

TARPSWG Semi-annual Virtual Meeting Minutes

Wednesday November 10th, 2021, 8am-12pm EST

Attending: Samuel Aguiar, Safia Ahmed, Nita Ahuja, Markus Albertsmeier, Christina Angeles, Giacomo Giulio Baldi, Adam Barlow, Joal Beane, Ana Cecilia Belzarena, Jean-Yves Blay, Trey Blazer, Sylvie Bonvalot, Dario Callegaro, Ferdinando Cananzi, Ken Cardona, Denise Caruso, Sergio Cervera-Bonilla, Jun Chen, Yen-Lin Chen, Lorenzo D'Ambrosio, Maria Danieli, Elizabeth Demicco, Palma Dileo, Mihaela Druta, Sinziana Dumitra, Chiara Fabbroni, Mark Fairwhethear, Marco Fiore, Samuel Ford, Annamaria Frezza, Dorian Yarih Garcia Ortega, Maikim Gervais, Rebecca Gladly, James Glasbey, Giovanni Grignani, Valerie Grignol, Alessandro Gronchi, David Gyorki, Rick Haas, Paul Huang, Shintaro Iwata, Robin Jones, Bernd Kasper, Raymond Kennedy, Emily Keung, Attila Kollar, Nicole Larrier, Lars Lindner, Roberta Maestro, Bob Maki, Joshua Mammen, Pierre Meeus, Winta Mehtsun, Rosalba Miceli, Eyal Mor, John Mullinax, Carolyn Nessim, Marko Novak, Elena Palassini, Emanuela Palmerini, Sandro Pasquali, Shraddha Patkar, Elisabetta Pennacchioli, Andrea Porpiglia, Stefano Radaelli, Chandrajit Raut, Christina Roland, Lorella Rusi, Piotr Rutkowski, Roberta Sanfilippo, Claudia Sangalli, Yvonne Schrage, Luke Selby, Jason Sicklick, Pawel Sobczuk, Silvia Stacchiotti, Dirk Strauss, Lorena Suarez Kelly, Carol Swallow, Joanna Szkandera, Anastasia Tararykova, Khin Thway, Fabio Tirota, Yu Toda, William Tseng, Dimitri Tzanis, Winan Van Houdt, Gabrielle H. van Ramshorst, Jiping Wang, Eva Wardelmann, Jilong Yang

Apologize: Hayden Snow

Video recording of the meeting is available here:

https://drive.google.com/file/d/1iD4h9jWlhisSH59bDif53zZ_BJNFcVOY/view?usp=sharing

Slides are also available on the website here:

<https://tarpswg.org/semiannual-meeting-november-2021-documents/>

- Intro – A. Gronchi

Dr. Gronchi opened the meeting and welcomed everyone in the group

- Update STRASS 2

- **Sites activation and accrual status (W. van Houdt)**
 - Dr. vanHoudt reviewed the concept and inclusion criteria of STRASS 2
 - Amendment that any grade of LMS is now included
 - 20 patients randomized to date. A little bit behind schedule but given the Covid situation and delays not doing badly and he is happy with accrual so far
- **Update from Europe, Australia, Canada, US (R. Gladly, K. Cardona, D. Gyorki)**
 - Many European centers are now active and have accrued patients
 - Canada is in collaboration with CCTG and underway with hopefully 5-6 centers and will likely be able to start accruing in Jan 2022
 - US is in Collaboration with ECOG and are waiting for approval with NCI to have as many US centers to participate. A bit of a slow process but steady and promising
 - Australia: IRB finalized, there will be 3 sites: Melbourne, Brisbane and Sydney and will like start accruing in Dec 2021. Also there are 2 substudy protocols being organized by Peter Mac: 1) Patient preferences and why they would choose to undergo neo-adjuvant chemo 2) PET-Scans ability to evaluate response to chemo

- UPDATE Consensus Management of recurrent RPS – CJ Swallow/WW Tseng

- Dr. Swallow highlighted the new information in the updated Consensus on the Management of Primary Sarcoma, particularly the statement about patients with residual disease
- Dr. Tseng highlighted the new information in the updated Consensus on the Management of Recurrent Sarcoma

- Included the importance of discussion at MDT for all cases
- Asked for feedback on how to define a center of excellence
- Defined multi-focal as 2 or more discontinuous tumours
- Asked for feedback on how to describe surgical approach (Multivisceral Resection vs. Compartmental resection)
- Also new addition including intent of treatment: curative vs. palliative
- Plan to submit manuscript to Ann Surg Oncol by Dec 2021

