

TARPSWG Delphi Consensus

1. Terminology for Retroperitoneal Sarcoma Surgery
2. Operative standards for Retroperitoneal Sarcoma Surgery

Alessandra Borghi

TARPSWG Meeting, Wednesday 4 March 2026 - Phoenix

Transatlantic Australasian Retroperitoneal
Sarcoma Working Group



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Survey Results



66 participants

TARPSWG Survey on Terminology and Operative Standards in Retroperitoneal Sarcoma

LETTER OF INFORMATION

Project Title: Moving the Needle in Retroperitoneal Sarcoma Surgical Management: Towards an International Consensus on Terminology and Optimal Operative Approach.

- **Principal Investigator: Marco Fiore, Carol J Swallow**
- **Co-Investigator: Alessandra Borghi, Andrea Maria Covelli, Alexandra Istl**

Survey Results

Thank YOU!

Marco Fiore
Alessandro Gronchi
Fahima Dossa
Dario Callegaro
Jason Sicklick
Marion Liu
Jeffrey Farma
Josvan der Hage
Winan van Houdt
Jens Jakob
Piotr Rutkowski
Adam Barlow
Juliana Restrepo
Luke Selby
Daphne Hompes
Daniel Jordao
Hassan Malik
Eyal Mor

Rhami Khorfan
Isaac Cranshaw
Thomas Rossato
Naveenraj Solomon
Antonio Luberto
Hayden Snow
Andraž Perhavec
Dirk Strauss
Andrea Lauretta
Gary Mann
Chandrajit Raut
Mahesh Goel
Shraddha Patkar
Francisco Perrotta
Max Almond
William Tseng
Dorian Garcia-Ortega
Marco Baia

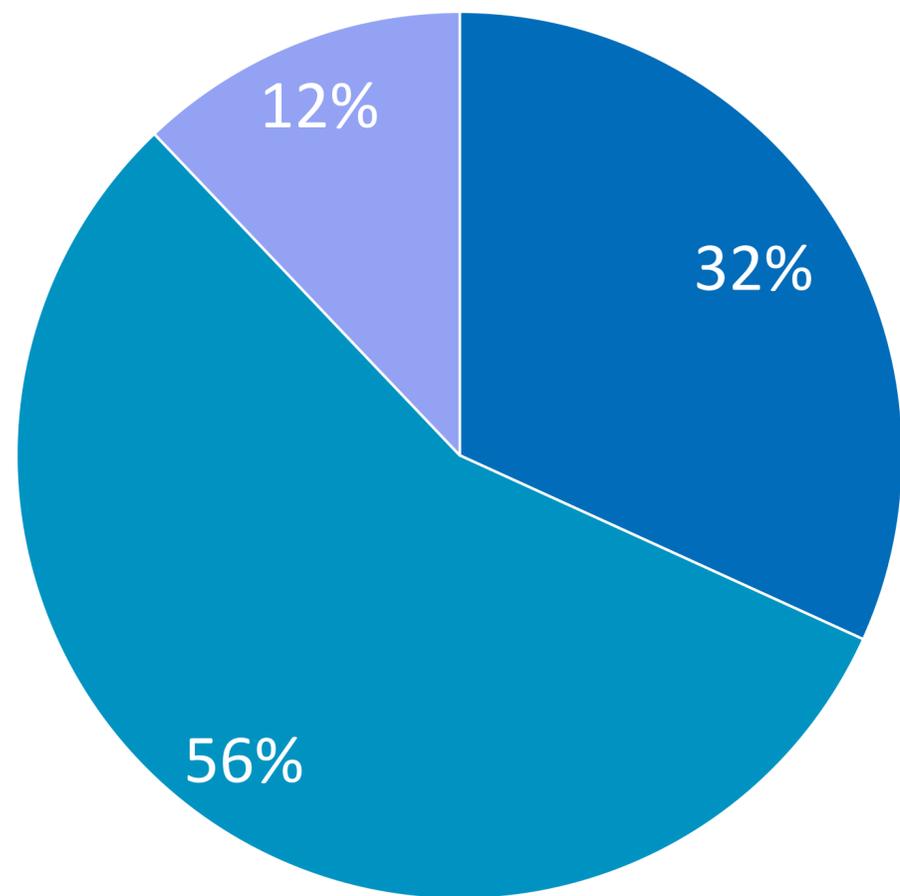
Amanda Dann
Pedro Martins
Gabrielle H. van Ramshorst
Juli Busquets
Sanjay Bagaria
Valerie Grignol
Frederico Teixeira
David Coker
Sylvie Bonvalot
Sergio Valeri
Samuel Ford
Shishir Maithel
Christina L Roland
Roberto Passa
Fabio Tirota
Jiping Wang
Walter Nardi
Makoto Endo

Sasha Mahvi
Nikolaos Vassos
Anna Duprée
Antonio Sommariva
Ulrich Ronellenfitsch
Martin Reichert
Dimitris Korkolis
Sergio Quidrian
Anders Thornell
Gary Mann
Luit Penninga
Ferdinando Cananzi
Nikolaos Memos
Jeremy M Sharib
Daphne Hompes
David Gyorki
Alexandra C. Istl
Ken Cardona



