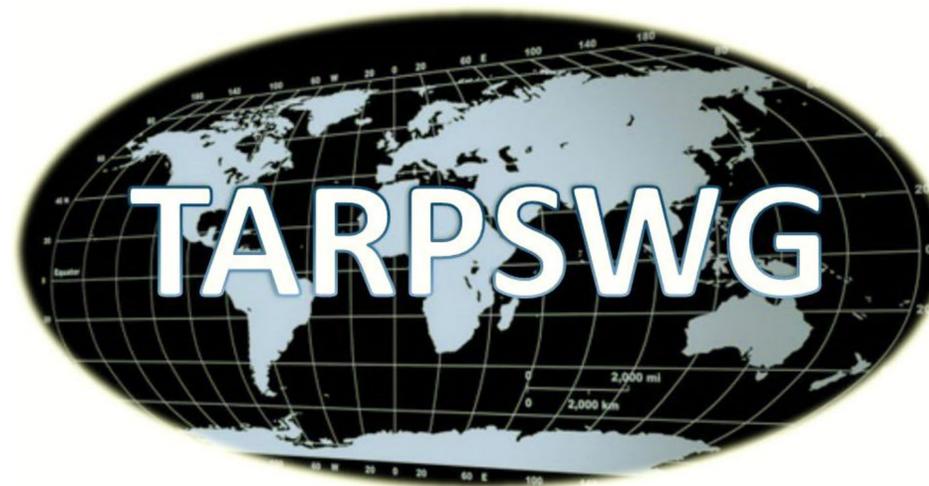

TARPSWG-ERAS Collaboration Proposal: Official ERAS guidelines for retroperitoneal sarcoma surgery

Dott.ssa Chiara Pagnoni
c.pagnoni@policlinicocampus.it

Transatlantic Australasian Retroperitoneal
Sarcoma Working Group



www.tarpswg.org
@TARPSWG



DISCLOSURES

No disclosures

Surgeons' opinions about enhanced recovery after surgery for retroperitoneal sarcoma: A survey

Luca Improta, Chiara Maura Ciniselli, Paolo Verderio, Sandro Pasquali, Marco Fiore, Sergio Valeri

