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# RESAR

Retroperitoneal Sarcoma Registry

Update March 2026

Transatlantic Australasian Retroperitoneal  
Sarcoma Working Group



RESAR  
PLATFORM

[www.tarpswg.org](http://www.tarpswg.org)  
@TARPSWG



# ENROLLED PATIENTS (Feb 20<sup>th</sup> 2026)

RESAR

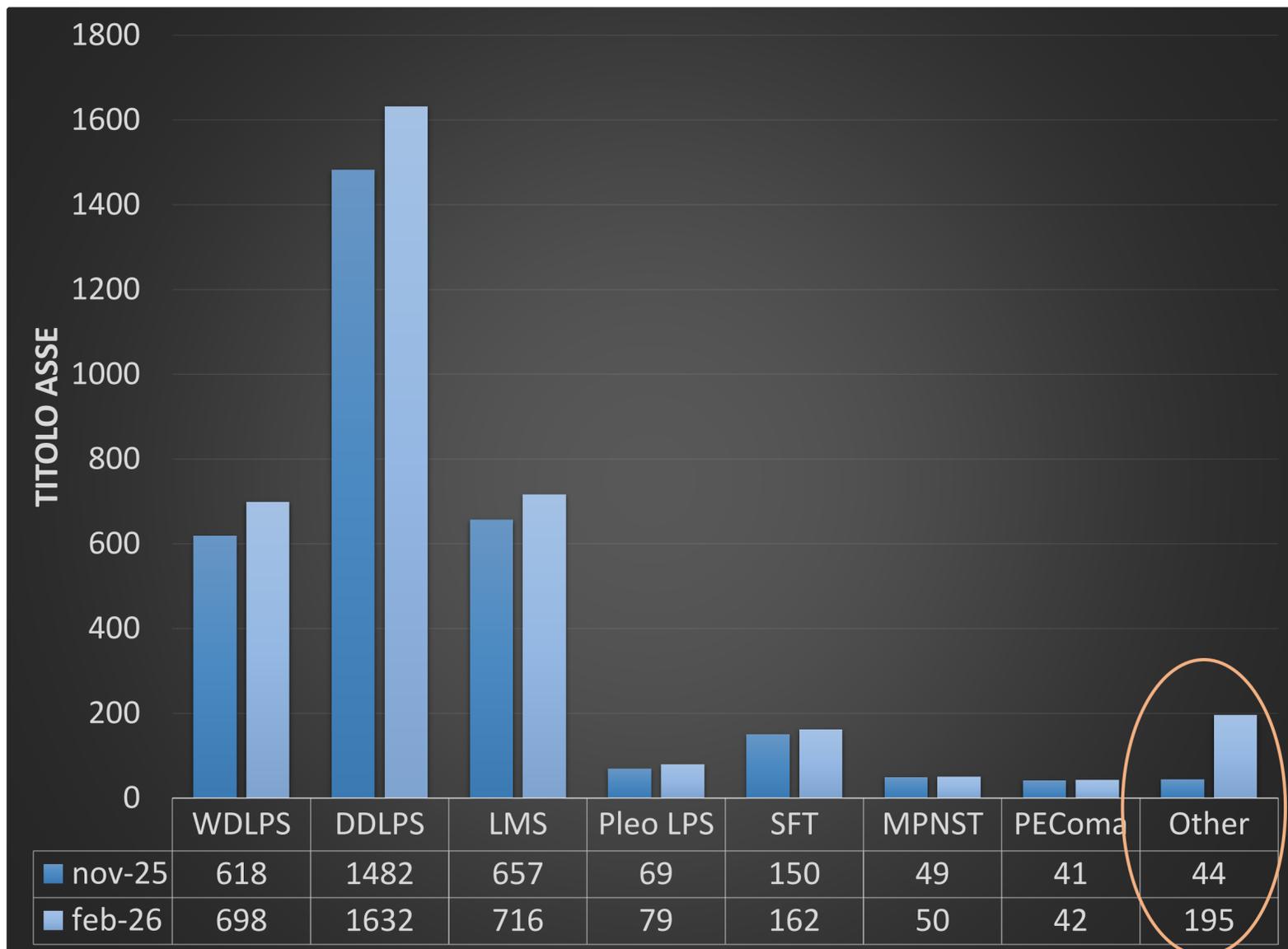


Variability of care across RESAR centers:

