

STRASS 2-1809

A randomized phase III study of neoadjuvant chemotherapy followed by surgery versus surgery alone for patient with High Risk RetroPeritoneal Sarcoma

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STUDY ORGANIZATION

Study organization

STRASS-2 is a multicenter phase III study run in 34 EORTC sites over 10 countries

STRASS-2 is an intergroup collaboration

- EORTC = sponsor in Europe
- CCTG = sponsor in Canada
- ANZSA = sponsor in Australia
- ECOG/ACRIN = sponsor in US
- JCOG = sponsor in Japan

Study status – Collaborative groups-cut-off 01/09/2025

CCTG= sponsor in Canada

- Regulatory approvals are received
- 6/6 sites activated and 4/6 are recruiting
- 15 patients have been randomized

ECOG-ACRIN= sponsor in US

- Regulatory approvals (NCI + CIRB) have been received
- Contract between EORTC and E/A is finalized and signed
- 50/52 main sites have been activated and 13/50 are recruiting
- 15 patients have been randomized

JCOG= sponsor in Japan

- Grant submissions are ongoing
- Regulatory approvals have been received and setup completed
- 12/12 sites have been activated and 2/12 sites are recruiting
- 3 patients randomized

ANZSA= sponsor in Australia

- Regulatory approvals are received
- Grant obtained MRFF
- 3/3 sites activated and 2/3 are recruiting
- 6 patients randomized

PROTOCOL

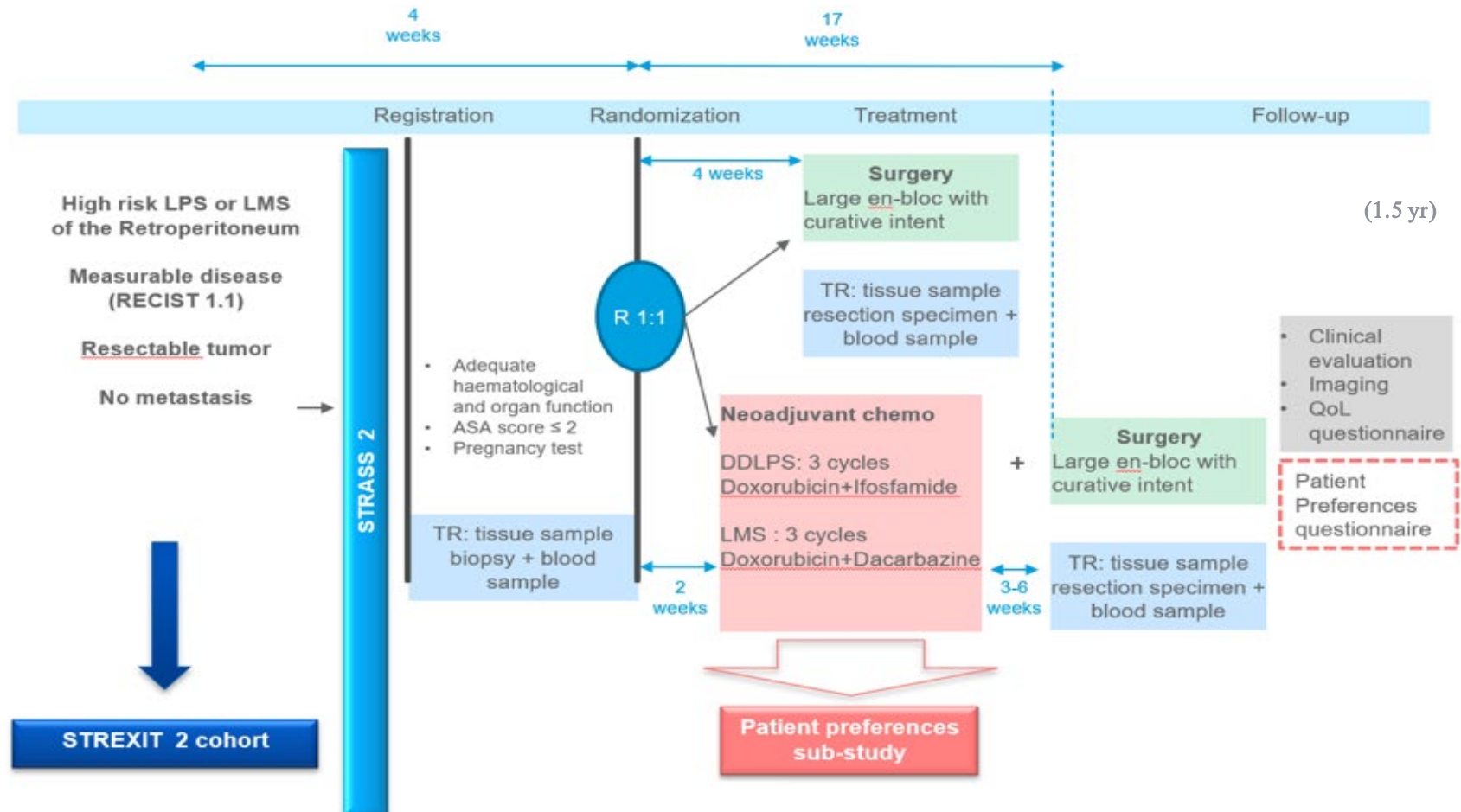


Main objective

- STRASS 2 aims to investigate whether patients affected by RPS with the highest metastatic risk (G3 DDLPS and LMS) could benefit from neoadjuvant chemotherapy.
- The main objective of this study is to demonstrate that neo-adjuvant chemotherapy, as an adjunct to curative intent en-block surgery can improve the prognosis of these patients by reducing the risk of development of distant metastasis.

Study design

250 patients will be randomized over 66 months (5.5 years).

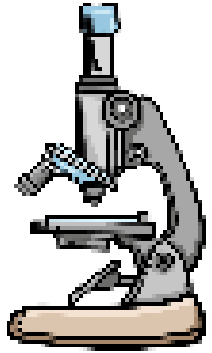


•To ensure balance between the number of patients in the two histology cohorts, accrual to each cohort will be capped to 125 patients.

