclusion

- RESAR project is entering into consolidation phase
- After much effort, will soon begin generating significant output
- Ongoing success of the registry relies on quality data collection and productive output.
- Participation welcome.
- Still remain places on the governance committee and executive committee
- Always looking for new sites