In 2 centers "postoperative RT" was delivered in 40% and 50% of irradiated patients

Only 158/343 (46%) are WDLPS

In 5 centers no biopsy in >10% of cases (non-WDLPS histologies)



Gross statistics for 3863 patients		
Residual primary after incomplete surgery	115	2,9%
Neoadjuvant chemotherapy	634	16,4%
Neoadjuvant radiation	673	17,4%
<i>Not operated after neoadjuvant treatment</i>	25	0,6%
Adjuvant chemotherapy	258	6,7%
Postoperative radiation +/- IORT	76	1,9%
R2 resection	126	3,3%
Tumor rupture	153	3,9%
Serious morbidity	855	22,1%
Reoperation	389	10,1%
Grade 5 complication	56	1,5%
NO preoperative biopsy	<b>343</b>	<b>8,9%</b>
Pts enrolled in SARVeillance RCT	77	

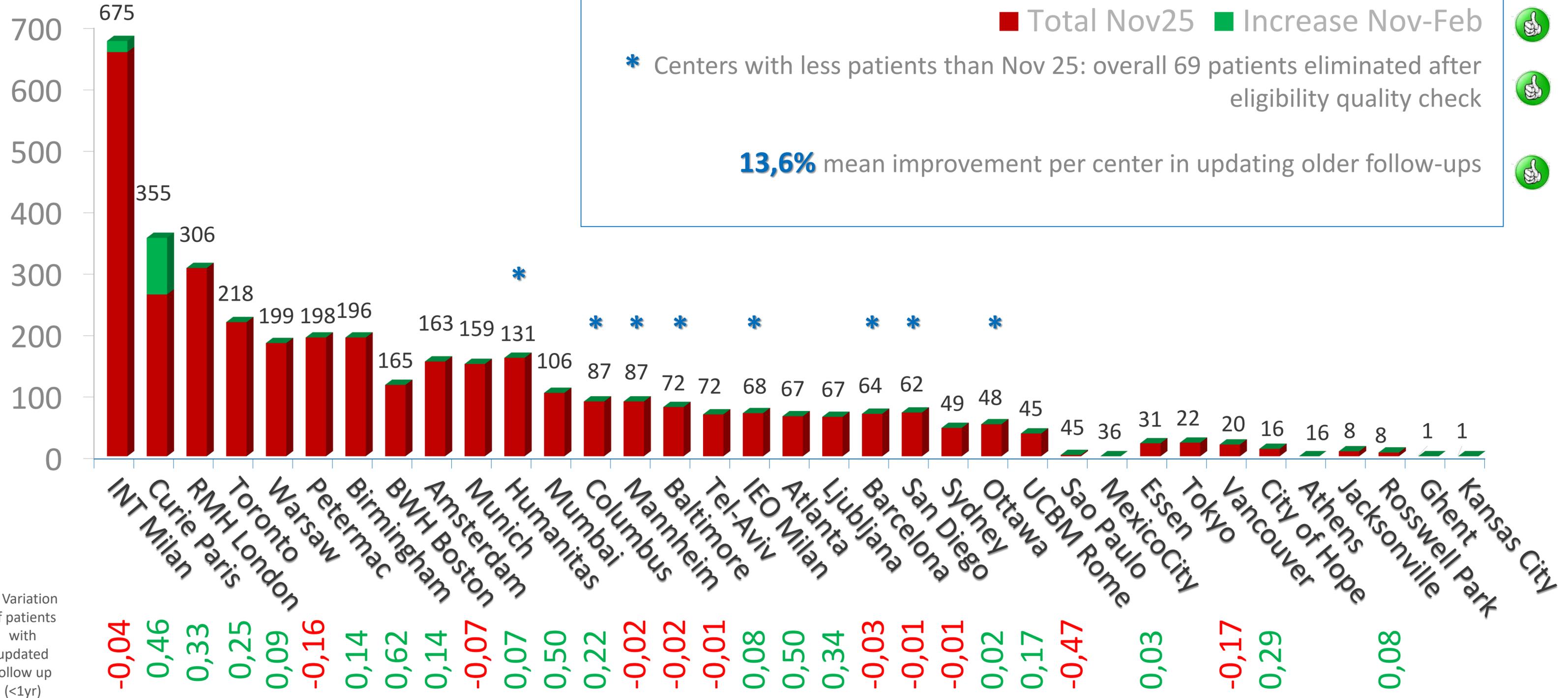


RESAR  
PLATFORM

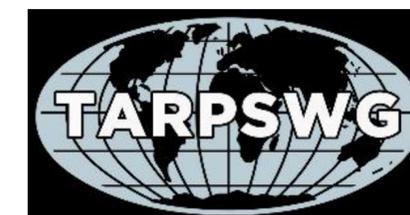
# 3863 ENROLLED PATIENTS (Feb 20<sup>th</sup> 2026)

