TARPSWG Semi-annual Meeting Minutes, Dallas, TX

Wednesday 9 March 2022: 2-6pm CST – 9pm-1am CET

Attendees: Samuel Aguiar, Markus Albertsmeier, Alethia Alvarez-Cano, Ana Alvarez-Gonzalez, Vicens Artigas, José Manuel Asencio, Salvatore Asero, Elizabeth Baldini, Ana Cecilia Belzarena, Dan G. (Trey) Blazer III, Davide Bonomo, Sylvie Bonvalot, Meni Brakha, Dario Callegaro, Ken Cardona, Matias Chacon, Jun Chen, Sara Coppola, Elizabeth Demicco, Nicolas Devaud, Jennifer Dorsey, Mihaela Druta, Mark Fairwhethear, Jeffrey Farma, Marco Fiore, Samuel Ford, Dorian Yarih Garcia Ortega, Maikim Gervais, Rebecca Gladdy, Jonathan Greer, Valerie Grignol, Alessandro Gronchi, Haim Gutman, David Gyorki, Angela Hong, Paul Huang, Shintaro Iwata, Jens Jakob, Wendy Johnston, Miroslav Jurik, Bernd Kasper, Emily Keung, Corina Kim, Piotr Kobielak, Attila Kollar, Javier Lopez Gomez, Danille Maes, Joshua Mammen, Gary Mann, Winta Mehtsun, Celso Mello, Nikolaos Memos, Catherine Mitchell, Eyal Mor, John Mullinax, Mercedes Munoz, Walter Nardi, Carolyn Nessim, Deanna Ng, Eran Nizri, Alejandro Pairola, Ericka Parker, Sandro Pasquali, Elisabetta Pennacchioli, Luit Penninga, Francisco Manuel Perrotta Martínez, Raphael Pollock, Sergio Damián Quildrian, Chandrajit Raut, Christina Roland, Piotr Rutkowski, Kilian Salerno, Laura Samà, Roberta Sanfilippo, Raza Sayyed, Luke Selby, Rupen Shah, Jason Sicklick, Hayden Snow, Paweł Sobczuk, Matuesz Spalek, Hart Squires, Madeleine Strach, Harini Suraweera, Malgosia Suszynska-Kobielak , Carol Swallow, Joanna Szkandera, Marcus Tan, William Tap, Khin Thway, William Tseng, Dimitri Tzanis, Sergio Valeri, Ann Valter, Winan Van Houdt, Gabrielle H. van Ramshorst, Rachel Voss, Micheal Wagner
Apologize: John T Mullen, Jeffrey D Wayne

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Meeting Slides are available for download here:
https://tarpswg.org/sso-2022-semiannual-meeting-presentation-slides/
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1. **Welcome and Introduction** - A. Gronchi - C. Roland (5 mins)

2. **TARPSWG update** – future direction and relation to CTOS – CJ Swallow – W. Tap
    a. Dr. Swallow opened a discussion about how CTOS and TARPSWG can have a relationship of collaboration
        i. TARPSWG has 350 members of which 75-80% are surgeons
        ii. CTOS has 1300 members where 30% are surgeons
        iii. CTOS has a membership fee
        iv. TARPSWG doesn't, although there is a cost for the local host to reserve the meeting room and the A/V which can amount to up to $3000
        v. CTOS main goal is to hold an annual meeting
        vi. TARPSWG's production has mainly been consensus guidelines, large multi-institutional retrospective and prospective studies (including 2 EORTC sponsored clinical trials, STRASS and STRASS2), translational research.
    b. Dr. Bill Tap discussed the role and mission of CTOS
        i. The initial goal was to bring colleagues together to improve care for sarcoma patients
        ii. Share in ideas and research with a common goal
        iii. There is interest in collaborating with TARPSWG to try to be more inclusive of the surgical oncologists
        iv. Dr. Ken Cardona: TARPSWG allowed new young surgeons to come together with mentors to have research and education opportunities and network in a very harmonious fashion and although CTOS does the same maybe not with the same reach for everyone.
        v. How can CTOS allow for more member involvement?

vi. Dr. Raphael Pollock: The missions of both entities are complementary and one should not be subsumed by the other. There may be an opportunity for funding,
vii. Dr. Rebecca Gladdy: Recommends that TARPSWG is a Special Interest Group with support from CTOS. But that industry sponsorship alone should not drive the vision of CTOS and this could be re-calibrated to the true mission which is not only medical oncology
viii. Dr. Alessandro Gronchi: CTOS could be a facilitator of TARPSWG and similar groups/initiatives (ie desmoid working group, ultrarare sarcoma working group, and the like) as they add value. But they should remain separate. CTOS should take advantage of these working groups and facilitate them as they have nothing to lose.
ix. Dr. Bill Tap agrees that we can work together over the next few months to see how this relationship can be and how to satisfy both groups. In general, positively accepting this idea.