•Two interim looks for futility are foreseen in this design: one after approximately 40% of events have occurred (around 4 years after first patient in ie Q1 2025) and one after approximately 66.7% of events have occurred (around 6 years after first patient in ie Q3 2027)

Eligibility Criteria

Central review



Central pathology review :

MANDATORY

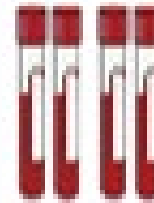
–if not available → **Not eligible**

Biomaterial for TR



Collection of tumour tissue

–If tumor tissue not available but other criteria fulfilled → **eligible**



Collection of blood samples

–If blood sample not available → **NOT eligible**

Tumour Board Meeting TCs

Take home messages

- ⚠️ Investigators: to include patients that are fit for the trial as per protocol
- Investigators are reminded on the possibility of dose modification and reductions as per protocol.
- Regular case discussion TCs (failures and successes) will be set-up to support each other and to boost recruitment.
- ⚠️ Please encode your data especially AEs on due time
- ⚠️ Reconsent your patients on due time



Next TBM: 26 November 2025, 2pm CET

PROTOCOL AMENDMENTS

Protocol and Amendments

- Current protocol documents in use in EU and UK:
 - Protocol version 7.1 dated 17MAR2025
 - PISIC STRASS 2 v8.1 dated 22NOV2024
 - PISIC STREXIT 2 v2.0 dated 20AUG2024
- Ongoing amendment includes Protocol v8.0, PISIC STRASS 2 v9.0:
 - Modification of the definition of events for the primary endpoint, disease-free survival (DFS).
 - Update of PISIC STRASS 2 related to change of reference safety documents.
 - Clarification that operation and pathological reports must be pseudonymized instead of anonymized.

ACCRUAL



Study status – site activation (EU+UK)

(cut-off 29/09/2025)

Country	# Activated sites / Total Expected	# Recruiting sites / Total Activated
Czech Republic	1 / 1	1 / 1
Denmark	2 / 2	2 / 2
France	5 / 5	3 / 5
Germany	3 / 3	2 / 3
Italy	8 / 8	7 / 8
Netherlands	3 / 3	3 / 3
Poland	1 / 1	1 / 1
Slovakia	1 / 1	1 / 1
Spain	4 / 4	3 / 4
United Kingdom	6 / 6	4 / 6
TOTAL	34/34	27/34

NB: Withdrawal of interest received from CY

Study status – site activation (Non-EU) (cut-off 29/09/2025)

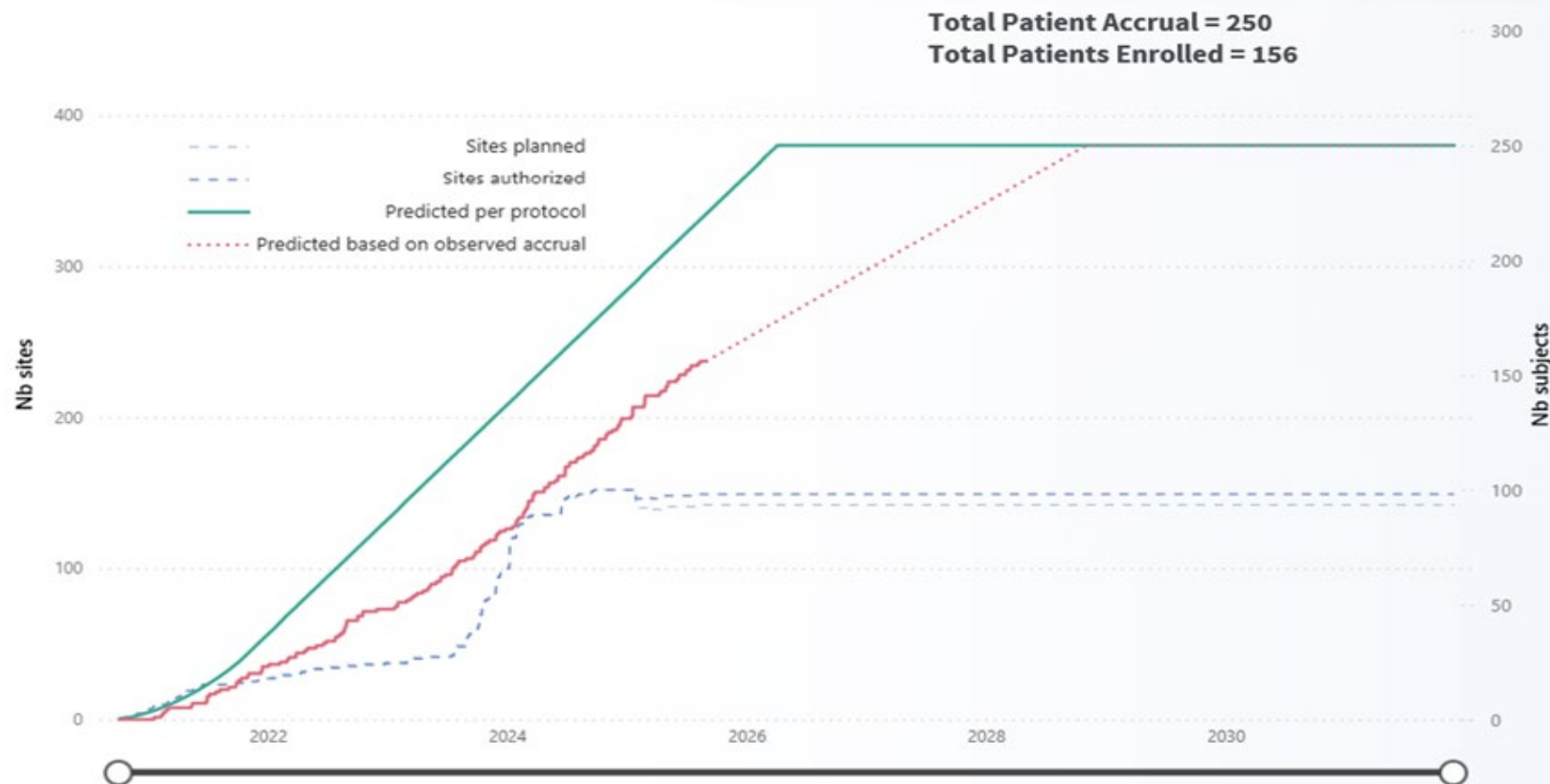
Country/Territory	# Activated sites / Total Expected	# Recruiting sites / Total Activated
Canada (CCTG)	6/6	4/6
Australia (ANZSA)	3/3	2/3
United States (ECOG-ACRIN)	50*/52	13/50
Japan (JCOG)	12/12	2/12