## Comparison with 3520 in Nov 25

RESAR



% Variation of patients with updated follow up (<1yr)



# Quality improvement (Nov 2025 → Feb 2026)

RESAR

21,5 mos  
in Tampa

Gross statistics for 3520 patients (Nov 2025)		
Completeness of data		
Date of surgery not available	120	4,1%
Date of follow up not available	500	14,2%
Median Follow up (2342 alive patients)	<b>25,3 mos (IQR 10-47)</b>	
<i>1769/2342 (75.5%) alive patients with outdated follow up &gt;1yr</i>		
<i>1197 of those queried for update (Anastomotic Leak study) – deadline Dec 31st</i>		

Gross statistics for 3863 patients (Feb 2026)		
Completeness of data		
Date of surgery not available	183	4,7%
Date of follow up not available	476	12,3%
Median Follow up (2588 alive patients)	<b>27,2 mos (IQR 10-52)</b>	
<i>1290/2588 (49.8%) alive patients with outdated follow up &gt;1yr</i>		
<i>1129/1671 (67,6%) of those queried replied</i>		
<i>10/27 participating centers did not reply to queries</i>		
<i>10/27 participating centers partially replied to queries</i>		
<i>7/27 participating centers completed queries</i>		
<i>Anastomotic Leak patients increased from 1197 to 1671 (new centers completed centralization)</i>		



- Amsterdam
- Barcelona
- Birmingham
- City of Hope
- Melbourne
- Ottawa
- San Diego
- Sydney
- Tokyo
- Vancouver



# Timely online data-entry (quality of prospective collection)



## New patients entered into the RESAR Platform in the last 6 months\*

15/26 = 58%  
(only centers that are online since at least 6 months)

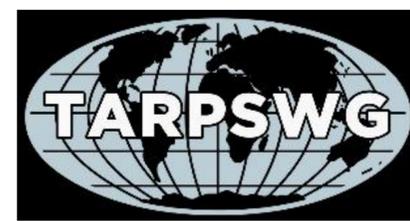
Center	Patients Entered
Paris Institut Curie	15
Essen Universitätsklinikum	15
Amsterdam NKI	10
Mumbai Tata Memorial Hospital	9
Birmingham - QEHB	9
Melbourne Peter MacCallum	8
Columbus Ohio State University	6
Ljubljana - Institute of Oncology	5
Milan INT	5
Munich LMU	4
Buffalo - Roswell Park Comprehensive Cancer Center	4
City of Hope COH	3
Rome - Campus Biomedico	2
Mexico City INCAN	2
Sydney Royal Prince Alfred Hospital	2
Ghent University Hospital	0
Vancouver General Hospital	0
Athens Aretaieio University Hospital	0
Boston BWH	0
Kansas City - The University of Kansas Health System	0
Atlanta - Emory University Hospital Midtown Campus	0
Toronto UHN	0
Mannheim University Medical Center	0
Tel-Aviv Sourasky Medical Center	0
Milano - Humanitas	0
Sao Paulo - AC Camargo Cancer Center	0
<b>Total</b>	<b>99</b>

Time from surgery to data entry ≤6 months



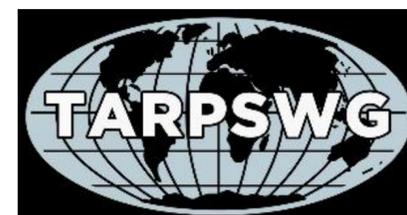
## Timely online data-entry (frequency of follow up updates)