ACTION: At CTOS Board meetings to add TARPSWG on the standing agenda for the next few meetings to see how CTOS can support TARPSWG.

3. **RESAR update** - (40 mins)
   a. Update on Contracts and IT for Centralization – Marco Fiore (20 mins)
      i. Dr. Marco Fiore gave us an update on RESAR
      ii. 2741 patients in 45 centres since Jan 1, 2017, 196 patients added since Nov 1, 2021
      iii. No new centres open
      iv. Framework agreement must be signed first and then amendments are created for each individual study
      v. The Framework agreement cannot really be changed and so this needs to be discussed with your respective legal offices that this cannot really be changed and how to compromise for this. When the contract was created it was done among Canada, US, Europe and Australia and they did come to an agreement so it should not be an issue with your respective contract offices.
      vi. The Online platform is almost ready and technical support will start in a few months for each centre to set up the online access in their own centres and to upload the patients already collected and then move on prospectively online. Tech support will help with the data transfer. Each researcher will get a login and password.
      vii. The registry will be able to randomize patients
      viii. We were then shown the new online platform

ACTION: If you are a RESAR Center and have not signed the Framework Agreement yet, please contact Daniela Salvatore (daniela.salvatore@istitutotumori.mi.it) to complete this step to be able to send the data. You can start the process to set up the software and access. Need to sign an updated Framework agreement that has now included this Centralized online database. This will hopefully be completed by June 2022.

b. Pathology datapoints update – Khin Thway (10 mins)
    i. Dr. Khin Thway, pathologist from the Royal Marsden presented the basic and extended pathology datapoints that will be included in RESAR for collection.
    ii. There is a Minimum Dataset with 7 points with subsequent drop-down menus that MUST be filled in for each patient
    iii. There will also be an expanded list of pathology information, mainly it is more detailed on each of the different histologic subtypes
    iv. The pathology working group will be working on creating a data dictionary so that all centers are on the same page, and we can centralize the language between centers especially for the minimum 7 criteria
    v. Dr. Sicklick is wondering to collect molecular data beyond MDM2, can we add NGS panel yes/no etc. Would be free text at this point
    vi. Also copy number of MDM2 amplification may be recorded

c. Radiology Synoptic Reporting Project – Markus Albertsmeier (10 mins)
    i. Currently there have not been any research proposals to evaluate sarcoma imaging in TARPSWG
    ii. Imaging reports sometimes are lacking vital information
    iii. Good solution would be standardization and synoptic reporting of imaging for Retroperitoneal Sarcoma
    iv. The use of AI may aid in this standardization
    v. Created a template for Primary RPS
        1. Size
        2. Laterality
        3. Relation to other organs
        4. Relation to neurovascular structures
        5. Infiltration and extent with surrounding structures
        6. Characteristics of the lesion, composition etc.
    vi. Allows collection of radiomics and can follow lesions more specifically for treatment response or stability etc.
    vii. MSKCC have studied this in the past
    viii. Projects would like to pursue:
        1. First project: Refine the Template and evaluate satisfaction
        2. Second Project : Radiomics
        3. Third: Radiology Standardization
    ix. Dr. Swallow commented that during tumour board radiology is a big part of the discussion between radiology and pathology to really understand the tumour etc. and how is that captured in a more AI type data collection. Dr. Albertsmeier says this will mainly help radiologists to be more concise and precise in their descriptions but this does not obviate the need for discussion.
    x. Dr. Gyorki commented that you can evaluate reproducibility with and without radiomics between radiologists

xi. Dr. Gronchi commented that we can involve the radiologists in the group and start a process of standardization

ACTION: Markus will coordinate a radiology working group to meet and come out with standardized reporting for RESAR and other studies. We are all invited to solicit our soft tissue/abdominal radiologist to take part and connect with Markus (Markus.Albertsmeier@med.uni-muenchen.de).