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- 8.40.8.55: Overview of TARPSWG – CP Raut

- Wonderful presentation by Dr. Raut going over the history and purpose of TARPSWG (available slides, see below): TARPSWG was created in 2013 with 8 centers in North America and Europe; now has expanded to 160 centers in North America, Central/South America, Europe, Asia and Australia thus the adaptation of the name to Trans-Atlantic ***Australasian*** Retroperitoneal Working Group.
- The main achievements of the group include:
 - **Consensus**: 4 statements published so far (2 on Primary RPS, 1 and soon 2 on Recurrent RPS and 1 on Metastatic RPS)
 - **Prognostic Models**: Nomogram for Primary RPS, Nomogram for Recurrent RPS and Dynamic RPS Nomogram
 - **Retrospective Studies**:
 - Primary RPS 1007 patients (Neo-adjuvant Radiation, Patterns of Recurrence and Post-Operative Morbidity)
 - Response to Neo-adjuvant Chemotherapy
 - Recurrent RPS 607 patients (Nomogram, Post-operative Morbidity, Management of second recurrence, Change in Differentiation upon recurrence)
 - Pancreatic Resection for RPS (Whipple and Distal Pancreatectomy)
 - Mesenteric Sarcoma
 - Schwannoma
 - **Clinical Trials**:
 - STRASS
 - STRASS 2
 - Potential STRASS 3
 - **Translational Research**:
 - Publication about Biobanking across centers and noticing the differences but the potential for collaboration
 - **Tumour Board**:
 - Will be discussed later in the meeting but there has been a monthly international tumour board led by Jason Sicklick discussing complex cases
 - **Education**:
 - Will be discussed later in the meeting but there is a 5 part Webinar series on RPS led by Dario Callegaro
 - Review of multiple articles on RPS in EJSO in the progress

- 8.55-9.05: SARveillance Trial (SART Trial) Update - S. Ford

- Dr. Ford gave an update on SARveillance
- Main Concept: Imaging surveillance post surgery of Primary RPS. Low and Intermediate Grade vs. High Grade and Randomized to high or low intensity surveillance
- Discussed funding from the UK, must have 20% of patients from the UK and not enough funding for everyone so working with other Collaboratives to work on finding funding.
- Now in the process of identifying leads in each country and working on acceptance and trying to get funding

- 9.05-10.15: RESAR Update -

- Update of recruitment - D. Callegaro
 - Accrual at October 2021: 2595 patients (+527 from February 2021). By mean of the Complexity Score project 1092 patients has already been centralized and a snapshot of the included population is offered (WDLS 23%, DDLPS 42%, LMS 18%, preop RT 19%, preop CT 15%, R2 5%, reoperation for complication 11%)
- Revisiting data dictionary – D. Gyorki:
 - Recap inclusion criteria
 - Primary Retroperitoneal Sarcoma
 - Patients with Residual primary disease
 - Inclusion of those under observation?
 - Inclusion of recurrent patients?
 - Focus on pathology - K. Thway
 - Dr. Thway went over an updated version of what should be included in RESAR about pathology to be consistent across groups and to be more relevant for 2021
 - There was a comment about some of the entities discussed not being in the inclusion criteria for RESAR
 - A lot of discussion about how margins are assessed from center to center and how difficult this can be and agreement that we should make an effort to standardize this across groups
- RESAR projects update
 - Update on DSA & status of centralized RESAR data collection/registry/mechanics of registry trials - M. Fiore
 - Dr. Fiore gave an update on the Centralized Database: **RESAR Platform**
 - Getting very close to finalizing this, it will require an update on the Main Framework agreement that each center will have to sign
 - Still have an appendix to sign for each study
 - Existing data will be transferred to the new Centralized Database via Excel or Filemaker
 - There will be a data manager for quality assurance
 - To collect data for BISARC, Pattern of Care, ResAntiPath, Response to NeoAdjuvant and Benchmarks projects, signature of Framework Agreement will be mandatory ****a list of centers who opted in for the single projects is found in the Appendix to this document***
 - Centers will be contacted by: Milan Legal Office for DTA signature and at the same time by BBS Italia Company to establish local upgrade to the centralized Platform
 - Planned RESAR projects and deadlines