Center	N. of pts updated in the last 6 months	Date of most recent follow-up on the platform
Milan INT	106	Feb 2, 2026
Sao Paulo AC Camargo Cancer Center	8	Sep 23, 2025
Athens Aretaieio University Hospital	12	Dec 17, 2025
Boston BWH	85	Jan 26, 2026
Rome Campus Biomedico	17	Jan 26, 2026
City of Hope COH	8	Jan 21, 2026
Atlanta Emory University Hospital Midtown Campus	13	Nov 25, 2025
Barcelona Hospital de la Santa Creu i Sant Pau	4	Oct 21, 2025
Milan Humanitas	33	Oct 27, 2025
Paris Institut Curie	106	Nov 26, 2025
Ljbljana Institute of Oncology	32	Jan 06, 2026
Mexico City INCAN	15	Oct 29, 2025
Milan IEO	5	Nov 28, 2025
Munich LMU	18	Jan 27, 2026
Warsaw Maria Sklodowska-Curie NRIO	3	Nov 5, 2025
Toronto UHN	31	Jan 10, 2026
Amsterdam NKI	20	Nov 07, 2025
Columbus Ohio State University	22	Jan 18, 2026
Birmingham QEHB	7	Dec 16, 2025
Buffalo Roswell Park Comprehensive Cancer Center	6	Dec 17, 2025
London RMH	71	Dec 04, 2025
Mumbai Tata Memorial Hospital	22	Dec 07, 2025
Tel-Aviv Sourasky Medical Center	42	Jan 19, 2026
Mannheim University Medical Center	1	Aug 19, 2025
<b>Total</b>	<b>687</b>	



Latest update Feb 2nd 2026





# RESAR contracts development (last 6 months)

RESAR studies

N. of centers online	N. of new users on the RESAR Platform	N. of new centers enrolling in SARVeillance RCT	N. of DUF signed for Failure to rescue	N. of DUF signed for Anastomotic Leak	N. of centers that signed Framework Agreement renewal
3/38	28 from 14 centers	2/4	3/27	4/27	5/45

Athens  
Essen  
Kansas City

Multiple users in several centers; please take care of accurate turnover

Atlanta  
London

City of Hope  
Ohio  
Warsaw

City of Hope  
London  
Ohio  
Warsaw

Atlanta  
Leeds  
Ljubljana  
San Diego  
Toronto

*Period considered: Aug 15, 2025 – Feb 27, 2026*



# FOR NEW CENTERS: HOW TO JOIN RESAR

OPEN TO ANY TARPSWG CENTER

DECLARATION OF INTEREST

Please contact:

[marco.fiore@istitutotumori.mi.it](mailto:marco.fiore@istitutotumori.mi.it)

[tarpswg@gmail.com](mailto:tarpswg@gmail.com)

FOR DATA TRANSFER AGREEMENT

Contact

[daniela.salvatore@resarplatform.com](mailto:daniela.salvatore@resarplatform.com)



FIND MATERIALS AND DOWNLOAD HERE:

[tarpswg.org/resar-study-documentation](http://tarpswg.org/resar-study-documentation)

LOGINS FOR RESAR PLATFORM  
FOR ONLINE DATA ENTRY WILL BE  
RELEASED

Prospective patient  
enrollment is allowed after  
local IRB approval, with  
local data storage

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# RESAR PROJECTS UPDATE

Prof David Gyorki MBBS MD FRACS

Sarcoma Tumour Stream Lead, Peter MacCallum Cancer Centre  
Chair, RESAR Governance Committee

Transatlantic Australasian Retroperitoneal  
Sarcoma Working Group



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@TARPSWG



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# DISCLOSURES

## Advisory Board

- BMS
- Q Biotics



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## STUDIES CLOSED TO RECRUITMENT

- **Failure to rescue after retroperitoneal sarcoma surgery: a root cause analysis from the RESAR study population (“Failure to Rescue”)**
  - PI Dr Catherine Sarre, Dr Marco Fiore (Ontario/Milan)
  - Final data currently being centralized
- **A predictive model for the risk of intestinal anastomotic dissection in patients operated on for retroperitoneal space sarcoma (“Anastomotic Leak”)**
  - PI Dr Jacek Skoczylas, Dr Madelaine Hettler, Dr Piotr Rutkowski (Mannheim/Warsaw)