Survey Results – Demographic Profile

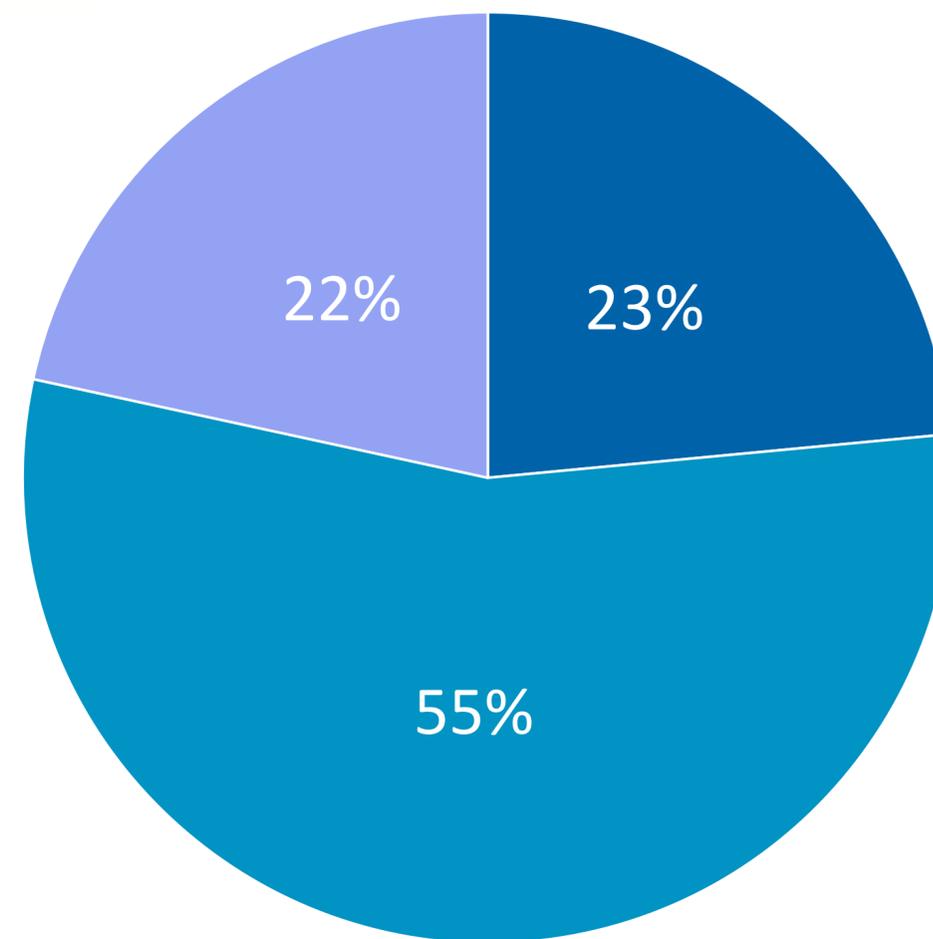
**Center Annual Surgical
Volume for RPS
66 participants**



■ 30+ cases/year ■ 10-30 cases/year ■ <10 cases/year



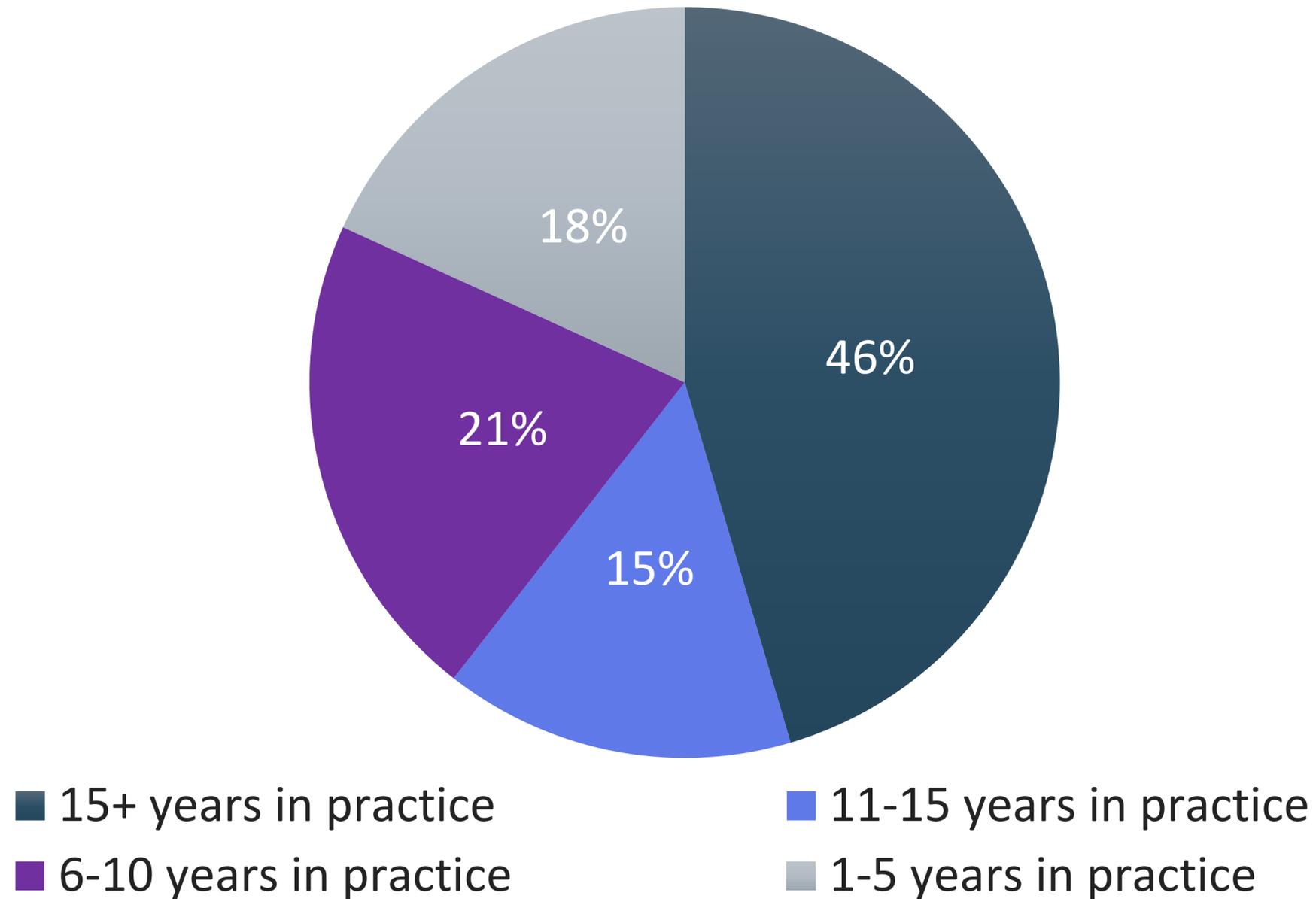
**Center Annual Surgical
Volume for RPS
TARPSWG Centers**