4. **STRASS 2 update** – (20 mins)
    a. Update on Accrual – Winan Van Houdt (5 minutes)
        i. Global study led by EORTC (Canada (CCTG), Australia (ANZSA) and hopefully US (ECOG-ACRIN) and Japan (JCOG)
        ii. Study will take 7 years to complete
        iii. Amendment – any grade LMS as long as 5cm or larger
        iv. 29 open sites – 27 patients randomized

    b. Substudies discussion – David Gyorki (15 minutes)
        i. Evaluation of PET Scans in Sarcoma
            1. Primary Outcome: Evaluation of response
            2. One scan prior to cycle 2
        ii. Patient Preference
            1. Perceived benefits and harms of neo-adjuvant chemotherapy
            2. Limited to English, Questionnaires specific to this question adding 3 pages to the already imposed QoL questionnaires
        iii. Clinician Prreference Study is a work in progress.

ACTION: If interested in these substudies then ask your research coordinators if there is an opportunity to opt-in. There is no additional funding to opt-in into these substudies but all analysis will be done at Peter Mac and that is funded as is the review of the PET Scans by Nuc Med at Peter Mac.

5. **Translational Research Committee** – (30 mins)
    a. STRASS Correlative Science – Paul Huang (10 minutes)
        i. Evaluating molecular characteristics and immune related features to response (includes: Liquid Biopsy and germline testing etc.)
        ii. Correlation between pathology and imaging features
        iii. Radiomics for prediction of treatment outcomes
            1. Needs blood and tissue collection to do this. Some is mandatory collection but you can opt-in to what is optional for these correlative studies

ACTION: If interested in these substudies then ask your research coordinators if there is an opportunity to opt-in. There is no additional funding to opt-in into these substudies. There is however funding for some RNAseq, Proteomics, Potentially WES and Digital Pathology. As a group they did get a $2 million pound grant to perform some of these correlative studies,

b. Translational Webinars – Rebecca Gladdy (10 minutes)
    i. Have had discussions with the Education Committee
    ii. Integrate Translational Science into the already existing Educational Webinars. This would add a layer to these Webinars specific to translational science in the clinical context

c. MDM2 project – Valerie Grignol (10 minutes)
    i. Extracellular vesicles with MDM2 as a prognostic biomarker of Liposarcoma disease presence
    ii. Collecting serum of patients and extracting the EV and looking at MDM2, looking at the time of surgery and after surgery and potentially at later time points
    iii. 28 patients collected, pre-op and post-op sample, MDM2 levels are high at the time of surgery and decline after surgery
    iv. Levels are compared to surveillance scans as a correlation
    v. MDM2 has shown to go at the time of recurrence
    vi. Can serum ECV with MDM2 detect recurrence before imaging? Be a biomarker of LPS presence? What is the variability within a patient? Does it decrease with response to chemo or radiation?
    vii. No formal Protocol yet but this will come

ACTION: Next steps include creating a Protocol and Funding and then circulation to the group to invite for collaboration in this study.

BREAK 10 mins

6. **Clinical Trial Committee** – Crisy Roland (30 mins)
    a. Prospective observational study on preop RT in first recurrent retroperitoneal liposarcoma – Angela Wong
        i. Mainly a Observational Prosepctive Study, no randomization, Match patients as much as possible as those getting radiation followed by surgery vs surgery alone.
    b. Eligibility Criteria
    c. Inclusions:
        i. Adult age >18 presenting with first recurrent well-differentiated and/or dedifferentiated liposarcoma of retroperitoneal space or pelvis after previous macroscopically complete resection (R0/R1 resection)
        ii. No distant metastasis on cross-sectional imaging of chest/abdomen/pelvis (CT and/or MRI) within 1 month to confirm the absence of metastatic disease
        iii. Previous histologically proven well-differentiated or dedifferentiated liposarcoma histology only
        iv. Sarcoma not originating from bone or abdominal or gynecological viscera

