

TARPSWG Semiannual Meeting, SSO 2025
Wednesday March 26th, 8.00 am – 12.00 pm EST
Venue: USF CAMLS 124 S Franklin St, Tampa, FL 33602 / Zoom meeting

List of attendance

In person: Samuel Aguiar, Kerianne Boulva, Meni Brakha, Dario Callegaro, Ken Cardona, Sara Coppola, Andrea Covelli, Amanda Dann, Fahima Dossa, Sinziana Dumitra, Jeffrey Farma, Marco Fiore, Samuel Ford, Dorian Yarih Garcia Ortega, Maikim Gervais, Mark Gimbel, Valerie Grignol, Alessandro Gronchi, Alexandra Istl, Emily Keung, George Li, Elizabeth Lilley, Heather Lyu, Gary Mann, Martin McCarter, Valentina Messina, John Mullinax, Carolyn Nessim, Eran Nizri, Elisabetta Pennacchioli, Chandrajit Raut, Christina Roland, Catherine Sarre, Luke Selby, Jeremy Sharib, Myles Smith, Lorena P. Suarez Kelly, Carol Swallow, Winan Van Houdt, Gabrielle H. van Ramshorst, Anthony Villano, Rachel Voss, Cristian Valenzuela.

Online: Markus Albertsmeier, Dan G. (Trey) Blazer III, Savtaj Brar, Luna De Sutter, Mark Fairweather, Rebecca Gladdy, James Glasbey, Ricardo Gonzalez, David Gyorki, Paul Huang, Shintaro Iwata, Jens Jakob, Wendy Johnston, Josh Jolissaint, Miroslav Jurik, Katie Lee, Aiko Maejima, Joshua Mammen, David Martin, Nikolaos Memos, Sandro Pasquali, Shraddha Patkar, Piotr Rutkowski, Daniela Salvatore, Jason Sicklick, Androniki-Maria Skreka, Mireia Solans Solerdelcoll, Harini Suraweera, Anders Thornell, William Tseng, Eva Wardelmann, Michelle Wilkinson.

0800-0805 Welcome and Introduction – A Gronchi and J Mullinax

0805-0820 Overview: What have we done, what are we doing and where are we going?
– A Gronchi

- Evolution of knowledge generation: retrospective studies on natural history and prognosis, perioperative morbidity, multimodal treatments, evidence-based practice guidelines (primary, recurrent and metastatic RPS), prognostic nomograms.
- In progress: Histopathologic guidelines, multiple projects on natural history and prognosis (WD LPS, PEComas, inguinal sarcoma, abdominal desmoid, vascular reconstructions, etc.)
- Prospective RESAR studies: significance of microscopic organ invasion, defining benchmark outcomes, response to neoadjuvant treatment, patterns of care, ReLapse, biopsy accuracy in RPS, surgical complexity score
- Ongoing evaluation of RESAR framework to facilitate future studies.
Review of approved studies (FTR, colonic anastomosis leak, prognostic markers in DDLPS) and proposals (prognosis, preoperative treatment)
- Randomized studies: Preoperative RT (STRASS/STREXIT), Preoperative ChT (STRASS2/STREXIT2), Surveillance). Importance of STREXIT cohorts to complement randomized trials, reflect real world practice and outcomes.
- Educational activities: tumor board, webinars, journal clubs, Delphi consensus
- Future research questions: perioperative optimization, molecular signatures validation, perioperative treatment options.

0820–0850 RESAR Update. Optimal data collection & entry – M Fiore

- Review of inclusion and exclusion criteria for patient entry in RESAR
- Open studies for recruitment: Failure to rescue & Anastomotic leak (Opt in for these studies will open until April 30th 2025, refer to daniela.salvatore@resarplatform.org)
- Enrollment status: 29 active centers, 3009 patients, 2900 eligible, median follow up 21 months (with significant missing data on follow up: ideally, with updated data median follow up would be estimated to 50 months).
- Review of ideal workflow for RESAR data entry: enrolment and consent at time of RPS diagnosis, demographics entry on platform, neoadjuvant treatment entry (ideally before surgery), surgical variable entry, discharge, final pathology report, follow up and disease recurrence
- Introduction of RESAR newsletter to update participating centers periodically.

- Enhanced security access measures with IP address registration.
- New version of informed consent and updated framework agreement to be circulated shortly.
- Option of platform usage for non-RESAR studies, by inclusion in framework agreement or independently to be discussed and agreed upon strategically – will require to explore feasibility and costs.
- Invitation open to any TARPSWG centers to join RESAR: contact marco.fiore@istitutotumori.mi.it.