■ 30+ cases/year ■ 10-30 cases/year ■ <10 cases/year

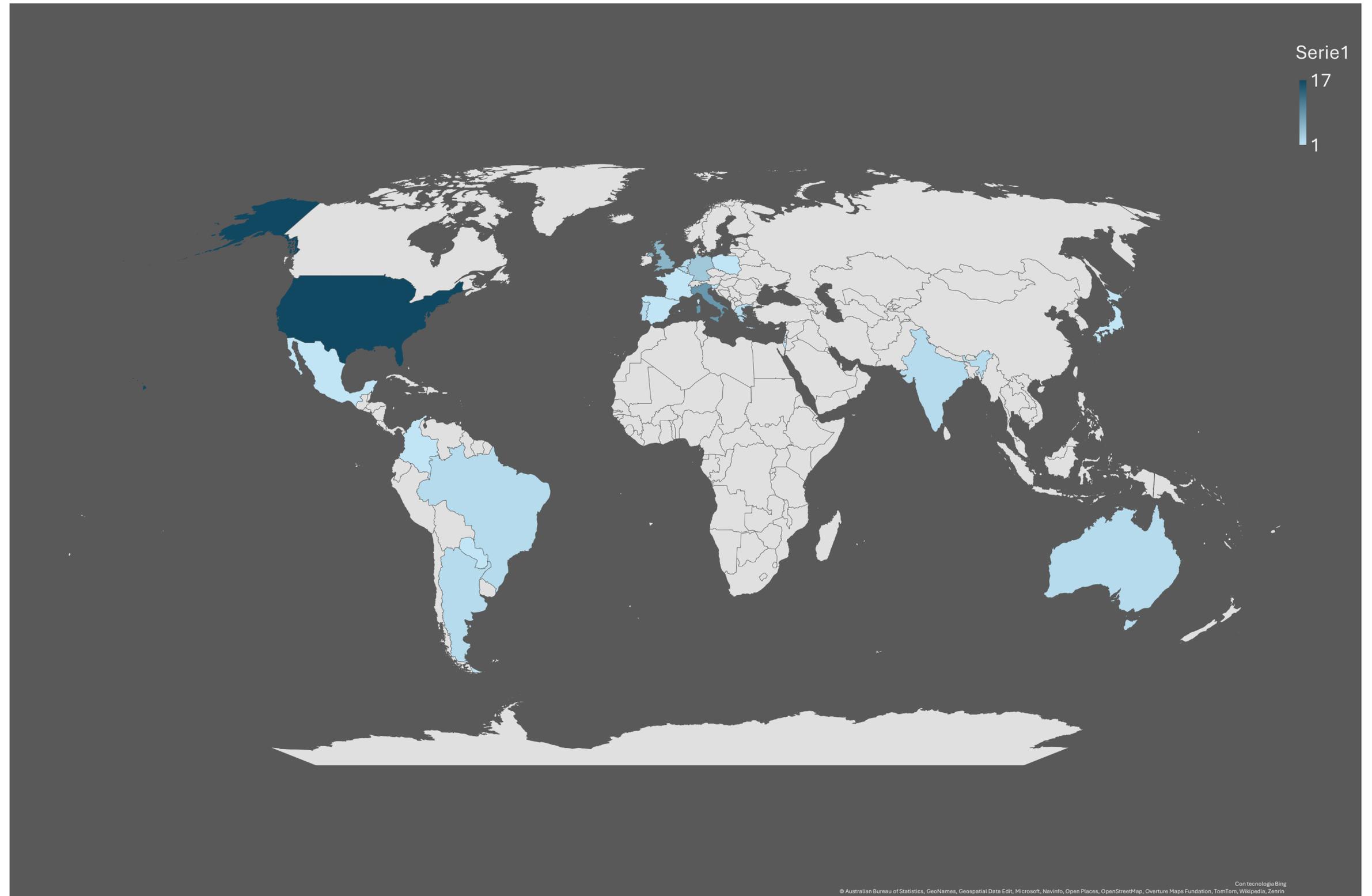
Survey Results – Demographic Profile

Participants' Career Stage



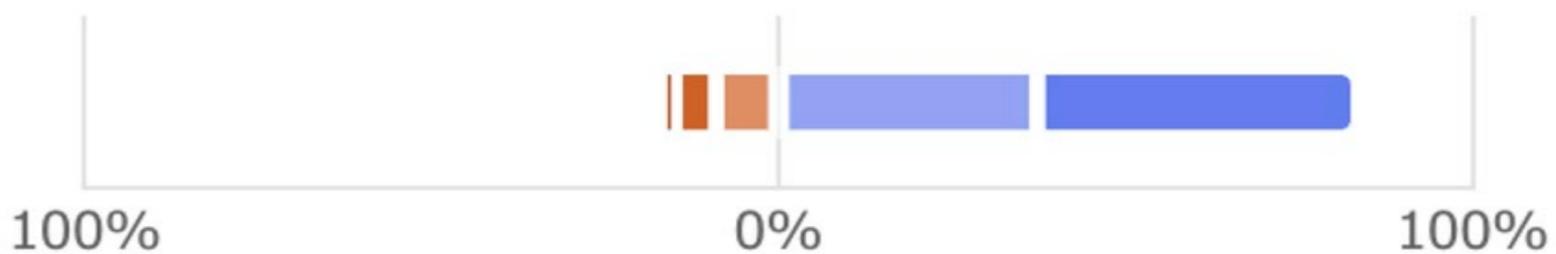
Survey Results – Demographic Profile

US	17
Italy	9
United Kingdom	6
Germany	3
Netherlands	2
India	2
Portugal	2
Argentina	2
Brazil	2
Greece	2
Australia	2
France	1
Israel	1
Belgium	1
Poland	1
New Zealand	1
Slovenia	1
Mexico	1
Colombia	1
Spain	1
Japan	1
Paraguay	1



Survey Results – Terminology

9. Terminology for the surgical procedure undertaken for retroperitoneal sarcoma should be described and standardized like other surgical oncology procedures.