* Subsites not included

Accrual status (Part 1)

(cut-off 29/09/2025)

Total patients registered	=	204
Total patients enrolled	=	156
Total patients screen failed	=	37

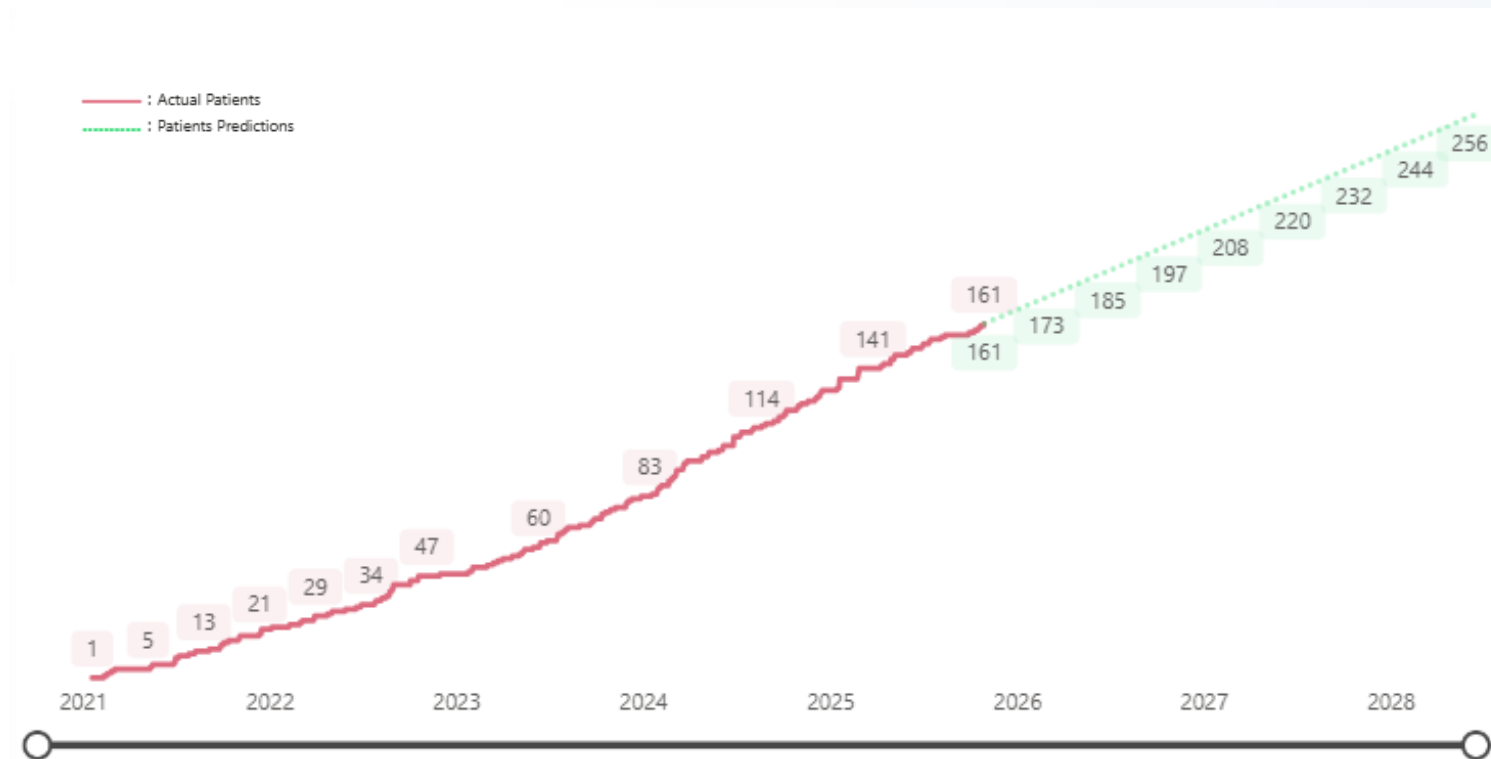


Risk:

Additional 2 years delay (LPI March 2026 --> March 2028) in accrual if we keep the current enrolment pace

Accrual STRASS 2

Total patients enrolled (STREXIT2)	Total patients enrolled (STRASS2)
162	161



Accrual per site (Part 1)-Cut-off 29/09/2025

Sites with
≥ 2pts

Country	Site Name	Number of enrolled patients
Italy	IRCCS - Istituto Nazionale dei Tumori	38
Poland	Maria Sklodowska Curie - Curie's National Institute of Oncology	13
Czech Republic	Masaryk Memorial Cancer Institute	10
Canada	Mount Sinai Hospital	11
Italy	Istituto Oncologico Veneto IRCCS	7
Netherlands	The Netherlands Cancer Institute-Antoni Van Leeuwenhoekziekenhuis	5
United Kingdom	Royal Marsden Hospital - Chelsea, London	5
Australia	Peter Maccallum Cancer Institute	5
Italy	Istituto Clinico Humanitas	4
Denmark	Herlev Hospital-University Copenhagen	4
France	Institut Curie- Hopital de Paris	3
Germany	Universitaetsmedizin Goettingen - Georg-August Universitaet	3
Spain	Hospital Universitario San Carlos	3
Spain	Hospital De La Santa Creu I Sant Pau	2
Spain	ICO Badalona - Hospital Germans Trias i Pujol	2
Canada	The Ottawa Hospital - General Campus	2
United Kingdom	Leeds Teaching Hospitals NHS Trust - St. James's University Hospital	2
Slovakia	National Cancer Institute	2
Italy	Istituto Scientifico Romagnolo per lo Studio e la Cura dei Tumori	2
Italy	Istituto Europeo di Oncologia	2
Japan	National Cancer Center Hospital	2
United States	The University of Texas MD Anderson Cancer Center	2
United States	University of Utah-Huntsman Cancer Institute	2