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## STUDIES IN DEVELOPMENT

- **Patterns of Recurrence and Clinical Outcomes Following Surgery for Primary Retroperitoneal Leiomyosarcoma (“PARCO-LMS”)**
  - Dr Fabio Tirota, Dr David Gyorki, Dr Alessandro Gronchi, Dr Sam Ford (Birmingham, Melbourne, Milan)
- **Development and validation of a novel inflammatory bioMarker-based prognostic index for retroperitoneal sarcoma patients (“DETERMINANTS”)**
  - Dr Marco Fiore, Dr Silva Ljevar, Dr Rosalba Miceli, Dr Alessandro Gronchi (Milan)
- **Multi-state modeling of recurrence and the impact on survival after primary resection for retroperitoneal liposarcoma**
  - Dr Fahima Dossa, Dr Alessandro Gronchi (Los Angeles, Milan)



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## STUDIES IN DEVELOPMENT

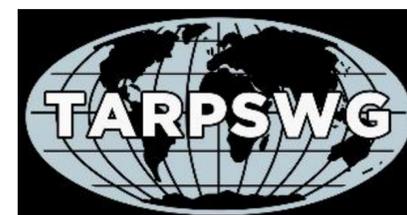
- **Histology-specific tumour downsizing after preoperative therapy for retroperitoneal sarcoma**
  - Dr Fahima Dossa, Dr Alessandro Gronchi (Los Angeles, Milan)
- **Measuring Agreement between preoperative Theoretical planning and intraoperative Clinical: How resections are executed in pelvic and retroperitoneal sarcoma surgery. MATCH Study**
  - Dr Pasquale Tammaro, Dr David Gyorki, Dr Marco Fiore, Dr Alessandro Gronchi (Milan, Melbourne)



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## PROJECTS NOT APPROVED

- **InflamNut Body Composition Study**
  - Study of cancer cachexia – rejected because study relied on sharing of DICOM imaging.
  - RESAR platform and data sharing agreements are not currently set up for image sharing.
  - Governance committee decided that the logistics of updating the platform and DTA were too complicated
- **Impact of time from diagnosis to index treatment on oncologic and peri-operative outcomes in primary retroperitoneal sarcoma**
  - Study looking to assess impact of time from diagnosis to surgery on cancer outcome.
  - RESAR database does not record the time of the first scan to show the presence of RPS. Therefore significant potential for information bias exists as the original diagnosis date is unknown.



# Ongoing RESAR projects summary

RESAR studies

Study number	Study	PI	Status	Manuscript
TARPSWG R2403	Failure to Rescue	Catherine Sarre	Closed to opt-in (27 centers)	Catherine will contact local PI for: 1) Instruction how to fill in extra data 2) Collection of center-related data (interview)
TARPSWG R2404	Anastomotic Leak	Jacek Skoczylas	Closed to opt-in (27 centers)	Daniela will contact local PIs for: 1) Missing data 2) Other queries by study PIs
TARPSWG-R-2501	Predictor of recurrence in LMS (PARCO-LMS)	Fabio Tirota	Open to opt-in	<b>Opt-in to participate!</b>
TARPSWG-R-2502	Inflammatory markers score (Determinants)	Marco Fiore	Open to opt-in	

Check if your center signed DUF in order to include your patients!



Fill in before April 30<sup>th</sup>  
(will be emailed tomorrow to RESAR Local PIs)



# HOW TO APPLY – <https://tarpswg.org/resar-study>

**TARPSWG**  
**TRANSATLANTIC AUSTRALASIAN RETROPERITONEAL SARCOMA WORKING GROUP**  
*A collaborative group for Surgical Oncologists and Sarcoma Professionals*

HOME WEBINARS EVENTS RESAR STUDY OPEN STUDIES / PROJECTS TARPSWG GOVERNANCE EDUCATION DOCUMENTS

## RESAR Study

**RETroperitoneal SARcoma Registry (RESAR): prospective collection of primary retroperitoneal sarcoma patient's data, radiological and pathological material for the TransAtlantic Retroperitoneal Sarcoma Working Group.**

Documents for activation of RESAR at new centers are available [here](#).

Documents regarding the governance of RESAR Project, Rules for proposing new studies on the RESAR database, and Authorship rules are available [here](#).