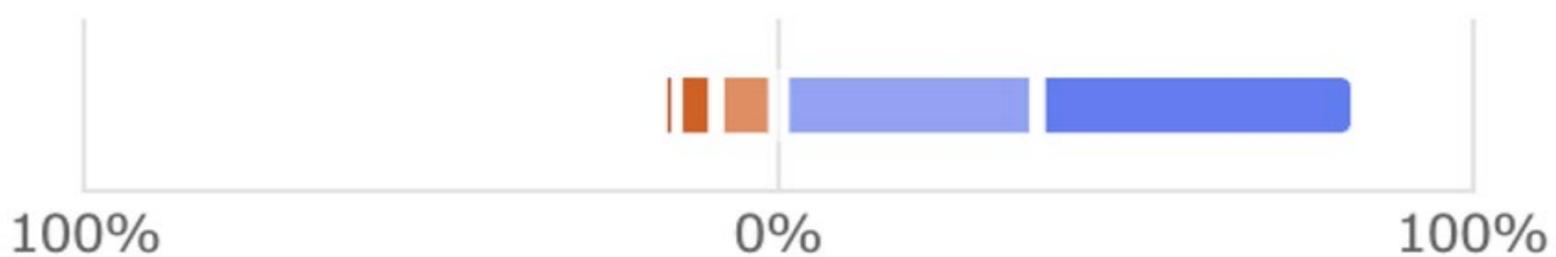


	Whole Population
Strongly agree	46.3%
Agree	37.3%
Neutral	9.0%
Disagree	6.0%
Strongly disagree	1.5%

83.6%

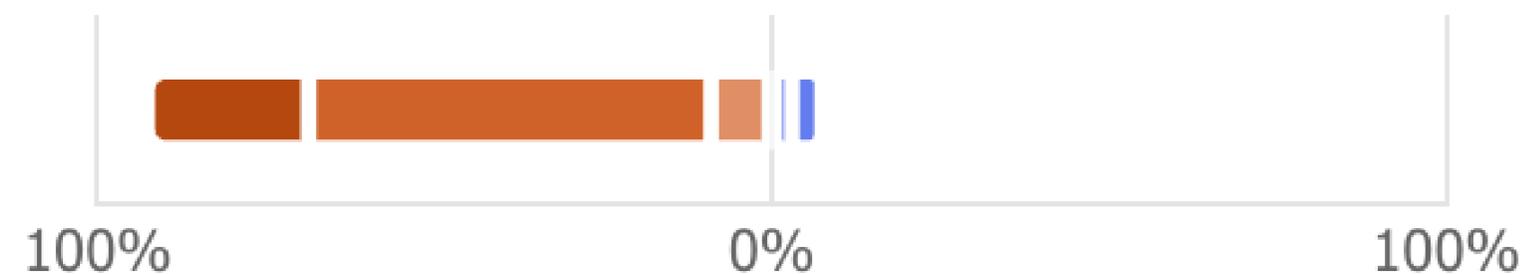
Survey Results – Terminology

9. Terminology for the surgical procedure undertaken for retroperitoneal sarcoma should be described and standardized like other surgical oncology procedures.



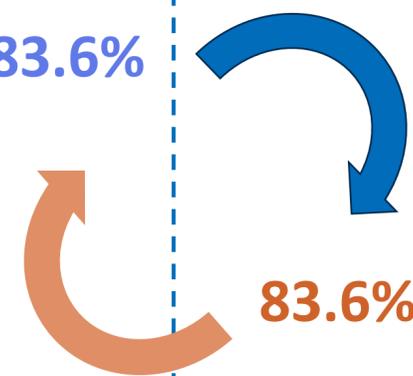
	Whole Population
Strongly agree	46.3%
Agree	37.3%
Neutral	9.0%
Disagree	6.0%
Strongly disagree	1.5%

13. A single name will be sufficient to describe the standard surgical procedure for all adequate primary RPS resections.