Accrual per site (Part 2)

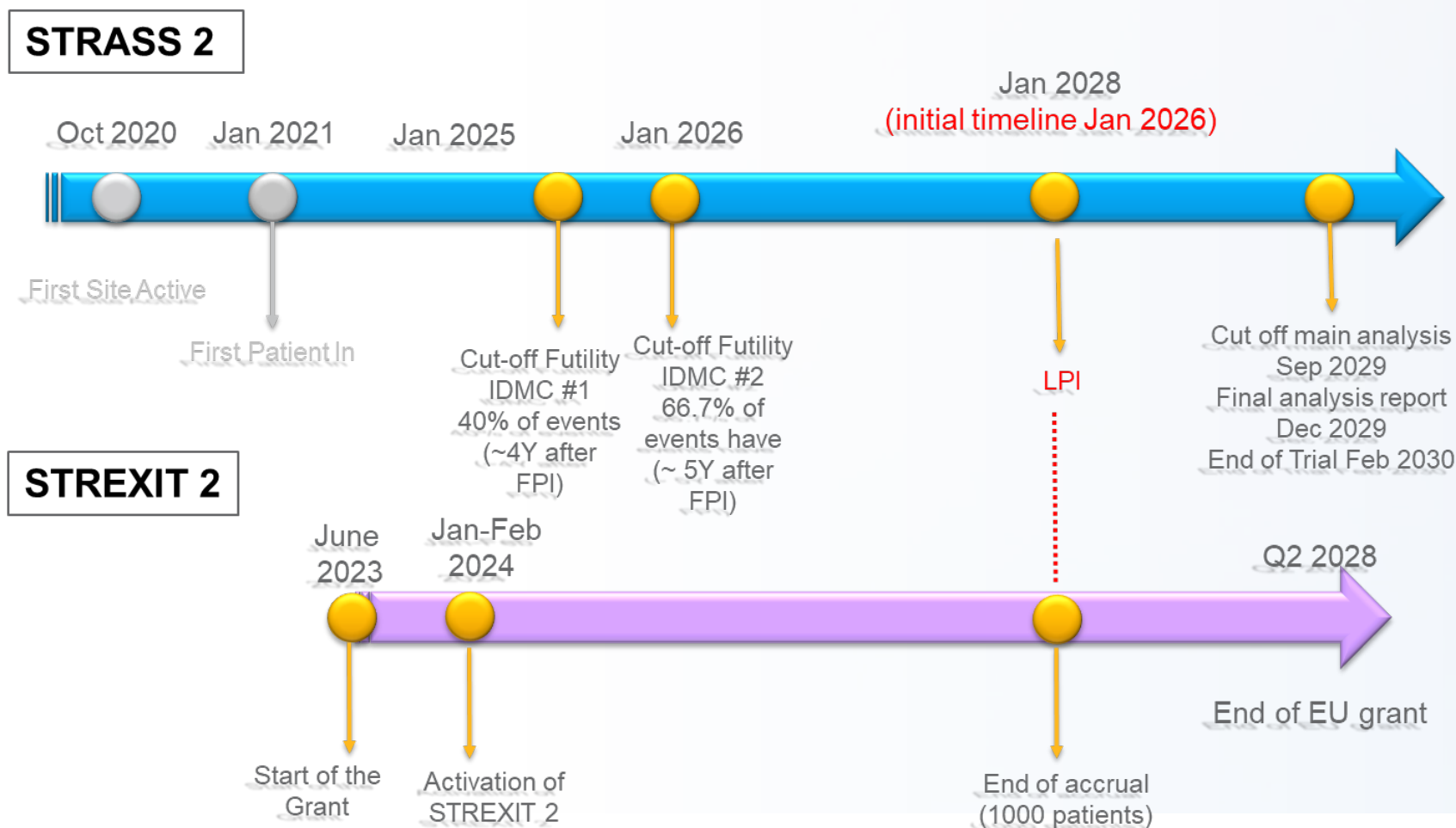
Cut-off 29/09/2025

Sites with 1 enrolled pt

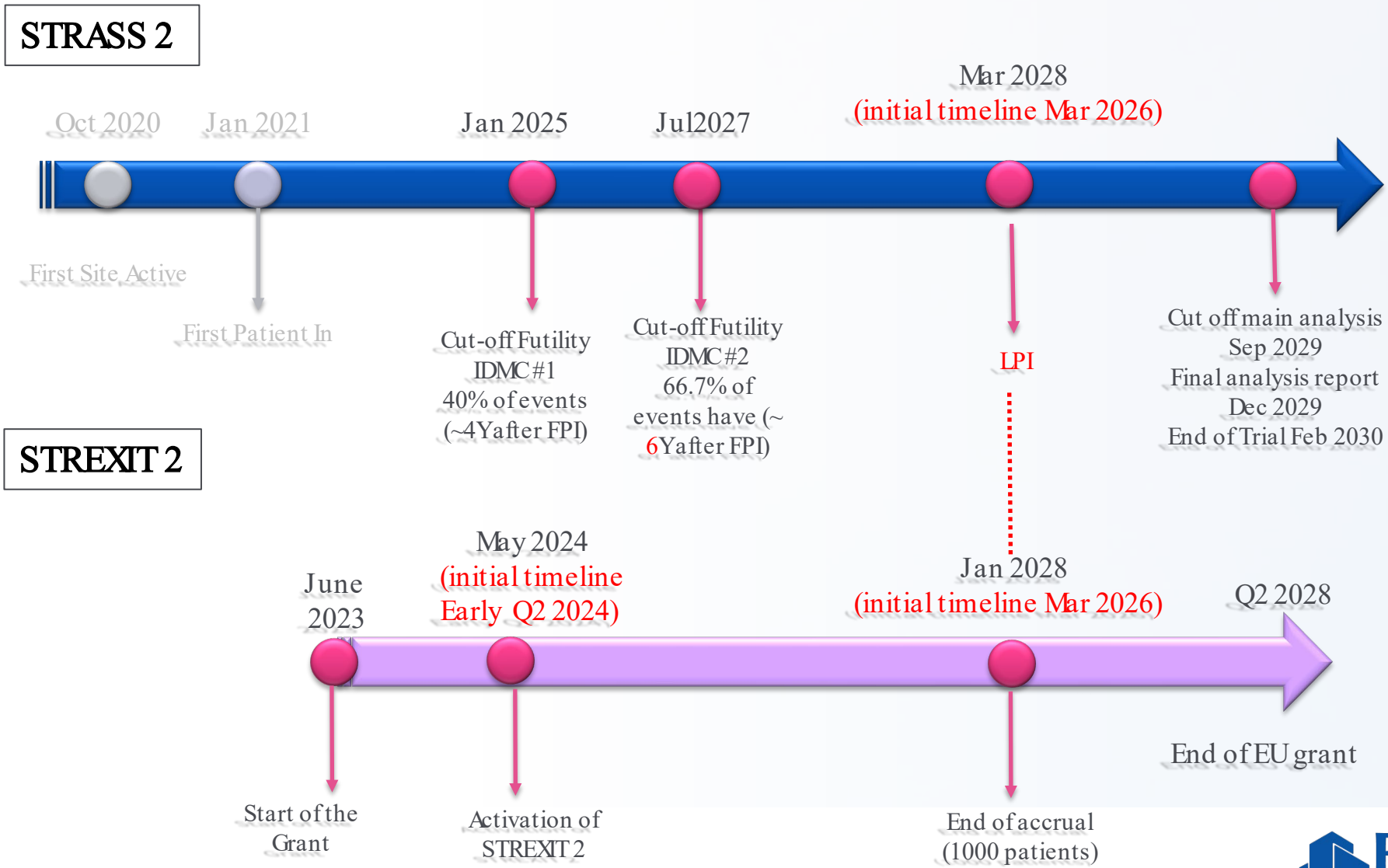
Country	Site Name
Germany	UniversitaetsMedizin Mannheim
France	Gustave Roussy
France	Centre Leon Berard
Italy	IRCCS - Fondazione Piemonte Inst di Candiolo
Italy	Policlinico Universitario Campus Bio-Medico- Oncology Center
Denmark	Region Midtjylland - Aarhus University Hospital-Skejby
United Kingdom	Nottingham University Hospitals NHS Trust - City Hospital
United Kingdom	UHB-Queen Elisabeth Medical Centre
Netherlands	Leiden University Medical Centre
Netherlands	Radboud University Medical Center Nijmegen
Australia	Chris O'Brien Lifehouse
United States	Mayo Clinic Florida
United States	UCHealth University Colorado Hospital
United States	University of Kansas Cancer Center-Overland Park
United States	Virginia Commonwealth University/Massey Cancer Center
United States	City of Hope National Medical Center
United States	Thomas Jefferson University Hospital-Jefferson Heart Institute
United States	Fox Chase Medical Center
United States	H. Lee Moffitt Cancer Center Magnolia Campus
United States	Roswell Park Cancer Institute
United States	Siteman Cancer Center - Barnes Jewish Hosp.
United States	University of Michigan - Rogel Cancer Center
Canada	McGill University Health Centre-Montreal General Hospital
Canada	BC Cancer Agency
Japan	Nagoya University Hospital

STUDY MILESTONES

Overall study milestones



Overall study milestones



STUDYDATA



Baseline data (1)

(Cut-off 29/09/2025)

Each cohort will be capped to 125 pts