**\*NEWSLETTERS\*** from the RESAR Executive Committee: [here](#).

### RECENT POSTS

TARPSWG Semiannual Meeting 2026: Join Us in Phoenix

Histology-tailored multidisciplinary management of primary retroperitoneal sarcomas

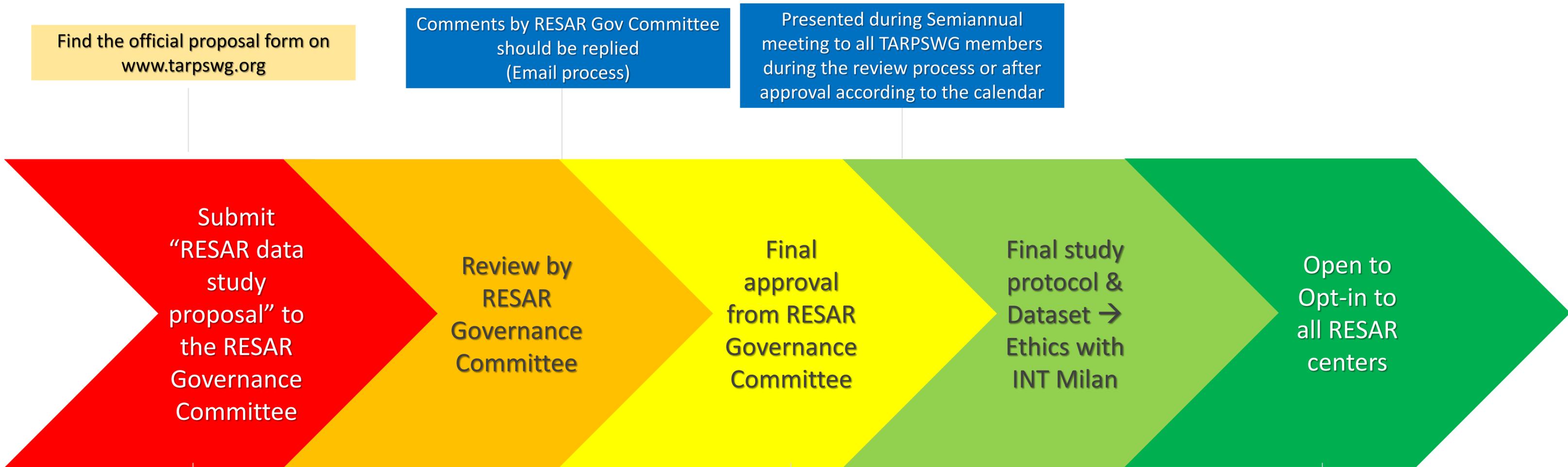
Critical impact of radiotherapy protocol compliance and quality in the treatment of retroperitoneal sarcomas: Results from the EORTC 62092- 22092 STRASS trial

Neoadjuvant Therapy for Primary Resectable Retroperitoneal Sarcomas-Looking Forward

# HOW TO PROPOSE A NEW SUB-STUDY FOR RESAR



OPEN TO ANY TARPSWG MEMBER\*



Find the official proposal form on [www.tarpswg.org](http://www.tarpswg.org)

Comments by RESAR Gov Committee should be replied (Email process)

Presented during Semiannual meeting to all TARPSWG members during the review process or after approval according to the calendar

\*if not in a RESAR center, need a co-PI from a RESAR center

An external mentor is assigned to the study to ensure completion of the project and supervision

Only centers with patients uploaded on RESAR Platform can participate (no transfer of data out of the Platform)

**PROPOSAL SUBMISSION**  
Please contact:  
[research.tarpswg@gmail.com](mailto:research.tarpswg@gmail.com)  
[david.gyorki@petermac.org](mailto:david.gyorki@petermac.org)  
[maikim.gervais@gmail.com](mailto:maikim.gervais@gmail.com)



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# STRATEGIES FOR IMPROVING DATA QUALITY

- **Aim:**

- for data to be entered within 3 months for all patients
- For data to be collected on all consecutive patients seen at enrolling centres

- **Actions:**

- **Discussing a minimum data set – so not all data points need to be completed for all patients**
- **Discussing option of providing six monthly feedback to all recruiting sites that could be benchmarked against other sites**
  - **E.g. you recruited X patients, your perioperative morbidity was Y, your median length of stay was Z**

# RESAR dictionary review (by RESAR Executive Committee)



RESAR studies

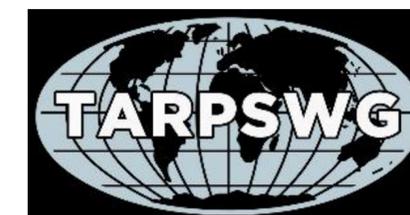
121/440 data fields	All agreed to keep		Should we implement a new definition for “complete data” on the platform?
77/440 data fields	All agreed to keep and consider as <b>mandatory</b>		
24/440 data fields	All agreed to remove	<i>Each voter asked to remove 37; 71; 78; 168; 193; 207 data fields, respectively</i>	All agreed to remove: <b>Location/Staging (Imaging section)</b>