	Whole Population
Strongly agree	4.5%
Agree	3.0%
Neutral	9.0%
Disagree	59.7%
Strongly disagree	23.9%

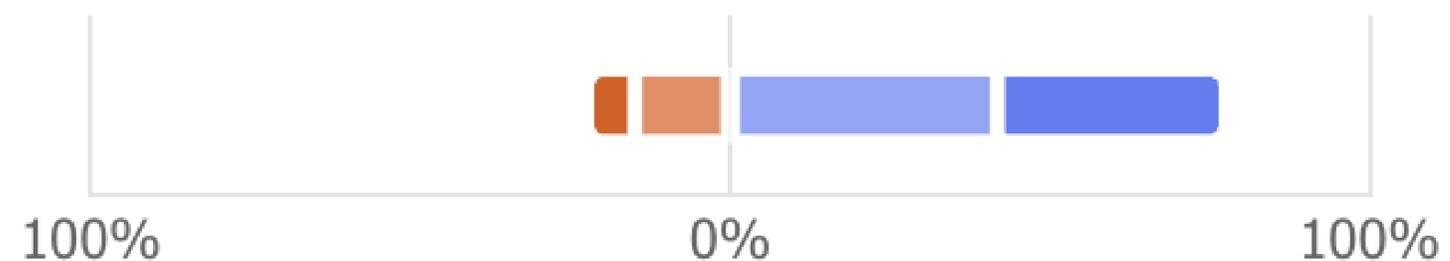
83.6%



83.6%

Survey Results – Terminology

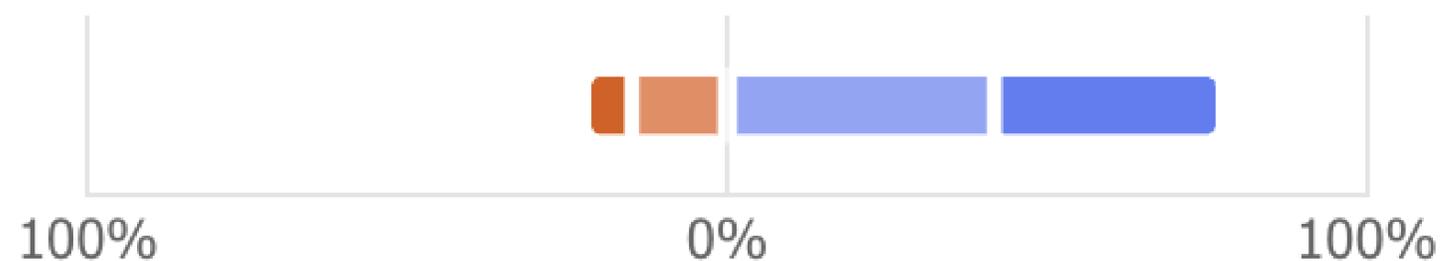
25. Regardless of the terminology used to describe the surgical procedure, could an **index summarizing the complexity of surgery in primary RPS** help to reproducibly stratify patients or surgical procedures?



	Whole Population
Strongly agree	35.8%
Agree	41.8%
Neutral	14.9%
Disagree	7.5%
Strongly disagree	-

Survey Results – Terminology

25. Regardless of the terminology used to describe the surgical procedure, could an **index summarizing the complexity of surgery in primary RPS** help to reproducibly stratify patients or surgical procedures?



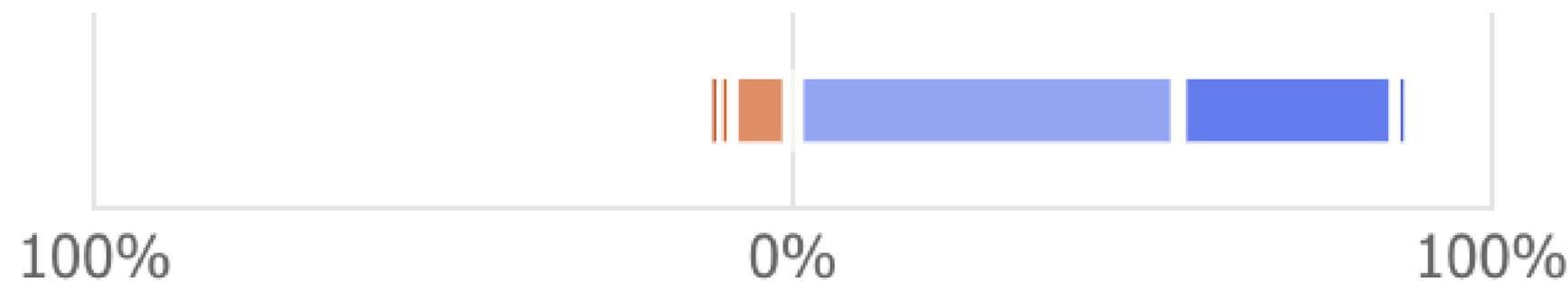
	Whole Population
Strongly agree	35.8%
Agree	41.8%
Neutral	14.9%
Disagree	7.5%
Strongly disagree	-

	15+ years in practice (n 30)
Strongly agree	9 – 30.0%
Agree	13 – 43.3%
Neutral	5 – 16.7%
Disagree	3 – 10.0%
Strongly disagree	0

	< 15 years in practice (n 36)
Strongly agree	15 – 41.7%
Agree	14 – 38.9%
Neutral	5 – 13.9%
Disagree	2 – 5.0%
Strongly disagree	0