- Complexity score project for post-op morbidity (M. Fairweather)
 - All data collected
 - Gave an update on analysis
 - Presently working on cleaning up data
- Correlation between Biopsy and Surgical Specimen (BISARC) (S. Dumitra)
 - Gave an update on the concept of the study
 - Explained the main data points that need to be collected including biopsy grade, size, number of cores, modality and neo-adjuvant treatment
 - Still collecting data
 - 22 centers have signed up
 - Waiting on the Appendix DTA
- Correlation between anticipated resection vs actual resection ResAntiPath (M. Fiore)
 - Gave an update on the concept of the study
 - 22 centers have signed up
 - Still collecting data
 - Waiting on the Appendix DTA
- Variation in patterns of care (Patterns of Care) (Hayden Snow)
 - Still collecting data
 - Gave an update on the concept of the study
 - Waiting on the Appendix DTA
- Response evaluation after neoadjuvant chemotherapy for retroperitoneal sarcoma (Response to NeoAdjuvant) (W. Van Houdt)
 - Still collecting data
 - 19 centers participating
 - Gave an update on the concept of the study, is there a change in operative plan when there is a response to chemo (some concerns about bias for change in operative plan post chemo are raised)
 - Pathologic response
 - Waiting on the Appendix DTA
- Benchmarks in RPS Surgery (Benchmarks) (F. Tirotta)
 - 20 centers participating
 - Concept of benchmarking shared and how study will be organized

- 10.15-11.05: REC Committee Update

- Update about REC Committee functions and Terms, New Members, Defining TARPSWG projects (External peer reviewer/mentor for the junior proponent) – C. Nessim
 - Dr. Nessim reviewed who are the current members of the REC
 - Also went over the rules for application
 - Please use the TARPSWG or RESAR Protocol Form available on the website (email cnessim@toh.ca if needed)
 - Please include an expert reviewer that has reviewed your protocol prior to submission to the REC
 - Max 2 projects per person at one time
 - Since March 2021 several projects **approved**:
 - TARPSWG-R2007 – Response to Neo-adjuvant chemo on Imaging (W. vanHoudt)

- TARPWSG-R1906 – Benchmarks in RPS Surgery (F. Tirotta)
 - TARPSWG-2101 – Retroperitoneal Lipoma (W. Tseng)
 - TARPSWG-2103 – Textbook Outcomes (J. Beane)
 - TARPSWG-2004 – STRASS Survey (C. Roland)
- Since March 2021 projects **under Review**
 - TARPSWG-2102 – PEComa Study
 - TARPSWG-2105 – Study on SBRT in Recurrent or Unresectable RPS
 - TARPSWG-2100 – DSRCT – Response to 2nd line treatment
 - TARPSWG-2104 – DSRCT – Long term outcomes after surgery for DSRCT
- Reviewed the DSRCT Database
 - This will be a collaborative Multi-Institutional Database not only including TARPSWG
 - It is a centralized Online Database led by Winette van der Graaf and with collaboration Winan van Houdt and Sophie Reijers
 - There will be a Framework Agreement to submit cases to the Database. At first they will be Retrospective with the hope of being Prospective in the future
 - Then many study questions can be done on this dataset
- Desmoid Project – update of final number of patients and plan of the analysis – C. Nessim
 - 762 cases from 37 centers of intra-abdominal Desmoids
 - Some demographics shared
 - More data cleaning to do but hope to have abstract for ASCO in Feb or CTOS in June
- Myxoid Liposarcoma Project – update on Tissue transfer agreement for MDM2 testing for Retro cases – C. Nessim –
 - 1187 cases, 100 Retro and the rest are Extremity
 - Of the 100 cases we know the MDM2 or FUS-CHOP status on 50 to prove they are Myxoid
 - We got a PALM grant in Ottawa to do the MDM2 on the other 50 cases
 - Centers will be receiving and email and Material Transfer agreement to send their slides for testing
 - Once this is done we can start analysis
- Update on STRASS Post-Publication Survey – C. Roland
 - Survey has been finalized and reviewed by several experts to do the final questions
 - Main goal is to evaluate Practice pre-STRASS, the post STRASS Abstract vs. post STRASS Publication
 - Will be on RedCap and shared via CTOS and Tweeted and then reminder at 3 weeks and 6 weeks and then it will close.
 - Just waiting on IRB approval to then send out
 - Hopefully can submit abstract to ASCO (Feb) and if can't then CTOS (June)
- Ganglioneuroma project – Presentation of Results – J. Sicklick
 - Presenting this work at this current CTOS
 - Showed the very interesting results
 - Manuscript in Progress
- Natural History of WDLPS study – Presentation of Results thus far – M. Fairweather
 - 550 patients from 20 centers
 - Finalizing 2 more DTAs and then analysis will start

