Dear All,

Welcome to the *RESAR newsletter for January 2025*.

The purpose of this newsletter is to keep RESAR PIs and prospective PIs as well as their respective teams updated as to the progress of the RESAR database. We will aim to clarify important points about the database generally as well as about new and ongoing projects. Finally, we will share trouble shooting issues that can be used for all sites to learn from.

Firstly, all sites receiving this correspondence will fall into one of **6 groups**:

1. Centers with signed contracts and data centralized on the RESAR Platform
2. Centers in the process of contract signing and finalizing data import onto the RESAR Platform
3. Centers with IRB approval, allowed to start enrolling locally, but awaiting contract signature for data centralization
4. Centers that need to obtain IRB approval and finalize the contract (no patients enrolled yet)
5. Centers that have only submitted a declaration of interest
6. Centers that have declined participation

Our aim is obviously to have all groups interested in participating in RESAR to be in group 1 as soon as reasonably possible, however there remain barriers to this which are different for each site.

For all sites that fall into **group 2** or **group 3**, who do not yet have access to the online platform, **you are able to start collecting data**. This can either be done on paper forms or on the official Excel/Filemaker RESAR file that can be retrieved at https://tarpswg.org/resar-study-documentation/.
In the next few months once your contracts are signed then the data that you have collected can be uploaded to the online platform and all patients enrolled after the date of IRB approval can be included in the study.

** Important note ** from the date of recruitment of the first eligible patient, all consecutive eligible patients should be recruited to the study. This is how we will be able to use the RESAR registry as a true reflection of retroperitoneal sarcoma care at our various centres.

** patient data should ideally be entered into the database in real time (within a few days/weeks) to ensure high quality data collection

Eligible patients are:
- Primary retroperitoneal sarcoma operated at your center
- Primary persistent retroperitoneal sarcoma receiving incomplete surgery at another hospital and undergoing completion surgery of primary at your center
- Primary retroperitoneal sarcoma candidate seen at your center for neoadjuvant therapy and eventually not operated for whatever reason

Handbook

To help new sites open RESAR, the RESAR Executive Committee have created a handbook containing FAQs about opening RESAR. Thanks to Madelaine Musselman, Michelle Wilkinson and Valerie Grignol for their work in putting the handbook together. A copy of this is available on request (please contact daniela.salvatore@resarplatform.com). If you are a new site and you have further questions that you think would be valuable additions to the handbook, please let us know.

Projects

Currently ongoing
1. *SARveillance* - PI Sam Ford, <u>open to opt in – please contact</u> daniela.salvatore@resarplatform.com

Currently under development
1. *Failure to rescue* - PI Catherine Sarre / Marco Fiore; Mentor: Chrisy Roland
2. *Use of neoadjuvant and adjuvant therapy* - PI Luke Selby, Mentor: Carol Swallow
3. *Predictors of Anastomotic Leak* – PI Jacek Skoczylas, Mentor: Heather Lyu
4. *Novel prognostic biomarkers in DDLPS* – PI David Gyorki / Catherine Mitchell, Mentor: Chan Raut

Our aim is to have these protocols finalised and a DUF prepared for each study prior to TARPSWG SSO 2025. This will allow centres to opt in around that meeting.

Once a centre opts in to a study, they will be given 3 months to ensure that their data is uploaded to the online platform and the follow up for all patients is within 6 months.
Opt in to RESAR studies will be possible ONLY if your data are centralized onto the RESAR Platform, we will not be able to merge data in different ways.

Currently complete
The following five projects are currently closed to recruitment and in the manuscript writing phase:
1. **BISARC** – accuracy of preop biopsy – A Gronchi lead - oral CTOS 2025; manuscript in preparation
2. **Patterns of Care** – H Snow / D Gyorki lead - poster CTOS 2024; manuscript in preparation
3. **ResAntiPath** – prediction of organ invasion on preop imaging - M Fiore lead - oral CTOS 2024
4. **Benchmarks** – defining benchmarks for comprehensive resection – F Tirotta lead - oral CTOS 2024; manuscript under review
5. **Response to neoadjuvant** – Winan van Houdt lead - submitting to SSO 2025

The RESAR amendment is currently in progress to approve the new clinical studies approved by the RESAR Governance Committee (*Failure to Rescue* – TARPSWG-R2403 - and *Predictors of Anastomotic Leak* - TARPSWG-R2404), as well as the updated versions of the study consents. The details of the amendment will be shared during the semiannual TARPSWG meeting in March 2025.

Future studies planned

1. Case volume and outcome - PI Alessandro Gronchi

2. Validation of the IBPI score as a predictor of morbidity / mortality – Correlation of IBPI/CRP on oncologic outcome - PI Marco Fiore

3. Histotype specific natural history and prognostic factors: retroperitonal / pelvic SFT, LPS, LMS, MPNST, PEComa, etc - PI Sam Ford

4. Validation of the MSKCC study on retroperitoneal WD Liposarcoma (prognostic relevance of the different WD components) - PI Dario Callegaro

5. Nomogram validation (both static and dynamic) - PI 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) - PI Marco Fiore

7. Impact of neoad chemotherapy in a propensity matched fashion - PI Winan van Houdt

8. Impact of neoadj RT for various histotypes - PI Lisette Wiltink / David Gyorki

How to propose a new study

- A new study can be proposed at any time. An active recruiting PI to RESAR must be included as a lead investigator on all new projects.

- The study protocol will be reviewed by the RESAR Governance Committee

- A mentor will be allocated to the project to help refine the protocol prior to finalising of the protocol and circulation to the RESAR community

On behalf of the RESAR Executive Committee
Anant Desai
Marco Fiore
Valerie Grignol
David Gyorki (chair)
Daniela Salvatore
Will Tseng
Michelle Wilkinson