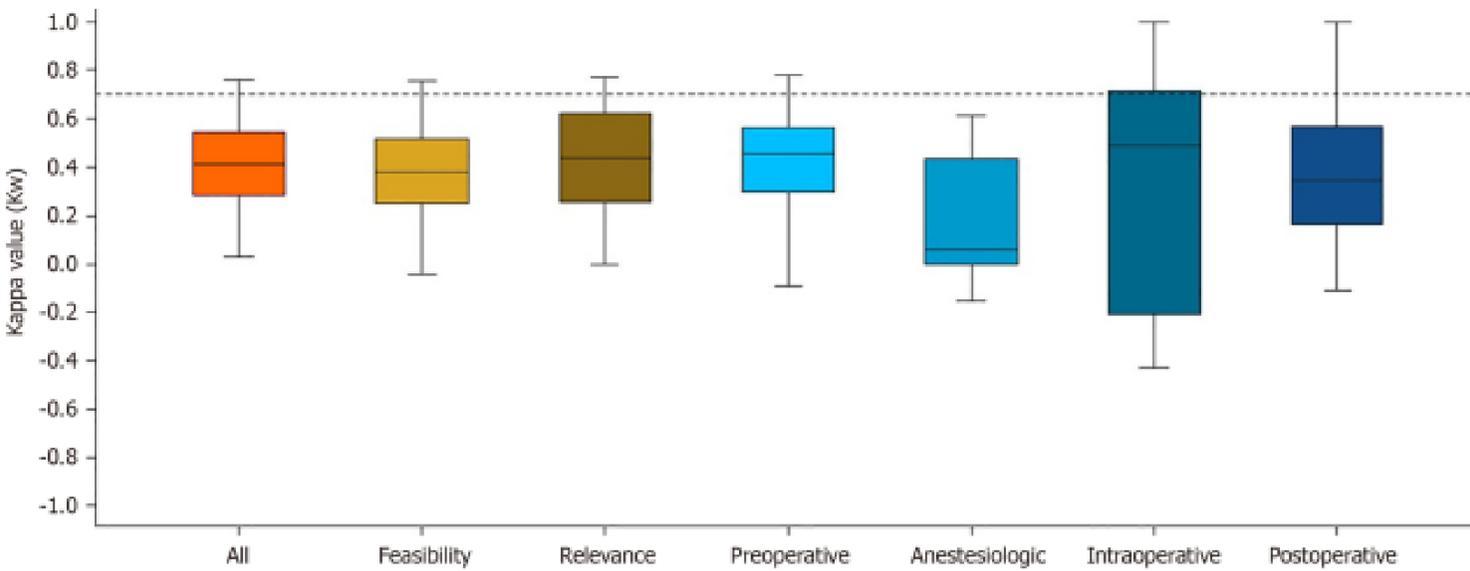


Figure 3 Distribution of the intra-observer reproducibility over the whole survey, considering feasibility and relevance, respectively, and according to the four different domains (preoperative, anesthesiology, intraoperative, and postoperative). Each box indicates the 25th and 75th percentiles. The horizontal line in the box indicates the median, and the whiskers indicate the extremes. The dotted line indicates the weighted kappa value of 0.70- i.e., a "quite satisfactory" level of reproducibility.



Figure 1 PRISMA flow diagram of literature search and review. ERAS: Enhanced recovery after surgery.

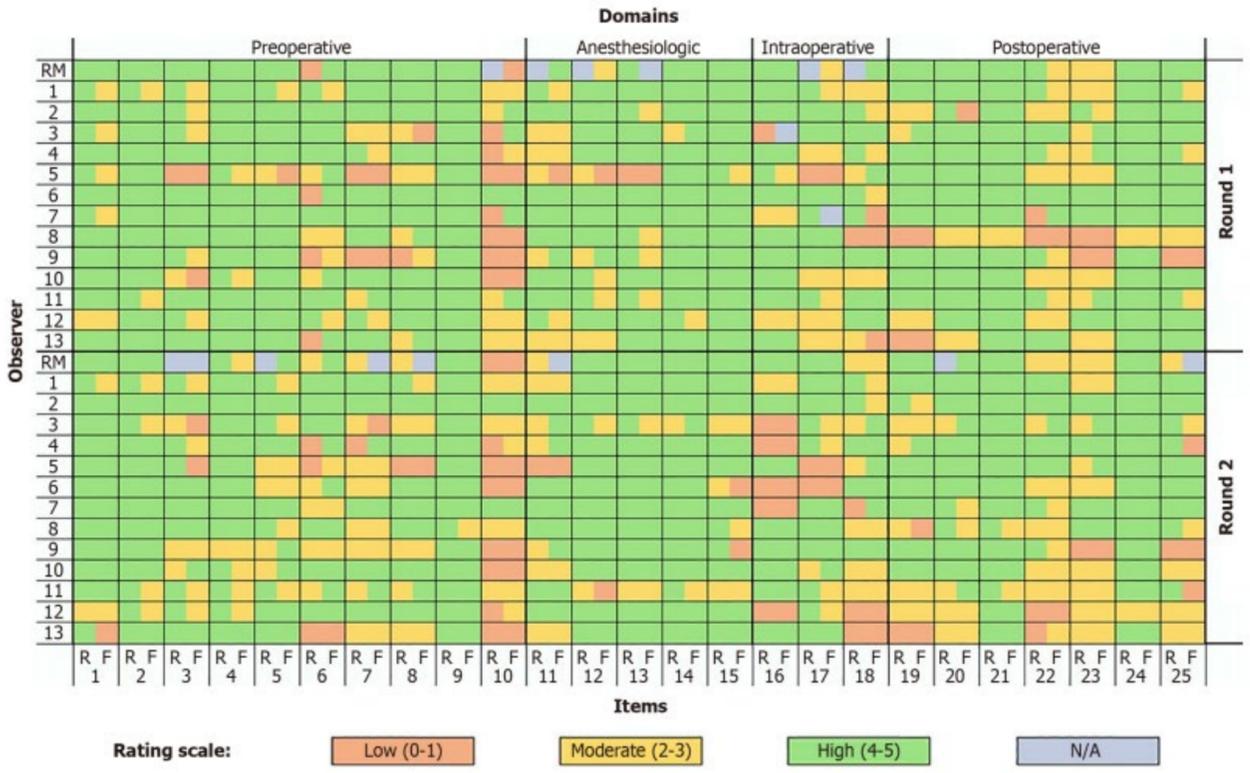


Figure 2 Heatmap representing an overview on response to the survey. On the vertical axis, the different observer over the two rounds of the survey; on the horizontal axis, the items proposed (R, relevance; F, feasibility). Color scale: Red, rating Low (score 0-1); yellow, rating Moderate (score 2-3); green, rating High (score 4-5); grey, Not Available (bimodal distribution in reference modal value; no rating given in observer axis).