Tumor subtype	EXPERIMENTAL ARM	STANDARD ARM	Grand Total
DDLPS	35	34	69
LMS	43	44	87
Grand Total	78	78	156

Histology	EXPERIMENTAL ARM	STANDARD ARM	TOTAL
DDLPS	35	34	69
Grade 2	23	23	46
Grade 3	12	11	23
LMS	43	44	87
Grade 1	11	10	21
Grade 2	24	28	52
Grade 3	6	6	12
Unknown	2		2
Grand Total	78	78	156

Baseline data (2)

(Cut-off 29/09/2025)

Gender	EXPERIMENTAL ARM	STANDARD ARM	Grand Total
Female	49	43	92
Male	29	35	64
Grand Total	78	78	156

Age (years)	EXPERIMENTAL ARM	STANDARD ARM	Total
Minimum	40	34	34
Maximum	81	77	81
Median	62	62.5	62

Baseline data (3)

(Cut-off 29/09/2025)

Tumor size (mm)	EXPERIMENTAL ARM	STANDARD ARM	Total
Minimum	25	51	25
Maximum	302	404	404
Median	136	120	129

Missing data overview (1)

(Cut-off 29/09/2025)

Study Group	Country	Present	%	Missing	%	Due	%	Overdue	%	Total
All Groups	All countries	10726	94.9%	582	5.1%	374	3.3%	208	1.8%	11308

STBSG

Site	Country	Present	%	Missing	%	Due	%	Overdue	%	Total
629	United Kingdom	14	31.1%	31	68.9%	18	40.0%	13	28.9%	45
3869	Italy	70	61.9%	43	38.1%	12	10.6%	31	27.4%	113
366	Spain	144	70.6%	60	29.4%	27	13.2%	33	16.2%	204
3901	Italy	252	84.6%	46	15.4%	19	6.4%	27	9.1%	298
225	France	55	91.7%	5	8.3%	2	3.3%	3	5%	60
3908	Italy	538	92.0%	47	8.0%	18	3.1%	29	5%	585
6998	United Kingdom	56	93.3%	4	6.7%	1	1.7%	3	5%	60
227	France	84	94.4%	5	5.6%	2	2.2%	3	3.4%	89
259	France	240	95.2%	12	4.8%	4	1.6%	8	3.2%	252
3919	Italy	67	97.1%	2	2.9%	0	0.0%	2	2.9%	69
301	Netherlands	385	90.6%	40	9.4%	28	6.6%	12	2.8%	425
9074	Italy	106	94.6%	6	5.4%	3	2.7%	3	2.7%	112
3903	Italy	84	90.3%	9	9.7%	7	7.5%	2	2.2%	93

Missing data overview (2)

(Cut-off 29/09/2025)