- PelviSarc – Present data and analysis thus far – M. Fiore
 - More than 400 cases
 - Presented the results
 - Manuscript in Progress (proposal to submit for CTOS 2022)
 - RP Lipomas – Present concept – inclusion criteria – W. Tseng
 - Explained the definition of Retro Lipoma
 - Exclusion criteria should include intramuscular Lipomas (Psoas)
 - 12 centers have shown interest so far
 - PEComa project – Present concept – inclusion criteria – D. Gyorki
 - Evaluate the Natural History
 - Pathology is a big part of the study with IHC
 - Went over inclusion and exclusion criteria
 - Should include epithelioid AMLs
 - Exclude PEComas within viscera
 - Textbook Outcomes Project – Present concept – J Beane
 - Went over the concept of Textbook outcomes
 - A lot of feedback on how to define this
 - Dr. Beane will send out a Doodle poll to have a TC about this project and get the collaborators input on this project
- **11.05-11.15: Clinical Trials Committee - C. Roland**
- Prospective study on Pre-operative radiation for recurrent Retroperitoneal sarcoma (*proposal*)
 - Only Liposarcoma patients and unifocal disease and no prior radiation, previous chemo allowed
 - Main objective: Abdominal recurrence free survival
 - Secondary objectives: OS, Cumulative incidence, second recurrence etc.
 - Pragmatic type trial but with standardization of the Radiation
 - Also having to decide the number of patients as it is a single arm study
 - Maybe add patients that have not had radiation so not for comparison as there is too much bias but can be captured (almost like a STREXIT concept of who didn't get radiation and why)
 - TC will likely happen before the New Year
 - Trabectedin and XRT (*proposal*)
 - SBRT for Recurrent Sarcoma (*proposal*): an initial retrospective study project has been submitted to the REC
 - Design STRASS 3 (*proposal*) (Rick Haas) radiation therapy for WDLPS + G2DDLPS
 - Registry studies through RESAR
- **11.15-11.25: Translational Research Committee - R. Gladdy**
- Update on the Committee and the plan moving forward
 - Think tank to look at what projects we can collaborate on for translational research
 - STRASS2 TR
 - Mandatory tissue collection (optional in Canada)
 - Biobanking protocols need to be consistent especially for proteomics and CTC
 - Last meeting was April 2021, another meeting next week
 - Jason presented his work on GIST - microenvironment

- John Mullinax – TIL therapy
 - Ideas for Liposarcoma and changing over time – something would like to work on
- **11.25-11.40: Education Committee update**
 - Education Webinars and overall update – D. Callegaro, J. Farma
 - 5 Webinars Set
 - Principles of Diagnosing Retroperitoneal Masses
 - Surgical Management for RPS
 - Multidisciplinary Management for RPS
 - The proper surgery in the proper center
 - Recurrent and Unresectable RPS
 - Has been quite successful with good attendance
 - Should maybe start applying for grants
 - To see the Webinars if you missed them, they are accessible on YouTube, only through link on TARPSWG Website
 - Special Issue in EJSO –P. Rutkowski
 - Provide baseline knowledge on RPS
 - Variety of Authors from TARPSWG
 - Special issue on RPS
 - Deadline is Feb 5
 - TARPSWG International Tumour Board Update –J. Sicklick
 - This stemmed from the conversations about resectability and to discuss complex cases
 - Multidisciplinary discussion for borderline cases looking at disease biology and surgical considerations
 - Not recording these
 - 6 meetings so far on the 4th Friday of each month
 - 21-75 participants
 - Discuss 2-3 cases per meeting (80% are prospective, 20% are retrospective)
 - Majority are DDLPS and now including GIST for discussion if complex
 - Most discussion about recurrence on remnant kidney in patient having previous nephrectomy
 - Feedback on timing or flip flopping times
 - Nov 26 will be moved the Dec 3 and the one before Christmas will be cancelled.
 - Would be nice to get follow up on cases that were presented.
- **11.40-11.50: Review of the structure of the group – CJ Swallow**
 - Acknowledgement of the work that Milan (Alex, Marco, Dario) have put in with regards to organization and Centralizing RESAR and keeping the group motivated and keep going etc.
 - Although no formal titles many are doing things for great collaborative efforts
 - We currently do not have Executive and will continue in the present form. In coming years we will have to decide in which form the experience of TARPSWG will continue and if any other leadership within the members would take it over
- **11.50-12.00: Discussion**

- Maybe would be good to create a formalized Executive with guidance from Milan and other senior members of the group
- We want this to be very collaborative and really consider what the originators want to do
- If there is regular turnover then there needs to be a network of people to ensure broad representation with new career members, good gender balance and diversity as well as multidisciplinary representation
- This is mainly to open discussion as likely we should start considering this and planning for the future.

