



TARPSWG SSO 2018

1) Update on RESAR

- a. Sites accruing: 22 activated, 18 accruing, 2 awaiting IRB approval
- b. 406 patients enrolled in one year, in 3 years anticipate 1000 patients
- c. A few sites included some retrospective patients (minimal)
- d. Waiting on clinicaltrials.gov number
- e. **REMINDER:** Please collect Prospectively by Surgeon: Radiologic evaluation and anticipated resection (Paper CRFs are available for the clinic) If you would like these forms for your clinic, please contact **Marco Fiore**
marco.fiore@istitutotumori.mi.it
- f. **If you want to activate a new site, contact Marco Fiore**
marco.fiore@istitutotumori.mi.it

2) TARPSWG procedures

- a. TARPSWG Governance Structure and possible annual fee from each participating institution: not at the moment, but need to put this on the agenda of the meeting in Rome. We may need to elect a chair. This has to be a 2-3-yr term position. Renewable once. And a rotation need to be foreseen and encouraged. The fee may serve to fund the centralized data collection into one of the institution or somewhere else. And this may allow to set up randomized registry studies also more easily (see below)
- b. The group discussed several committees:
 - i. RESAR Governance Committee (Marco Fiore, David Gyorki, Carolyn Nessim, Crisy Roland, Winan vanHoudt)
 - ii. Research Evaluation Committee (REC) (Carolyn Nessim, Crisy Roland, Winan vanHoudt)
- c. Study proposals will be submitted by the PI to the respective Committee. The Committee will analyze study proposals and will return to the PI for comments and improvements.
- d. Once approved, studies will be normally presented at a meeting. If however you have a small study idea it would be reasonable to circulate sooner via email to the group
- e. Authorship plan is set up at the beginning of the proposal by the PI
- f. For particularly large practice changing studies different authorship rules may apply once a governance structure of TARPSWG has been established.
- g. Registry Based RCTs – Pragmatic Trials will be explored in the RESAR committee
- h. Centralization of data and funding will also be explored and we are open to any proposals
- i. **ACTION item:** Volunteering call for the RESAR Committee and REC up to 6 positions will be circulated

3) Neo-adjuvant chemo LMS and DDLPS – STRASS2

- a. A proposal for a Neo-adjuvant chemotherapy RCT for DDLPS and LMS to be set up in accordance with the EORTC group open to sponsor a new trial (STRASS 2). It has been endorsed by the EORTC board on April 2nd 2018.
 - i. **ISSUES RAISED:**
 1. What about radiation? (waiting for STRASS results)



2. The use of dacarbazine? This is based on a large retrospective EORTC study on metastatic LMS, treated with 1st line Doxo, Doxo-Ifo, Doxo-DTIC. The study shows a significantly higher response rate and median PFS with Doxo-DTIC compared to Doxo or Doxo-Ifo (roughly 40% against 20% and 9 months against 4 and 6 respectively).
 3. The study design is at some risk to be underpowered. The hypothesis is ambitious. However pragmatically we can't afford a study larger than 250 patients. And some compromises need to be made if we want to set the study up and do so in a timely fashion. We need to maintain the momentum and move on with the next study.
 4. **ACTION item**: Will ask EORTC about possible alternative solution to address this, such as an adaptive design (Bayesian model), 2:1 design or any other solution for high power with a feasible sample size. The outlines of the protocol will be prepared and circulated before being submitted to the EORTC protocol review committee (PRC).
- 4) What about a RCT for WDLPS, G1-2 LPS with or without Radiation? – STRASS3
- a. Comments Raised:
 - i. Maybe could be a good RESAR Pragmatic Trial
 - ii. RCT based on Pre-op biopsy may have some issues with grading of the tumours pre-op for randomization.
- 5) Biobanking
- a. Results of the circulated Survey were presented:
 - i. Everyone interested to collaborate
 - ii. Not interested in a centralized biobank for now but definitely want to collaborate on projects
 - iii. Proposal to validate translational findings with the RESAR database
 - iv. Make sure study ID numbers in RESAR are linked to tissues
- 6) Research Ideas:
- a. Recurrent RP Nomogram was rejected by Lancet and will submitted first to JCO and then to JAMA Oncology
 - b. Validation of the Nomogram: K. Cardona and C. Raut
 - i. Plan to submit to CTOS
 - ii. Will send updates via email
 - c. Other secondary studies of the recurrent RPS series already planned:
 - i. Post-operative morbidity/mortality (G. Lahat)
 - ii. Post-2nd recurrence outcome
 - iii. ...
 - d. ERAS for RPS – V. Pillarisetty/T. Kim and C. Raut
 - i. Comments from the Group:
 1. Decide which relevant endpoints to look at?
 2. Circulate ERAS protocol to interested centers
 - e. QoL in RPS – S. Brar



- i. RPS specific QoL tool is being created in collaboration with EORTC – expected timeline is 2 years
- ii. **ACTION:**
 - 1. Call to the group to volunteer themselves and patients for interviews
 - 2. Crisy Roland to contact Sav Brar about MD Anderson QoL interviews done for immunotherapy
 - 3. Circulate QoL presentation to interested centers
 - 4. Proposal to include the QoL tool into RESAR in the future for validation
- f. Pelvic STS Project – M. Fiore
 - i. Retrospective analysis of exclusively pelvic and perineal sarcomas
 - 1. Comments from the group:
 - a. Exclude benign entities
 - b. 2-3 different projects potentially
- g. Outcomes for Distal Pancreatectomy – S. Bagaria
 - i. Retrospective analysis on the morbidity and invasion of distal pancreatectomy en bloc
 - ii. Comments from the group:
 - 1. How do you define a leak? (ISGPF)
 - 2. Drain, no drain?
 - 3. Specify the main purpose of this project?
 - 4. Concerns about the reliability of the data from chart collection, leaks may be underrepresented in charting
 - 5. For another idea: Consider looking at the use or not of pasireotide? (potentially good pragmatic trial question)
- h. Myxoid Liposarcoma Metastases – C. Nessim
 - i. Retrospective analysis of Intra-abdominal MLS
 - ii. Comments from the group:
 - 1. Consider pathologic review by TARPSWG centralized pathology

ACTION item: All PIs are invited to submit their proposal to the REC via email: tarpswg@gmail.com

- 7) Proposal that future TARPSWG meetings at SSO will be on Wednesdays
 - a. Easier access to rooms and longer time available for meeting
 - b. Less conflict with competing events for the social dinner
- 8) Next TARPSWG meeting will be at CTOS 2018 in Rome, Thursday November 15th, 7-11 am. The venue and agenda will be circulated in due course.

Minutes from the Semiannual Meeting held in Chicago on Friday, March 23rd, 2018