

TARPSWG Semi-annual Meeting Phoenix SSO 2026

Wednesday 4 March 2026 - Room 301C in the Phoenix Convention Center

In person: Dario Callegaro, Ken Cardona, Aimee M Crago, Amanda Dann, Fahima Dossa, Mark Fairweather, Nellie Farrow, Marco Fiore, Mark Gimbel, Alicia Gingrich, Valerie Grignol, Alessandro Gronchi, Alexandra Istl, Mary "Molly" Garland Kledzik Kledzik, George Li, Elizabeth Lilley, Ang Ly, Heather Lyu, Joshua Mammen, Martin McCarter, John Mullinax, Chandrajit Raut, Catherine Sarre, Luke Selby, Jeremy Sharib, Jason Sicklick, Lorena P. Suarez Kelly, James Sun, Carol Swallow, Fabio Trotta, Vasileios Tsagkalidis, Gabrielle H. van Ramshorst, Rachel Voss, Jiping Wang, .

Online: Max Almond, Michela Angelucci, Salvatore Asero, Alessandra Borghi, Jessica Cintolo-Gonzalez, Luna De Sutter, Maikim Gervais, James Glasbey, José Antonio González, David Gyorki, Andrew Hayes, Nikolaos Intzes, Wendy Johnston, Attila Kollar, Nicole Larrier, Kyo Won Lee, Elan Novis, Chiara Pagnoni, Roberto Passa, Elisabetta Pennacchioli, Christina Roland, Daniela Salvatore, Erika Schmitz, Androniki-Maria Skreka, Dirk Strauss, Harini Suraweera, William Tseng, Sergio Valeri, Michelle Wilkinson

Slides of the meeting are available here:

<https://tarpswg.org/semiannual-meeting-march-2024-documents-2/>

0800 – 0805: Introduction by Meeting Chair (V Grignol) 05'

0805 – 0815: STRASS2 / STREXIT 2 update (A Gronchi / W van Houdt*) 10'

- 167 enrolled patients so far; 47 active sites
- Ineligible patients can be allocated to STREXIT cohort (currently >200)
- Predicted end of accrual Jan 2028

0815 – 0915: Clinical Trials Committee (F Dossa, D Callegaro) 60'

Funding and Logistics for STRASS3 (D Callegaro) 30'

- Spring 2025 summary: DDLPS proposed as histology with most unmet need; next trial should be in NA setting; RT + IO inhibitors
- Fall 2025: a 3-arms trial would be ideal (Surgery alone, RT + surgery, RT/IO + surgery) but not feasible. Heterogeneity in RT administration.

Discussion of inclusion criteria

- Histologies: DDLPS G2-3 & UPS.
- C Swallow: Inclusion of WDLPS? Potential benefit from screening and financial perspectives, unclear position on current standard of care
- D Gyorki, C Roland: Downside if powering for each arm, increased sample size, low LR rate for WDLPS, center pushback to randomize to no RT.
- J Wang: Separate trial for WDLPS, consider different endpoints (e.g. time to surgery for LR)
- J Mullinax: In favor of 3 histology-specific cohorts, to maximize use of trial resources
- F Dossa: Potential adaptive trial design. Need to define the shared control group.
- A Gronchi: there is no need to repeat RT/WDLPS studies despite STRASS not "conclusive" overall. We are dealing with a rare cancer and we can't use the same criteria about evidence that we use for common cancer. The subgroup analysis of STRASS, the STREXIT study and the large retrospective case match TARPSWG study just published by Mark Fairweather all show consistently a positive association between the administration of preop RT and outcome in primary retroperitoneal WDLPS. If we had money to invest in a 3rd randomized study, we should not invest them in a trial which try to address again this

question, to have a perfect evidence, that we would not get anyway and in 20 yrs from now we would be at the same exact point. It's time to move on to address the next question, which is the role of combination of preop RT with IO.

Post-meeting addition: In the meantime, while we set this up, why don't we formally study hypofractionation in RPS using RESAR in a phase 2 fashion?

- D Callegaro: two different research questions that require two different trials: does RT/ICI add to RT in DDLPS? Does RT add to surgery alone in WDLPS?

CDK4 inhibitors trial proposal (L Selby, V Grignol) 05'

- Adj CDK4/6 inh vs observation after surgery in "high-risk" RP LPS (Sarculator LR >50%). Stratification by preop RT
- Endpoints: Time to recurrence, time to treatment change. Sample size: 150-200 pts
- Discussion: Potential issues with access to drug (A Dann), SOC for preop RT in this patient cohort, tentative governance structure (C Swallow), inclusion of 1st recurrence patients, higher risk (A Gronchi)

Registry based trial (F Dossa) 05'

- Focus on short-term outcomes to maximize ROI from RESAR
- Potential proposals: drain/no drain, preop ureteric stents, NG tube
 - o Outcomes considered not reviewed.
 - o Open to ongoing ideas

0915 – 0945 RESAR Investigators' Meeting (M Fiore) 30'

RESAR data quality: report from last 12 months (M Fiore, D Salvatore*) 05'