STBSG

Site	Country	Present	%	Missing	%	Due	%	Overdue	%	Total
406	Denmark	318	98.5%	5	1.5%	2	0.6%	3	0.9%	323
379	Spain	186	97.9%	4	2.1%	3	1.6%	1	0.5%	190
601	United Kingdom	184	93.9%	12	6.1%	11	5.6%	1	0.5%	196
704	Italy	2837	98.6%	40	1.4%	29	1.0%	11	0.4%	2877
550	Poland	1008	96.7%	34	3.3%	32	3.1%	2	0.2%	1042
304	Netherlands	67	100.0%	0	0.0%	0	0.0%	0	0%	67
310	Netherlands	78	100.0%	0	0.0%	0	0.0%	0	0%	78
381	Spain	58	77.3%	17	22.7%	17	22.7%	0	0%	75
520	Germany	198	99.5%	1	0.5%	1	0.5%	0	0%	199
527	Germany	67	100.0%	0	0.0%	0	0.0%	0	0%	67
613	United Kingdom	315	99.4%	2	0.6%	2	0.6%	0	0%	317
962	Czech Republic	740	100.0%	0	0.0%	0	0.0%	0	0%	740
1327	Denmark	59	100.0%	0	0.0%	0	0.0%	0	0%	59
7802	Slovakia	144	100.0%	0	0.0%	0	0.0%	0	0%	144
406	Denmark	318	98.5%	5	1.5%	2	0.6%	3	0.9%	323

Missing data overview (3)

(Cut-off 29/09/2025)

Collaborative groups

Study Group	Site	Country	Present	%	Missing	%	Due	%	Overdue	%	Total
ANZSA	9848	Australia	52	89.7%	6	10.3%	4	6.9%	2	3.4%	58
ANZSA	1054	Australia	260	98.5%	4	1.5%	2	0.8%	2	0.8%	264
CCTG	876	Canada	177	94.1%	11	5.9%	4	2.1%	7	3.7%	188
CCTG	887	Canada	64	91.4%	6	8.6%	5	7.1%	1	1.4%	70
CCTG	888	Canada	808	95.7%	36	4.3%	34	4.0%	2	0.2%	844
CCTG	9682	Canada	88	100.0%	0	0.0%	0	0.0%	0	0%	88
ECOG-ACRIN	1337	United States of America	57	82.6%	12	17.4%	9	13.0%	3	4.3%	69
ECOG-ACRIN	6884	United States of America	37	46.8%	42	53.2%	39	49.4%	3	3.8%	79
ECOG-ACRIN	1465	United States of America	23	95.8%	1	4.2%	1	4.2%	0	0%	24
ECOG-ACRIN	2064	United States of America	41	71.9%	16	28.1%	16	28.1%	0	0%	57
ECOG-ACRIN	2174	United States of America	37	92.5%	3	7.5%	3	7.5%	0	0%	40

Missing data overview (4)

(Cut-off 29/09/2025)

Collaborative groups

Study Group	Site	Country	Present	%	Missing	%	Due	%	Overdue	%	Total
ECOG-ACRIN	2182	United States of America	24	100.0%	0	0.0%	0	0.0%	0	0%	24
ECOG-ACRIN	6809	United States of America	132	100.0%	0	0.0%	0	0.0%	0	0%	132
ECOG-ACRIN	6821	United States of America	35	100.0%	0	0.0%	0	0.0%	0	0%	35
ECOG-ACRIN	8669	United States of America	83	100.0%	0	0.0%	0	0.0%	0	0%	83
ECOG-ACRIN	8675	United States of America	42	100.0%	0	0.0%	0	0.0%	0	0%	42
ECOG-ACRIN	9352	United States of America	90	100.0%	0	0.0%	0	0.0%	0	0%	90
ECOG-ACRIN	9368	United States of America	96	99.0%	1	1.0%	1	1.0%	0	0%	97
ECOG-ACRIN	9427	United States of America	24	77.4%	7	22.6%	7	22.6%	0	0%	31
JCOG	9891	Japan	53	96.4%	2	3.6%	1	1.8%	1	1.8%	55
JCOG	4565	Japan	149	93.7%	10	6.3%	10	6.3%	0	0%	159

Adverse events under reporting

For 28 patients randomized in the experimental arm, only a few adverse events or no adverse events all have been documented during the pre-operative chemotherapy period

!!!Please document all adverse events observed during pre-operative chemotherapy, even if expected/ common!!!

subj	CT_cycles	CTstart	trt	AEsAfterCT
3	3	12/02/2021	Doxorubicine + Ifosfamide	5
6	3	17/03/2021	Doxorubicine + Dacarbazine	0
21	3	12/11/2021	Doxorubicine + Ifosfamide	0
30	3	16/02/2022	Doxorubicine + Dacarbazine	7
31	3	14/03/2022	Doxorubicine + Dacarbazine	6
35	3	15/04/2022	Doxorubicine + Ifosfamide	4
43	3	16/08/2022	Doxorubicine + Ifosfamide	5
44	3	05/08/2022	Doxorubicine + Dacarbazine	1
50	3	13/09/2022	Doxorubicine + Dacarbazine	7
63	3	06/02/2023	Doxorubicine + Dacarbazine	4
67	3	06/04/2023	Doxorubicine + Ifosfamide	3
68	3	24/04/2023	Doxorubicine + Dacarbazine	3
72	3	23/05/2023	Doxorubicine + Dacarbazine	6
82	3	01/08/2023	Doxorubicine + Dacarbazine	7
85	3	14/08/2023	Doxorubicine + Dacarbazine	7
89	3	28/09/2023	Doxorubicine + Ifosfamide	6
103	3	12/12/2023	Doxorubicine + Ifosfamide	1
105	3	10/01/2024	Doxorubicine + Dacarbazine	5
111	3	21/02/2024	Doxorubicine + Dacarbazine	4
115	3	15/03/2024	Doxorubicine + Dacarbazine	4
130	3	05/06/2024	Doxorubicine + Dacarbazine	2
136	3	28/06/2024	Doxorubicine + Dacarbazine	5
161	3	04/10/2024	Doxorubicine + Dacarbazine	3
182	3	08/11/2024	Doxorubicine + Dacarbazine	2
185	3	21/11/2024	Doxorubicine + Ifosfamide	5
214	3	27/01/2025	Doxorubicine + Dacarbazine	5
236	3	12/03/2025	Doxorubicine + Dacarbazine	4
308	3	09/07/2025	Doxorubicine + Dacarbazine	0