0850-0930 Panel Session: Barriers to data collection/quality

Moderator: C Swallow Panelists: Daniela Salvatore, Sarah Strike, Wendy Johnson

- Data accuracy: unclear definitions in some datapoints, room for misinterpretation (e.g. CT/MRI and data of study which one?), bias from medical specialty / field of data entry individual, feasibility of single vs multiple data enterers, need for physician oversight / involvement in data entry.
- Data completeness: heterogeneity of practices across centers (e.g. blood test panels ordered and its effect on data completeness), variability of time of data entry point in platform and effect on data completeness.
- Data timeliness: Establishment of pre-specified data entry points and defined time intervals from patient enrolment to data entry to ensure fidelity to *prospective* database and improvement of data completeness. Importance of enrolling all consecutive patients to RESAR to avoid entry bias.
- How to fund data entry: for individual centers to navigate
- Actionable points:
 - Synoptic reporting to facilitate data entry process: radiology, operative report, follow up
 - Periodic meetings to discuss data entry process and issues identified, easily accessible datapoint definitions
 - Definition of minimum dataset to define a complete case; adaptability according to specific study; impact on smaller centers with reduced data entry capacity
 - Request to register patient at time of enrolment/diagnosis to ensure data *prospective-ness* and trigger alerts for data entry
 - Definition of timeframe to enter patient data after initial registration to avoid bias, lag and inaccuracy. 6 months proposed as initial cutoff point.

0930–0950 What's next for RESAR? – C Raut

Prospective studies updates:

- **ReLAPSE – D Gyorki.** Prospective study evaluating the treatment outcomes for localized recurrent, resectable RP LPS. Review of study protocol.
2 non-randomized groups: surgery with preoperative RT (any chemo) vs surgery without preoperative treatment. 1ry endpoint: Abdominopelvic recurrence-free survival (ARFS). Sample size: 100 patients.
 - Discussion points: Timing of surgery after RT, sample size calculation, competing enrolment with hypofractionated RT protocols
- **SARveillance – S Ford.** Higher vs. lower intensity radiological surveillance following 1ry resection of RPS. Randomized vs patient-preference arms.
 - Discussion points: Center/physician aversion to randomization – possibility of inclusion only in patient preference arm. Need for more participating centers to meet accrual.

1010-1045 STRASS 2 Update

- Enrollment planned interim analyses – W van Houdt
Study overview: Effect of preoperative ChT on high risk RP LPS / LMS.
36 EU, 12 non-EU centers activated, 6 actively recruiting sites, 59 patients enrolled. Review of study protocol and amendments.
- Panel Session: Discussion surrounding barriers to recruitment– K Cardona, W van Houdt, S Ford, CL Roland
 - Barriers identified: patient preference for upfront surgery, logistic issues with receiving ChT at surgical center vs local oncologist, challenges with proving G3 on pre-treatment biopsy. Communication with other surgical specialties (Urology) to favor preoperative biopsy and consideration for trial inclusion.
 - Emphasis on increasing patient enrolment. Strategies to establish equipoise when presenting trial to patients to increase accrual. Insights from STREXIT2 (eligibility criteria vs patient preference)

1045-1115 Translational Research Committee

- Harmonizing biobanking initiatives and lab manuals – R Gladdy, J Mullinax
TARPSWG virtual biobank vision: shared dataset of individual biospecimens that can be leveraged to complete translational aims supporting ongoing clinical research projects. Matched ID for ongoing projects (RESAR, STRASS2, STREXIT).
 - Challenges: Funding support, data management needs
 - Biobank standards (E Keung): assessment of existing data and resources among interested institutions, road map for implementation (platform, data fields, institutions, prioritization of active patients in other clinical projects, establish specific hypothesis-driven questions). Update to be presented at CTOS 2025.
- Correlative data to support multisite clinical trials - J Mullinax Panelists: E Keung, S Pasquali, P Huang
 - Discussion points: common database software, fields of interest, sample priority; possibility of building on RESAR framework and/or existing DTAs. Creation of universal minimum data dictionary and SOPs.

1115–1200 STRASS 3 Where to next, what platform/framework? – F Dossa, D Callegaro, A Istl

- Review of STRASS3 survey results: histology with most unmet needs (DDLPS), need for histology-specific trials (89% yes), research avenues to prioritize (patient selection for systemic treatment, biomarkers, perioperative and combination treatment, locally recurrent LPS). Conclusion: focus on localized primary disease for STRASS3. Role for new RT trial (11% no, RT+ IO trial 59% yes)
- Biomarker-selection / immune class (TLS) rather than histology as criteria for patient inclusion or subgroup analysis. Involvement of correlative data to guide research question. Emphasis by NCT/NCI/EORTC for umbrella-type trials in rare cancers. Potential for use of RESAR / STRASS data as historical controls.

1145 – 1200 REC Update – MK Gervais

Review of non-RESAR studies

- Intraabdominal desmoids – manuscript in preparation, plan for CTOS 2025 abstract submission

In progress: New centers welcome – email PIs for further information

- Natural history of RP lipomas (W. Tseng, A Gronchi, C Raut).
- Vascular resection in RPS surgery (F Tirotta, S Ford)
- Surveillance study: impact of intensity in OS/DFS (S Ford, D Maes)
- FLORRAL study (D Gyorky, E Mor). Risk factors to predict recurrence risk

- Soft tissue Ewing sarcomas and undifferentiated round cell sarcomas of RP (A Borghi, A Gronchi, D Callegaro, M Fiore)

No new proposals since last CTOS: new proposals to be sent to MK Gervais

1200 Adjourn

DOCUMENTS

The slides of the meeting are available at this link: [2025_03_TARPSWG in Tampa](#)

SAVE THE DATE!

The next TARPSWG Semiannual Meeting is scheduled to take place in conjunction with the CTOS Annual Congress in Boca Raton, FL, on

Wednesday, November 12th

The local host for this event will be Julie Grossman of the University of Miami.