Survey Results – PREOP Management

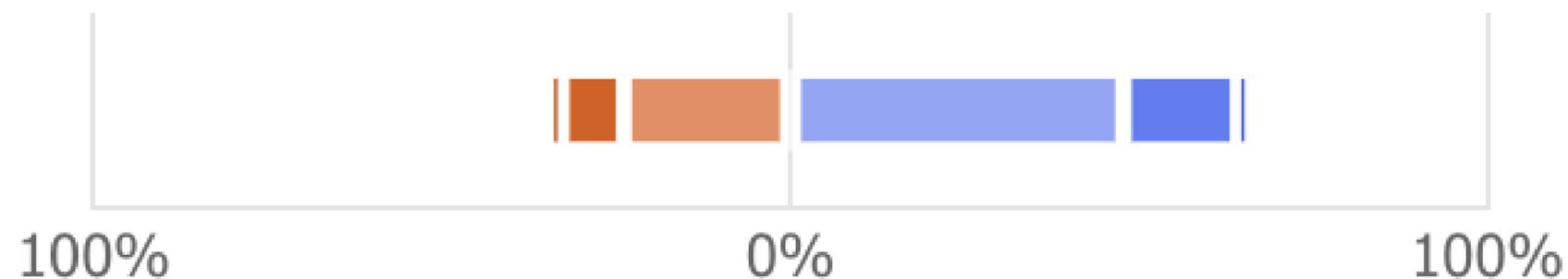
29. It is possible to reach a consensus regarding the recommendations for the **preoperative assessment of patients** with primary RPS.



33. It is possible to reach a consensus regarding the recommendations for the indication for **preoperative nutritional support** in patients with primary RPS.

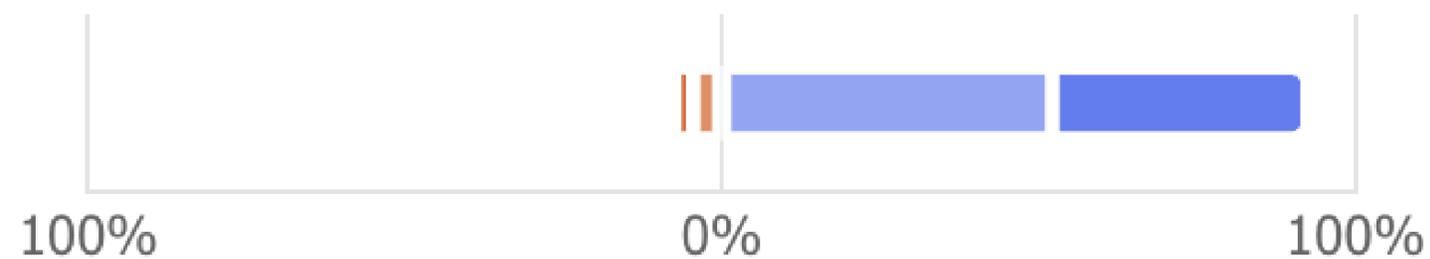


43. It is possible to reach a consensus regarding the recommendations for the criteria for recommending **preoperative physiotherapy** to patients with primary RPS.



Survey Results – PREOP Management

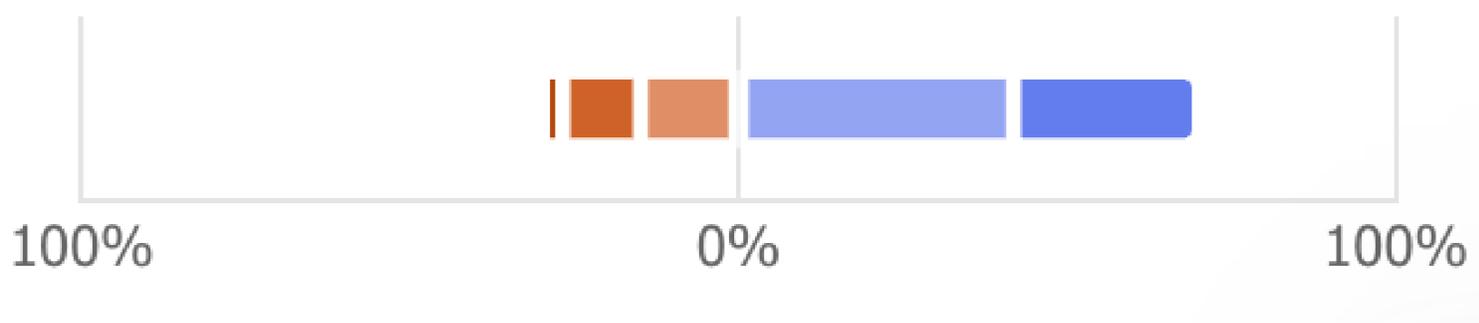
37. It is possible to reach a consensus regarding the recommendations for **the criteria for preoperative surgical risk stratification** in patients with primary retroperitoneal sarcoma across different centers



	Whole Population
Strongly agree	40.3%
Agree	52.2%
Neutral	4.5%
Disagree	3%
Strongly disagree	-

Survey Results – PREOP Management

47. It is possible to establish standardized criteria to determine the **resectability of a primary retroperitoneal sarcoma.**