Despite interest in ERAS for RPS, surgeon concordance on item relevance and feasibility remains low, underscoring the need for collaborative efforts toward a standardized, consensus-based protocol

ERAS collaboration



- Official contact established with the ERAS Society
 - ERAS Society formally agreed to collaborate
(Guidelines Committee – prof. Mary Brindle, dr. Martin Hubner)



31.12.2025



ESTERNA] Call for RESAR PIs: Core Working Group for ERAS Guidelines in RPS Surgery

Dear Colleagues,

I hope this message finds you well.

You are receiving this email as Local PI in the TARPSWG centers actively enrolling patients in RESAR.

I am writing regarding a new initiative to develop **ERAS guidelines for retroperitoneal sarcoma (RPS) surgery**, to be carried out officially **within the ERAS Society**. TARPSWG has been asked to contribute as a panel of expert centers, given our experience in RPS surgery.

The project is **led by Chiara Pagnoni**, a young surgical oncologist based at the Sarcoma Service in Rome, and I am enthusiastically supporting the initiative.

We are seeking **candidates/volunteers from actively enrolling RESAR centers** to form a **core working group of up to 10 participants**. This small group will work directly with ERAS representatives, integrating ERAS principles with the expertise of RPS specialists.

Ideal volunteers should have:

- **Specific interest or prior experience in ERAS pathways**
- **Geographic representation**, as requested by ERAS
- **Availability and commitment** to contribute actively to literature review and guideline development within a 12 month timeframe

We would also appreciate your **suggestions for non-surgeon colleagues** (anesthesiologists, nutritionists, rehabilitation specialists) affiliated with RESAR centers, who share the same level of interest and availability, as required by ERAS.

If you or suitable colleagues are interested, please reply to me by the **end of January**. The goal is to form a **balanced, multidisciplinary, and committed group** ready to start ahead of the TARPSWG Phoenix meeting in March.

More details, information and directions will be shared by Chiara in Phoenix, as well as the possible outcomes of this project in the long term.

Thank you in advance for your support. We look forward to forming this working group and advancing this important project.

Best regards,

Marco



 Sant Pau Hospital,
Barcellona, Spain

University Of
Duisburg Essen,
Germany

CHUV Visceral
Department, Switzerland

National Cancer Institute,
Milan - Italy

Fondazione Policlinico
Campus Biomedico, Rome -
Italy

LMU Munich

 Tata memorial
Hospital, India

 Peter MacCallum Cancer
Center Australia

 UC San Diego
Brigham, Boston

City of Hope National Medical
center, California





TARPSWG PANEL SELECTION

15–20 Experts

We propose to include in Authorship a panel of expert from TARPSWG, that will be selected according to requirements from ERAS Guidelines Committee:

Gender balance



***Geographic representation
(international participation)***



***Diverse specialties / areas
of expertise***



12–18 Month Project



Participation will require:
active contribution, primarily through systematic literature review and guideline
content review,
involvement in the development of the final recommendations

*Systematic literature
review on assigned
items*



*Guideline
development*



*Guideline strength voting /
consensus process*

Future Perspectives



After acceptance of ERAS manuscript,
a follow up project will be:
“Survey assessing agreement
with guidelines among
expert”

→ Voting by TARPSWG
enlarged survey

After publication of official ERAS
guidelines
(if endorsed by TARPSWG
survey)

Prospective validation of
feasibility/efficacy by means of
“study within a registry”
(RESAR project)

Why Are Official ERAS Guidelines for RPS Surgery Necessary?

Because variability is not a standard.

Because complexity demands structure.

Because credibility matters.

Because methodology matters

Because standardization enables progress.

An official ERAS guideline transforms variability into a standardized, implementable, and internationally endorsed pathway of care.

JOIN US



TARPSWG

www.tarpswg.org

(012) 345-6789



c.pagnoni@policlinicocampus.it



Visit our website at
www.tarpswg.org



THANK YOU!