Samples documentation

FFPE samples

Timepoint	Sample use
Diagnosis	Central pathology
Diagnosis	TR
Surgery	Central pathology
Surgery	TR

Each FFPE sample should be documented as separate log line based on timepoint and sample use

Blood samples

Timepoint	Tube type	Processing type	Comment
Baseline	EDTA	Plasma isolation	
Baseline	EDTA	Buffy coat isolation	
Baseline	Streck	Plasma isolation	
Before C2	EDTA	Plasma isolation	Only for experimental arm
Before C2	Streck	Plasma isolation	Only for experimental arm
Pre-surgery	EDTA	Plasma isolation	Only for experimental arm
Pre-surgery	Streck	Plasma isolation	Only for experimental arm
D15 after surgery	EDTA	Plasma isolation	
D15 after surgery	Streck	Plasma isolation	
At recurrence	EDTA	Plasma isolation	
At recurrence	Streck	Plasma isolation	

Each type of blood tube should be documented as separate log line based on timepoint, type of tube and processing type

STREXIT 2



STREXIT 2

- Title: “A Pragmatic Clinical Study of Neoadjuvant Chemotherapy Followed by Surgery Versus Surgery Alone for Patients with High Risk Retroperitoneal Sarcoma”
- Total budget: +4.2 M€ starting for 5 years (June 2023 → June 2028) including STRASS 2 work and also STREXIT 2
- Start: Activation of STREXIT 2 sites mid Q2 2024
- Participation:
 - All groups can participate
 - Only EU sites would benefit from EU grant

Key objectives – Economic models

1. To **evaluate the economic value** of adding neoadjuvant chemotherapy before surgery in patients with high-risk histologic subtypes of retroperitoneal sarcoma, from the perspective of health care payers and guideline developers **to support evidence-informed policy decisions**
2. To perform a health economics analysis assessing the economic value of **different treatment scenarios based on STRASS2 and STREXIT2**
3. Implementation of **standardized health economic research** across different tumor types in several projects involving EORTC and Syreon

Partner for health economics analysis

- Syreon Research Institute is a partner of EORTC in 3 ongoing EU funded projects (STREXIT2, LEGATO, DE-ESCALATE)
- Syreon Research Institute is an independent research-oriented company. It has been providing expert services in the fields of evidence synthesis, health economics, health policy and public health, and conducts training for public health care institutes, and the health services sector
- <https://syreon.eu/>

Process and next steps

- Conceptual framework development for the value assessment (*Completed*)
- Economic model development, programming the model features (*Ongoing*)
- Integration of data from the interim analysis (*To be done when data is available*)
- Data collection for costs and resource use from the clinical sites to populate the model (*To be done, preparation is ongoing*)
- Final data analysis (*To be done when final results are available*)

Site activation status STREXIT 2 (EU+UK)

(cut-off 29/09/2025)

Country	# Activated sites	# Recruiting sites
Czech Republic	1	1
Denmark	1	1
France	5	1
Germany	2	1
Italy	7	2
Netherlands	2	1
Poland	1	0
Slovakia	1	0
Spain	4	1
United Kingdom	6*	0
TOTAL	30	8

*STREXIT2 participation is on a site-basis for UK. Not all sites activated under protocol version 6.1 or further are participating to STREXIT2

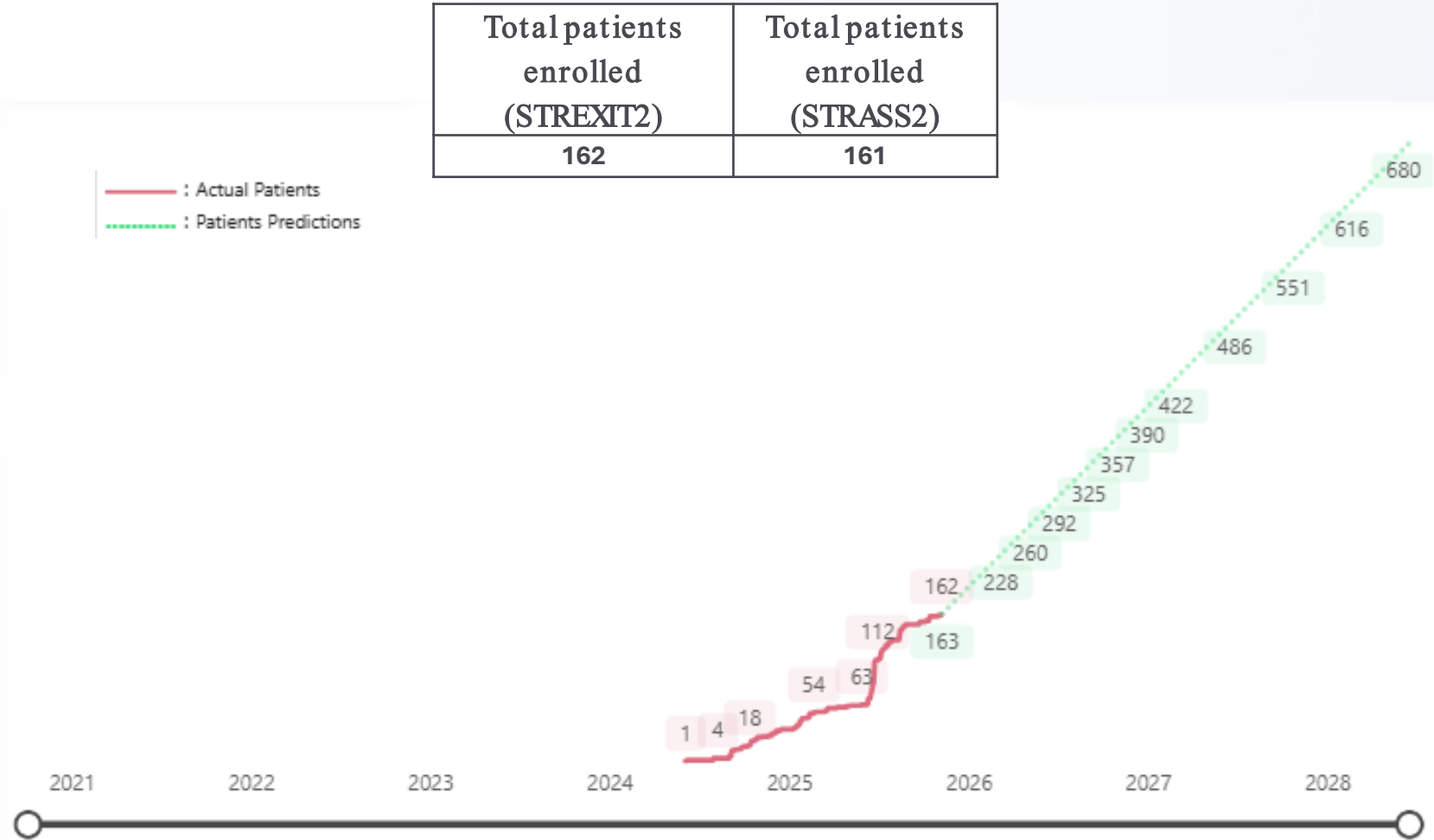
Site activation status STREXIT 2 (Non-EU)