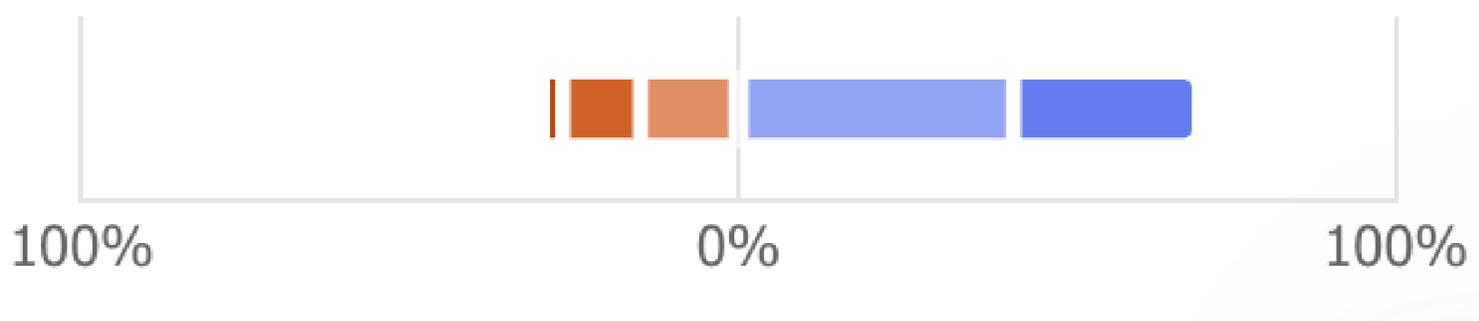


	Whole Population
Strongly agree	28.4%
Agree	41.8%
Neutral	14.9%
Disagree	11.9%
Strongly disagree	3%

14.9%

Survey Results – PREOP Management

47. It is possible to establish standardized criteria to determine the **resectability of a primary retroperitoneal sarcoma.**



	Whole Population
Strongly agree	28.4%
Agree	41.8%
Neutral	14.9%
Disagree	11.9%
Strongly disagree	3%

14.9%

	15+ years in practice (n 30)
Strongly agree	9 – 30.0%
Agree	14 – 46.7%
Neutral	5 – 16.7%
Disagree	2 – 6.6%
Strongly disagree	0

6.6%

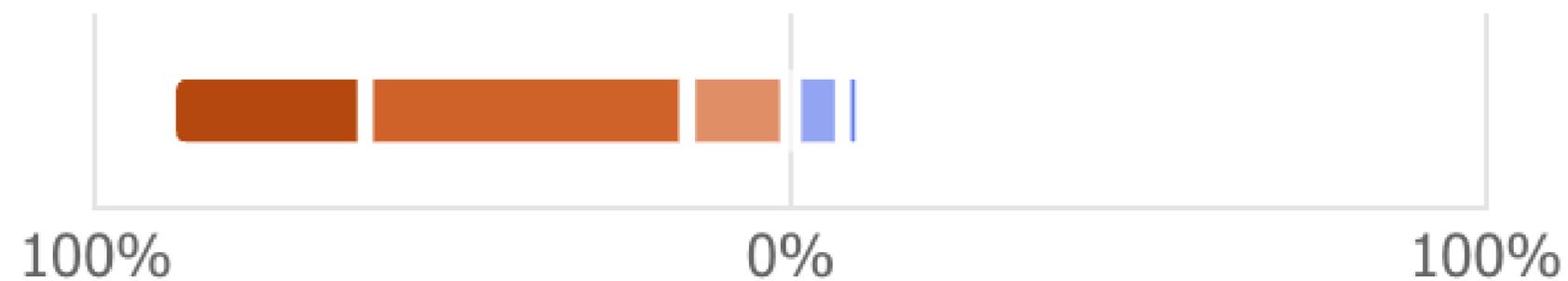
	< 15 years in practice (n 36)
Strongly agree	10 – 27.8%
Agree	13 – 36.1%
Neutral	5 – 13.9%
Disagree	6 – 16.7%
Strongly disagree	2 – 5.5%

22.2%

Survey Results – INTRAOP Management

51. How do you conduct a resection of a retroperitoneal sarcoma?

In your daily clinical practice, do you follow a **defined set of surgical steps**?



	Whole Population
Never	3%
Rarely	7.5%
Sometimes	14.9%
Frequently	46.3%
Always	28.4%

We thank all participants for describing the steps they follow in their clinical practice.

Survey Results – INTRAOP Management

53. How much do you agree with the following statement:

A single standardized operative approach is feasible for retroperitoneal sarcomas.



	Whole Population
Strongly agree	9%
Agree	22.4%
Neutral	16.4%
Disagree	34.3%
Strongly disagree	17.9%

Survey Results – INTRAOP Management

53. How much do you agree with the following statement:

A single standardized operative approach is feasible for retroperitoneal sarcomas.



	Whole Population
Strongly agree	9%
Agree	22.4%
Neutral	16.4%
Disagree	34.3%
Strongly disagree	17.9%

	15+ years in practice (n 30)
Strongly agree	3 – 10.0%
Agree	7 – 23.4%
Neutral	6 – 20.0%
Disagree	10 – 33.3%
Strongly disagree	4 – 13.3%

46.6%

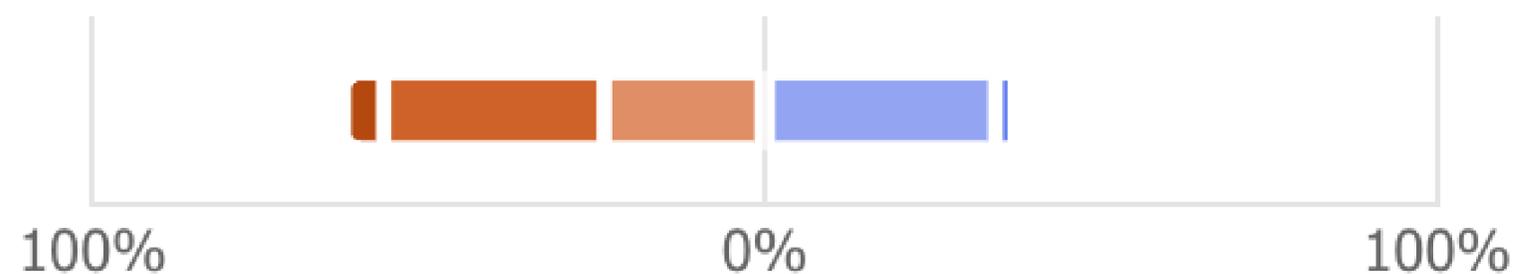
	< 15 years in practice (n 36)
Strongly agree	3 – 8.3%
Agree	7 – 19.4%
Neutral	5 – 13.9%
Disagree	13 – 36.2%
Strongly disagree	8 – 22.2%

58.4%

Survey Results – INTRAOP Management

57. How much do you agree with the following statement:

A standardized surgical procedure is feasible for pelvic sarcomas.