v. Tumor confirmed to be resectable with likely R0/R1 resection, and all disease must be deemed to be treatable by RT (joint decision by surgeon and radiation oncologist at a sarcoma multidisciplinary team meeting)
vi. WHO performance status of 2 or lower
vii. No prior RT for the retroperitoneal liposarcoma
viii. Prior systemic therapy is allowed
ix. No concurrent active malignancy (except for low risk skin malignancy, low risk prostate carcinoma, low risk breast carcinoma including in situ disease)
x. Absence of contraindication for a re-excision and RT
xi. Women of childbearing potential must have a negative pregnancy test within 3 weeks prior to the first day of study treatment
xii. Patient deemed able to comply with study requirements according to investigator evaluation
xiii. Signed, IRB-approved written informed consent

d. Exclusion:
i. Unresectable disease or likely R2 resection as assessed by the multidisciplinary sarcoma team
ii. Extent of recurrence where preoperative RT to all visible disease is not deemed to be feasible
iii. Contradiction for RT such as history of bowel obstruction or mesenteric ischemia or severe chronic inflammatory bowel disease
iv. Myxoid liposarcoma histology
v. Pregnancy

e. Primary objective: Abdo recurrent free survival

7. **SARveillance update** – Sam Ford (10 mins)
a. Patients will be randomized by high or low intensity surveillance stratified by grade, for those that decline randomization they can choose patient preferene where they can choose their intensity
b. Primary Outcome: Mean Emotional Functioning Score - EORTC Questionnaires
c. Secondary Outcomes: OS, Cost-Effectiveness

8. **REC Committee update** – (25 mins)
a. Short intro – Carolyn Nessim (5 mins)
i. All REC studies that are open, closed or published can be found on the TARPSWG Website
ii. We did circulate a list of all ongoing REC studies and their status. If you have any questions about a particular study please reach out to the PI of that study
iii. Update on Myxoid Project: Material Transfer Agreement is in process to then send the slides to Ottawa for MDM2 testing (grant was obtained for this)
iv. Update on STRASS Survey: IRB approval last week. CTOS will be sending out the Survey. Please take the 5-10mins to fill this out.

b. SBRT Project – Mateusz Spalek (10 mins)
    i. Evaluating the role of SBRT on non-resectable Primary RPS and locally recurrent RPS
    ii. Comments from the audience included that not many use SBRT for local recurrence but more so for metastases and if willing to open up the study to be more inclusive of centers. This will also allow to identify practice patterns across centers. This could lead to more than one paper with a richer database
    iii. REC will reach out to Dr. Spalek to finalize this project taking these comments into account.
c. Update DSRCT database – Sophie Reijers (10 mins)
    i. Still waiting on the DSA there have been delays
    ii. The database is already created and 2 studies have already been approved.
    iii. Once the DSA is ready then data entry can commence and the projects can be done.

9. **Education Committee/Webinar Series update** – Dario Callegaro (10 mins)
    a. Webinars/Update
        i. 5 Webinars were completed and were successful
        ii. Will start a new Webinar series in Sept. 2022
        iii. They need money ($1000 overall) for the software for this series.

    b. Educational Endorsement by TARPSWG for an Educational Program
        i. These will be reviewed by the Education Committee
        ii. Ensure that it meets the mission and vision of TARPSWG by looking at the objectives of the meetings
        iii. Must be educational events about RPS
        iv. In return, TARPSWG must be acknowledged.

    c. Special Issue on RPS in EJSO by TARPSWG
        i. 8 out of 10 papers have been submitted.
        ii. Some have been accepted and others are under review
        iii. Still waiting on 2 more
        iv. Editorial is done and hope to publish soon

10. **International Tumour Board update** – Jason Sicklick (10 mins)
    a. Goal to bring together Sarcoma experts for borderline and unresectable cases as they are quite challenging cases and discuss disease biology and technical aspects of resectability
    b. 9 tumour boards to date, 15-74 people per tumour board
    c. Usually cover 3 cases per meeting and most are prospective
    d. Common themes include recurrences and especially on the only remaining contralateral kidney
    e. Survey will be put together by Dr. Sicklick to make the tumour board better and to assess the time and frequency

f. Would be nice to come back with what happened with a case that was discussed, especially the most challenging ones
g. Alternating times would be nice to include countries in other time zones like Australia or Asia
h. Flexibility to go up to 90mins if more than 3 cases, others think 60 mins is the max people can focus

TARPSWG photo

- Traditional picture was taken

Next TARPSWG Semiannual Meeting is planned in occasion of CTOS2022:
Wednesday November 16th @8.00 am PST (UTC-8), Vancouver, BC, Canada