- >3,800 pts enrolled as of Feb 20
- Detection of distinct center patterns of practice: (postop RT, ultra rare histologies, no preoperative biopsy rate 9%): areas for data quality assurance
- Updated follow up: <1 year (improvement of 13%); Median FU 25.3 mos
- Increase in patients included in Anastomotic Leak study, new centers completing centralizations

RESAR projects: accepted and rejected; launch of 2 new studies (D Gyorki*) 05'

- Closed, data analysis ongoing: Failure to rescue (C Sarre), Anastomotic leak (J Skoczylas)
- Development: PARCO-LMS (recurrence and outcomes in resected RP LMS, F Tirotta), DETERMINANTS (inflammatory biomarkers, M Fiore), multistate modeling of recurrence and impact on survival after 1ry resected RP LPS; tumor downsizing after NATx (F Dossa), MATCH (measuring agreement between preop planning and intraop clinical (P Tamaro)
Email will be circulated soon to opt in
- Not approved: InflammNut Body Composition (cancer cachexia – required DICOM imaging sharing, not feasible in RESAR); Impact of time to diagnosis to index treatment on pt outcomes (time of first scan not registered in RESAR)
- Data quality aims: data entry within 3 months for surgery, inclusion of all consecutive pts
Actions: minimum (77 item) and expanded (121 item) dataset; 6-month feedback to recruiting sites for benchmark (e.g. recruitment, morbidity, LOS)
- 24 variables unanimously agreed to be removed, additional added/removed variables to be discussed: working group on the renewal of dataset including variables to be eliminated,

variables to be considered mandatory and new variables to be introduced is a potential task for next year.

AI interface for RESAR (M Almond*, J Glasbey*) 05'

- Stage 1: AI enhanced exploration of existing TARPSWG publications and other high-quality publications. Input into LLM library (Notebook), model useful for interrogating and knowledge dissemination.
- Stage 2: RESAR interactive data viewer: from locked, curated complete dataset. Live dashboard, potential new study opportunities.
- Comments: Consider non-TARPSWG publications and/or all data available to minimize bias; define who would have access to the LLM and which questions are appropriate for the model; potential legal limitations re: AI use

Decision to continue discussion and draft a more comprehensive proposal

Webinars for data entry support (D Salvatore*) 05'

- Content: Eligibility criteria, ideal patient data entry workflow, platform navigation
Webinar record available: Daniela.salvatore@resarplatform.com
- 2nd webinar March 26: open to proposed topics by PIs/CRCs/data managers

0950 – 1000 Education Committee update (C Sarre, J Wang) 10'

- Presentation of 2026 proposed agenda
- Live events: case conversations, deep dive, controversies in practice
- Video library through *Art of Surgery*
- Additional themes proposed: Back to basics session (addressing postop RT / no preop biopsy); perioperative patient pathways, catastrophic complications (master of disasters)

1000 – 1015 Break

1015 – 1045 ERAS in RPS (H. Lyu) 30'

- Discuss existing literature (H. Lyu) 10'
GEIS/PSG Delphi consensus, Identification of weak / no consensus topics as areas of opportunity (nutritional supplementation, NG use, perioperative fluid management, drains)
Feedback: established evidence in other disease sites may not be entirely applicable to RPS surgery
- Proposal for official collaboration TARPSWG-ERAS Society (C Pagnoni*) 10'
Identification of 15-20 expert group for involvement in consensus process, workflow review
Need to identify high ROI / most impactful areas within RESAR and in clinical practice (S Ford/C Swallow)

1045 – 1055 Update REC (M-K Gervais*)

- Review of ongoing studies (n=7)
- New proposal: Radiation-associated angiosarcoma after breast RT retrospective cohort (V Grignol). Discussion: inclusion of primary AS vs RAAS
Survey circulation of practice patterns among sarcoma vs breast surgeons (M Fairweather)
Pivoting platforms to better capture treating physician population

1055 – 1125 Standardization of Nomenclature for RPS (C Swallow, M Fiore) 30'

Update on Delphi on Nomenclature and Approach to RPS (A Borghi*) 10'

- Review of survey results: Demographics, terminology, resectability, preop, intra and postop patient management
- Pelvic STS and minimally invasive approaches will be excluded from Delphi consensus based on survey results (maybe to be included in primate RPS update process)
- Invites to participate as experts in the Delphi consensus will be circulated next month (timeline: 2 rounds of voting online, final voting during in-person meeting in Milan, Spring 2027)

1125 – 1155 Update on Clinical Guidelines (C Swallow) 30'

Discussion on Management of Primary RPS Guidelines (Third Edition)

- Initial publication 2015, 1st update 2021.
- Changes: STRASS/STREXIT 1-2, >200 new articles Re 1ry RPS (13 TARPSWG)
- Review of proposed Areas for revision; format for literature review, timing. Postpone after Delphi consensus on terminology and standards of treatments to finalize document
- Pelvic STS to be addressed as a separate entity in separate guideline; resectability to be reviewed separately

1155 – 1200 Closure and Group Picture (A Gronchi)

SAVE THE DATE

Next Semiannual Meeting is planned for **Wednesday November 18th 2026** in Seoul, in occasion of the CTOS Annual Meeting.

Local hosts in Seoul will be Dr. Kyo Won Lee and Dr. Jae Berm Park (Samsung Medical Center).