	Whole Population	
Strongly agree	3%	37.3%
Agree	34.3%	
Neutral	23.9%	23.9%
Disagree	32.8%	
Strongly disagree	6%	38.8%



Therefore, this Delphi study will focus exclusively on retroperitoneal sarcomas.

Survey Results – INTRAOP Management

61. How much do you agree with the following statement: It is possible to reach a consensus on **whether or not to resect an organ.**



	Whole Population
Strongly agree	10.4%
Agree	52.2%
Neutral	14.9%
Disagree	16.4%
Strongly disagree	3.0%

3.1% - unsure/decline to answer

Survey Results – INTRAOP Management

61. How much do you agree with the following statement: It is possible to reach a consensus on whether or not to resect an organ.



	Whole Population
Strongly agree	10.4%
Agree	52.2%
Neutral	14.9%
Disagree	16.4%
Strongly disagree	3.0%

3.1% - unsure/decline to answer

	15+ years in practice (n 30)
Strongly agree	3 – 10.0%
Agree	16 – 53.3%
Neutral	7 – 23.3%
Disagree	3 – 10.0%
Strongly disagree	0

10.0%

	< 15 years in practice (n 36)
Strongly agree	4 – 11.1%
Agree	18 – 50.0%
Neutral	3 – 8.3%
Disagree	8 – 22.2%
Strongly disagree	2 – 5.6%

27.8%

Survey Results – INTRAOP Management

65. How much do you agree with the following statement: It is possible to reach a consensus on when a patient with retroperitoneal sarcoma should be considered for a **minimally invasive surgical approach**.



	Whole Population	
Strongly agree	1.5%	
Agree	41.8%	43.3%
Neutral	16.4%	16.4%
Disagree	32.8%	
Strongly disagree	6%	38.8%



Therefore, the minimally invasive surgical approach will not be addressed in this Delphi study.

Survey Results – POSTOP Management

71. How much do you agree with the following statement: It is possible to reach a consensus on the **postoperative management** of patients undergoing surgery for primary retroperitoneal sarcoma (e.g., indication for intensive care monitoring, nutritional support, etc.).



	Whole Population
Strongly agree	22.4%
Agree	46.3%
Neutral	19.4%
Disagree	11.9%
Strongly disagree	-



What's the plan?

Modified Delphi Method

* All Rounds will be moderated by an expert Methodologist

Open-ended survey to gain a broad understanding of what needs to be standardized.

Electronic meeting.

Statements review, expression of degree of agreement, discussion.



Survey

Analysis

1st Round

2nd Round

3rd Round

Analysis of survey responses: summarize, rate, and identify **key topics**.



Electronic meeting.

Statements review, expression of degree of agreement, discussion.

The next steps will consist of:

- Identification of an expert panel (≈ 30 participants), with communication planned within one month
- Review of the literature and formulation of the initial list of statements by the project team

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Thank you!

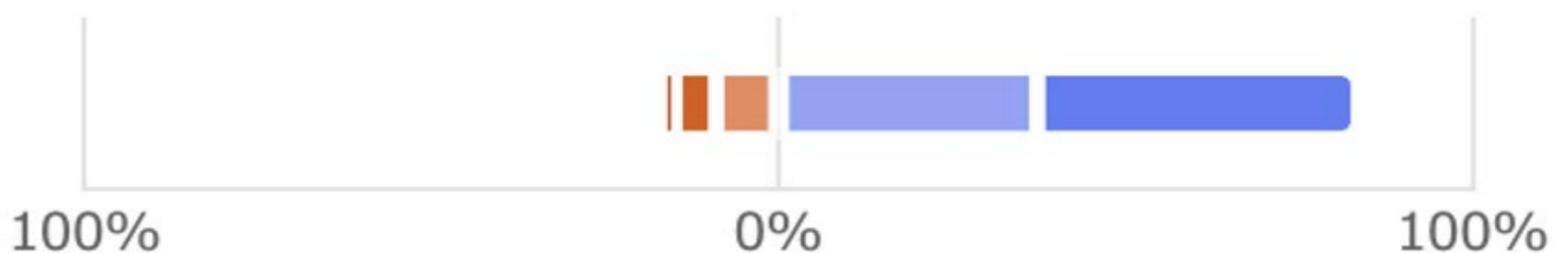
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Survey Results – Terminology

9. Terminology for the surgical procedure undertaken for retroperitoneal sarcoma **should be described and standardized like other surgical oncology procedures.**



	Whole Population
Strongly agree	46.3%
Agree	37.3%
Neutral	9.0%
Disagree	6.0%
Strongly disagree	1.5%

	15+ years in practice (n 30)
Strongly agree	16 - 53.3%
Agree	11 - 36.7%
Neutral	2 - 6.7%
Disagree	0
Strongly disagree	1 - 3.3%

	< 15 years in practice (n 36)
Strongly agree	15 - 41.7%
Agree	13 - 36.1%
Neutral	4 - 11.1%
Disagree	4 - 11.1%
Strongly disagree	0