(cut-off 29/09/2025)

Country/Territory	# Activated sites	# Recruiting sites
Canada (CCTG)	5*	0
Australia (ANZSA)	3	2
United States (ECOG-ACRIN)	0	0
Japan (JCOG)	0	0

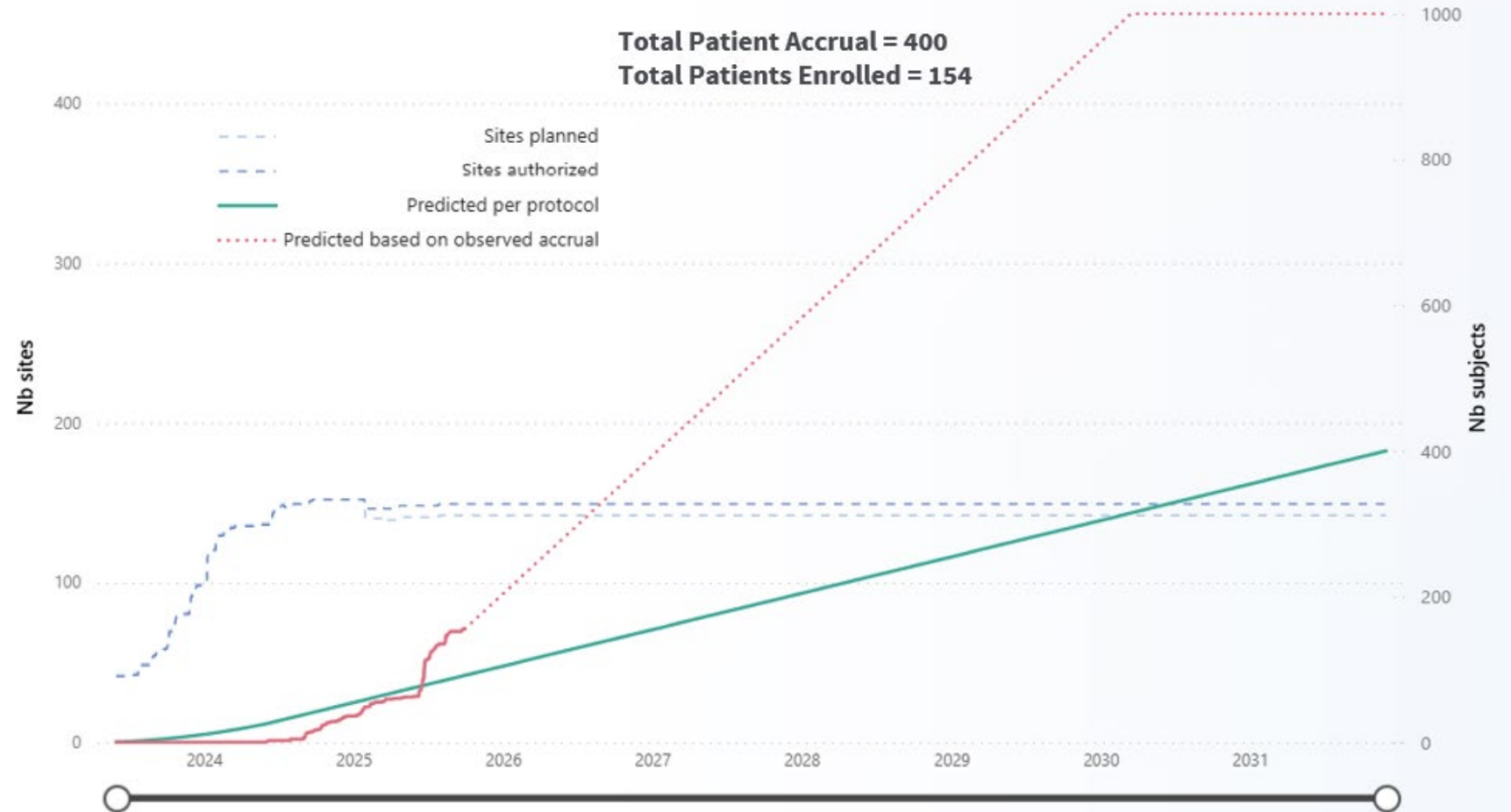
*STREXIT2 participation is on a site-basis for CCTG. Not all sites activated under protocol version 6.0 or further are participating to STREXIT2

Accrual STREXIT 2



Accrual STREXIT 2

(Cut-off 29/09/2025)



154 patients have been enrolled in STREXIT 2 in Czech Republic, Germany, Denmark, Spain, France, Italy, The Netherlands and Australia

NEXT STEPS



Next Steps

- 1) Regulatory submissions and implementation of amendment 18 across all territories
- 2) Regulatory closure of 4 non-recruiting sites in EU
- 3) Activation in STREXIT 2 of 3 remaining sites in EU

Questions?

Thank you!

Canadian Cancer
Trials Group  Groupe canadien
des essais sur le cancer



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