Other data fields suggested to be removed:

- Type of biopsy / type of needle / puncture site
- Proportion of solid tumor in LPS imaging
- Number and site of metastases on preop imaging
- size pre-post treat
- Preoperative labs
- Anticipated resection of organs
- Type of surgical incision
- Ileostomy/colostomy at surgery
- Postop plasma transfusion
- Second and third tumor dimension on pathology
- Microscopic organ invasion
- Many IHC markers in pathology section

- RT technique
- Detailed RT dosage (CTV1 and CTV2)
- Prescribed dose/cycles of CT (instead of actual dose and cycles)
- Interruption of treatment and reasons
- Toxicity grade of CT complications
- Body weight at each follow up
- Creatinine value at each follow up
- Renal function impaired at follow up
- Organ resected at initial surgery for “persistent primary RPS”
- Many details of initial surgery in case of “persistent primary RPS”
- Histology on biopsy
- Details on treatment of recurrence

# RESAR dictionary review (by RESAR Executive Committee)



RESAR studies

77/440 data fields	All agreed to keep and consider as <b>mandatory</b>
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IMAGING: PREOPERATIVE TESTING	Size (maximum tumor diameter on preoperative imagine)
IMAGING: BIOPSY	Date of Diagnosis
IMAGING: PRETREATMENT	Preoperative chemotherapy
	Preoperative radiation therapy
SURGICAL TREATMENT: Surgical procedure - Intraoperative findings	Date of Surgery
	Intraoperative finding of peritoneal sarcomatosis
	Tumor rupture or contamination
	Multi focality
	List of resected organs (24 fields)
	Seriuos Clavien Dindo (Y/N)
SURGICAL TREATMENT - POSTOPERATIVE EVENTS	Complication CD Grade
	Reoperation due to complication
	ICU
	Postoperative packed red cells transfusion
	Length of hospital stay

PATHOLOGY - MAIN	Type of specimen (Primary / Persistent after incomplete resection)
PATHOLOGY - DIAGNOSIS WHO	First dimension of tumor
	Histologic diagnosis on specimen (6 fields)
PATHOLOGY - Margins	Surgical margins
RADIATION THERAPY	Tumor rupture
	Did the patient received radiation therapy?
MEDICAL ONCOLOGY - NEOADJUVANT CHEMOTHERAPY	Did the patient received neoadjuvant chemotherapy?
	Was neoadjuvant CT prematurely stopped?
MEDICAL ONCOLOGY - ADJUVANT CHEMOTHERAPY	Did the patient receive adjuvant chemotherapy
	Was neoadjuvant CT prematurely stopped?
RECURRENCE	Date of recurrence
	Site of recurrence
	Treatment for recurrence
	Surgery for recurrence
	Date of surgery for recurrence
	Chemotherapy for recurrence
	Radiotherapy for recurrence

PREVIOUS INCOMPLETE SURGERY	Date of PIS
	Biopsy before PIS
	Imaging before PIS
	Hospital of Previous Inadequate Surgery
PREVIOUS - SYNCHRONOUS SECOND MALIGNANCIES	Surgical approach
	Previous or synchronous second malignancies?
UNRESECTABILITY	Type of other malignancy
	Reason for unresectability was: Local Progression
	Reason for unresectability was: other sites of intra-abdominal progression
	Reason for unresectability was: metastatic progression
VITAL STATUS	Reason for unresectability was: patient became unfit for surgery
	Status (Alive, Dead)
	Death for sarcoma
	Date of last follow up

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THANKS TO ALL  
PARTICIPATING  
SITES





# RESAR

You can reach out to:

## RESAR GOVERNANCE COMMITTEE



DAVID GYORKI  
Chair



## EXECUTIVE COMMITTEE



DANIELA SALVATORE  
Clinical Research Coordinator  
[daniela.salvatore@resarplatform.com](mailto:daniela.salvatore@resarplatform.com)



MARCO FIORE  
RESAR Platform Administrator  
[marco.fiore@resarplatform.com](mailto:marco.fiore@resarplatform.com)