TARPSWG photo

- Traditional photo was taken

AOB and adjournment

- Meeting was adjourned at 12:03 pm

Appendix – List of centers participating to RESAR projects

(only centers where RESAR is already activated are listed)

If you find any inconsistency, please contact: martina.ronchi@istitutotumori.mi.it; marco.fiore@istitutotumori.mi.it

Institution	City	ResAntiPath TARPSWG-R2006	BISARC TARPSWG- R1905	Pattern of Care TARPSWG- R2005	Response to NeoAd TARPSWG- R2007	Benchmarks TARPSWG- R1906
Netherlands Cancer Institute	Amsterdam	Yes		Yes	Yes	Yes
Winship Cancer Institute, Emory University	Atlanta	Yes	Yes	Yes	Yes	Yes
Johns Hopkins University	Baltimore					
Hospital San Pau	Barcelona	Yes		Yes	Yes	Yes
Mary Bird Perkins Cancer Center	Baton Rouge					
Peking University International Hospital	Beijing			Yes		
Queen Elizabeth Hospital Birmingham	Birmingham	Yes		Yes	Yes	
Instituto Nacional de Cancerologia	Bogotá	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
Institut Bergonié	Bordeaux					
DFCI-BWH	Boston	Yes		Yes	Yes	Yes
Princess Alexandra Hospital	Brisbane	Not eligible	Not eligible	Not eligible		
Roswell Park Comprehensive Cancer Center	Buffalo					
Candiolo Cancer Institute	Candiolo	Yes	Yes	Yes	Yes	
The Ohio State University	Columbus	Yes	Yes	Yes	Yes	Yes
Duke Cancer Center	Durham					Yes
Mayo Clinic	Jacksonville	Yes	Yes	Yes		Yes

Leiden University Medical Center	Leiden	Yes	Yes	Yes		Yes
UZ Leuven	Leuven	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
Liverpool University Hospitals NHS Foundation trust	Liverpool	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
Institute of Oncology Ljubljana	Ljubljana		Yes	Yes		Yes
Royal Marsden Hospital	London	Yes	Yes	Yes		Yes
University of Southern California (USC)	Los Angeles			Yes	Yes	
Mannheim University Medical Center	Mannheim	Not eligible	Not eligible	Not eligible		Yes
Peter MacCallum Cancer Center	Melbourne	Yes	Yes	Yes	Yes	Yes
European Institute of Oncology	Milano		Yes	Yes	Yes	
Fondazione IRCCS Istituto Nazionale dei Tumori	Milano	Yes	Yes	Yes	Yes	Yes
Maisonneuve-Rosemont Hospital / University of Montreal	Montreal	Not eligible	Not eligible	Not eligible		
McGill University	Montreal	Yes	Yes	Yes		Yes
N.N. Blokhin Medical Research Center of Oncology	Moskow	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
Ludwig Maximilian University	Munich	Yes	Yes	Yes	Yes	Yes
Hospital Clinico Universitario "Virgen de la Arrixaca"	Murcia					
The Ottawa Hospital	Ottawa	Yes	Yes	Yes	Yes	
IOV	Padova			Yes	Yes	Yes
Institut Curie	Paris	Yes	Yes	Yes	Yes	Yes
Fox Chase Cancer Center	Philadelphia					
Portuguese Institute for Oncology Porto IPO	Porto	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible

Campus Biomedico	Roma	Yes	Yes	Yes	Yes	Yes
Humanitas	Rozzano	Yes	Yes	Yes		Yes
Saitama Medical Center, Jichi Medical University	Saitama		Yes			
UC San Diego	San Diego			Yes		Yes
A.C. Camargo Cancer Center	Sao Paulo		Not eligible	Not eligible	Not eligible	Not eligible
UW Medicine	Seattle					
Samsung Medical Center	Seoul		Yes	Yes		Yes
Royal Prince Alfred Hospital	Sydney	Yes				Yes
Moffitt Cancer Center	Tampa	Yes			Yes	Yes
Tel-Aviv Sourasky Medical Center	Tel-Aviv	Yes		Yes		
National Cancer Center Tokyo	Tokyo	Yes	Yes	Yes		Yes
Mount Sinai / Princess Margaret	Toronto	No	Yes	Yes	Yes	
Ospedale Borgo Roma	Verona					
Maria Skłodowska-Curie Memorial Cancer Center and Institute of Oncology	Warsaw		Yes	Yes	Yes	Yes
Tata Memorial Hospital	Mumbai	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible